



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Ballinea
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	20 June 2023
Centre ID:	OSV-0002468
Fieldwork ID:	MON-0031256

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre is a wheelchair accessible bungalow just outside a large town in County Westmeath. The centre provides 24-hour residential nursing support for five male and female residents over eighteen years with an intellectual disabilities. The house comprises a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seating area and a garden at the rear of the house. There is a garden area and allocated parking at the house's entrance. The person in charge is employed on a full-time basis at this centre. Residents have access to a number of local amenities, including restaurants, shops, cinemas and pubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 June 2023	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with the regulations and to inform the decision to renew the registration of the designated centre.

The inspector found that the home was kept clean and well maintained, and appropriately laid out, equipped and furnished to meet the needs of residents. There were spacious communal living areas including a nicely laid out garden area. There was a smoking area in the garden for one of the residents, and this had been arranged so that it was a pleasant and relaxing seating area. Residents were observed during the day to be out enjoying the garden.

Each resident had their own bedroom, and although some of these rooms were small, they were nicely decorated and personalised for each person. Residents had been supported to choose the colour of the paint in their rooms, and had their personal items around their rooms. Any equipment required to support residents was available to them, including a ceiling hoist in one of the rooms to assist with mobility and transfers. There was easy read information readily available to residents, sometimes in the form of social stories to aid understanding.

When the inspector arrived at the house, three of the residents were having breakfast, and they had chosen what they would like. Some residents could tell staff their preferences, and for others, staff explained how they would ensure the choices of residents who did not communicate verbally.

One of the residents went out for a short outing later on, and others were seen to be having sensory activities in the living room, which was equipped with lighting, music and scents. Staff offered massages to residents who appeared to be enjoying these activities.

On the afternoon of the inspection, a musician came to the house to entertain residents. It was clear that this person knew the residents and their preferences, and there was some banter between them as well as the music. Again residents joined in and appeared to enjoy this activity.

The inspector met with some family members who reported that they were very happy with the care and support offered to their relatives, and that their visits were always welcomed and accommodated.

Some staff had received training in supporting the human rights of residents, and spoke about the ways that this training had raised their awareness, for example in relation to advocacy for residents who do not communicate verbally. They spoke about supporting residents to make choices, for example when out shopping a resident might point towards the item they would like to buy.

Visits both to and from family members were welcomed and facilitated. Some family members who lived locally visit their relatives every day. Where residents needed staff support to go on visits to their families, this support was provided and staff accompanied them on their visits. Some residents also maintained contact with their family and friends with their own mobile devices.

Overall the service in this designated centre was effectively managed, and whilst some improvements were required in some aspects of health care, overall residents were supported to have a comfortable and meaningful life, to have their needs met.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, and these were noted by the inspector to be effective in both ensuring safe services, and in supporting quality improvement in the designated centre. An annual review and six-monthly unannounced visits on behalf of the provider had taken place, and there was a suite of audits undertaken in the centre and overseen by the person in charge.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Staff training was up-to-date, and the staff team had begun to undertake rights training.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

The centre was adequately resourced, and all required equipment was made available to residents.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation was submitted with the application to renew the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The skill mix of staff was appropriate to meet the needs of residents and there was always at least one nurse on duty. The rostered numbers of staff were sufficient to support residents, and a planned and actual staffing roster was maintained as required by the regulations. However there had been staff shortages which had not been mitigated. There was a two week period where there was a staff shortage on seven days.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents. Staff were observed throughout the inspection to be offering care and support in a kind and respectful manner, and in accordance with the documented care plan for each resident.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up-to-date and staff could describe areas of learning from their training, including safeguarding training and fire safety training.

Regular staff supervision conversations had been conducted, and recorded and there was a schedule in place to ensure the regularity of these conversations.

Judgment: Compliant

Regulation 19: Directory of residents

All the required information was maintained in the directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The staff team was led by an appropriately skilled and experienced person in charge.

An annual review of the care and support offered to residents had been developed,

and the required six monthly review on behalf of the provider had been conducted. Both of these processed resulted in detailed documents, and action plans were developed from the findings. These actions were monitored until completion, and all actions reviewed by the inspector were either complete or within their agreed timeframes.

There was also a monthly schedule of audits undertaken by the person in charge. These audits also included recommendations or required actions, and again these were monitored until complete.

Staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents. Communication with the staff team was further supported by a task management folder whereby routine tasks were allocated each morning, and resident support needs were also allocated.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and described the service offered in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, and it was available in an easy-read version. Any complaints were discussed at residents' meetings, however there were no current complaints from residents or their families.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents.

However, the plans for end of life care for some residents was ambiguous and

lacked a clear rationale. Other healthcare and social care plans were in place and appropriate, and had been regularly reviewed, however, one of the residents did not currently have access to prescribed physiotherapy exercises.

Communication with residents had been prioritised, particularly where residents had difficulty in this area, and effective communication was observed through the course of the inspection.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Both risk management and infection prevention and control were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

Regulation 10: Communication

The staff and person in charge were observed to communicate effectively with the residents, and it was clear that they were familiar with each person's preferred ways of communicating.

There was information in the in the residents' personal plans, and the person centred plan for each resident included detail in relation to communicating, including pictures that residents might utilise to communicate.

Various pieces of easy-read information had been developed to assist the residents to understand, for example recent IPC issues, and there were pictorial social stories in place to aid communication.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of the resident. There was a pleasant and spacious communal living areas, and each resident had their own bedroom which was personalised in accordance with their preferences. There was pleasant outside garden area available for residents to spend time in and which was readily accessible to people with mobility issues.

The house was well maintained, and there was a record of regular maintenance requests which were responded to appropriately. However, on approaching the front door of the house, there was a clear view into the bedrooms of two of the residents, so that their beds and personal items were in clear view.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were listed and risk rated. Each entry led to a risk assessment and management plan in which the control measures required to mitigate the identified risks were outlined. Risks individual to the resident had been identified, and a detailed risk assessment and management plan were in place.

The person in charge had recently completed training in risk management, and had reviewed the risk register following this training. Any changing circumstances were assessed for risk, and risk management plans put in place including control measures.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained which included all equipment, and the centre's vehicle.

There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease, and also an individual risk assessment and management plan for each resident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that the residents could be evacuated in a timely manner in the event of an emergency, and there was a detailed personal evacuation plan in place for each resident which had been regularly reviewed. Staff had all received training in fire safety, and all had been involved in a fire drill. On-site training had taken place recently, and learning from

that training had been implemented, for example an extra ski-sheet had been procured to ensure that there was sufficient equipment in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a person centred plan in place for each resident, based on detailed assessments of needs. There were care plans for all aspects of daily life, including health care and social care.

The care plans were detailed and evidence based, and provided clear guidance to staff in the delivery of care and support to residents. Regular reviews had been undertaken, the information was current, including information relation to recent changing needs. It was clear that where members of the multi-disciplinary team (MDT) had been involved that the recommendations were included in the care plans.

The person centred plan included goals which had been set together with residents. The goals were appropriate to the assessed needs and abilities of residents, and in some cases included support to learn new skills, such as hand washing. Progress towards achieving goals was monitored and recorded.

One of the residents had been supported to achieve a goal to visit their family home for the first time in years, and this had been successfully achieved with positive outcomes.

Judgment: Compliant

Regulation 6: Health care

Whilst some areas of healthcare were well managed, improvements were required in the implementation of some recommendations of the MDT, and in the guidance in place for end of life care for some residents.

Both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff, and these plans were detailed and comprehensive. Residents had been offered healthcare screening where appropriate, and some had accepted this screening.

Referrals had been made to various members of the MDT as required, including the physiotherapist and occupational therapist (OT). The OT had attended the house to

provide training to staff in equipment that had been introduced to support residents.

However, exercises prescribed by the physiotherapist for one of the residents were not being implemented, either by the staff in the centre, or by an attending physiotherapist.

Some residents had 'Do not attempt resuscitation' (DNAR) orders in place, and there was ambiguity about the guidance in these documents. There was no clear description of the circumstances under which resuscitation should or should not be attempted, and no rationale for the decision, in particular for one resident where the DNAR order had been put in place three years previously during a hospital stay. In addition there was no organisational policy in place at the time of the inspection, although the person participating in management gave assurances that there was a draft policy which was to be ratified in the near future.

Judgment: Not compliant

Regulation 7: Positive behavioural support

While there were no behaviours of concern identified for most residents in the centre, where a resident had mental health needs which led to a particular pattern of behaviours, detailed safeguarding plans were in place.

Where restrictive interventions were required to ensure the safety of residents, there was a recently updated policy to guide practice and an audit of restrictions had been undertaken recently.

Each restriction was recorded in a register which is reviewed by a restrictive interventions committee on a six-monthly basis, and any interventions had approval from this committee which is multi-disciplinary in nature. Each application of a restriction was recorded on a daily basis.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any

risks to residents.

There was a clear process whereby any accidents or incidents were recorded in detail, and there was a monthly review of any recorded incidents.

There was a clear record of each residents' personal possessions, and there was a daily check that items of value were in the possession of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in the running of their home with the assistance of staff through regular residents meetings. The person in charge and staff spoke about various communication strategies to ensure that the voices of residents were heard.

The staff team had begun to undertake training in human rights, and those who had completed the training discussed their learning and how it would begin to have an impact on the support offered to residents. Issues around the rights of residents were discussed at staff meetings, for example the staff had discussed the use of face masks within the current public health guidance, and had decided as a team that they would continue to use masks whilst delivering personal care to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinea OSV-0002468

Inspection ID: MON-0031256

Date of inspection: 20/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A contingency plan has been developed outlining the process to follow, to mitigate against staff shortages due to planned or unplanned leave in the designated centre. The rosters are now completed four weeks in advance by the PIC, and reviewed weekly in conjunction with the allocations officer, where planned vacancies are identified and filled in advance by regular agency staff. There is a minimum of one staff nurse rostered on every shift 24 hours per day to support the assessed needs of the residents in the designated centre.</p> <p>The contingency plan outlines the process to follow for unplanned staff absences where every effort is made to cover the vacancy either by permanent staff working additional hours or agency staff being employed. The contingency plan has identified staff and contact numbers, that wish to be contacted in this instance and regular agency staff that may be available.</p> <p>There is a night duty manager and an On-Call system in place to assist in the filling of vacancies when the PIC is off duty or when the contingency plan has been exhausted. The On-call manager and night duty manager will then assess the service availability as identified on overtime availability sheets or agency staff working in other areas of the service redirection based on service need.</p> <p>Learning notices to inform the revision of the contingency plan between the PIC and ADON, where identified actions can form the basis of improvement plans.</p> <p>Work force planning is on the rolling agenda for discussion at the next Quality Assurance meeting with all PIC’s.</p> <p>A comprehensive review has been completed of position numbers across the service which highlighted the requirement for additional care staff. A business case has been devised and submitted to head of service for review and approval of identified positions.</p> <p>A rolling recruitment campaign is being progressed to fill permanent vacancies of staff nurses and care assistants within the service. Two permanent Staff Nurse vacancies were</p>	

filled in March 2023 and one permanent Health Care Assistant vacancy recruited in March 2023. Agency staff will be offered to work on a line while awaiting progression of permanent posts in the interim.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Person in Charge has sourced and secured a glass coating and film for all bedrooms and sitting room windows. The film will enhance privacy to the required standard while still allowing the service users to see out. The film enhances privacy during the daylight hours and the blinds/curtains will be required for privacy at nighttime.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 The organizational policy for the service in relation to (DNR) orders and resuscitation procedures was finalized and effective from the 28th July 2023
 The DNR for a resident was reviewed by PIC, in conjunction with the G.P. and the resident's representative.
 The DNRs in place for residents will be reviewed annually and evaluation/review date is scheduled.
 The recommended exercises by the physiotherapist for one resident will be completed routinely in line with the plan of care and direction of the allied health professional.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	18/08/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	01/10/2023

	resident, having regard to that resident's personal plan.			
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Not Compliant	Orange	28/07/2023