



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

Issued by the Chief Inspector

Name of designated centre:	Ballyduff Park
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0002519
Fieldwork ID:	MON-0033726

About the designated centre

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

The designated centre provides a full time residential service to eight adults with an intellectual disability, both male and female. The centre is a purpose built eight bedroom house located in a small housing estate close to the nearest town. Staffing is provided over 24 hours, and there is a nurse on duty most week days. Residents attend various day services and activities, and there is a vehicle available for their use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 - 2015 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
Wednesday 15 September 2021	09:30hrs to 17:20hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

On the day of inspection there were eight residents at Ballyduff Park. The inspector had the opportunity to meet with and speak to seven residents while adhering to the public health guidance of mask wearing and social distancing. One resident went home to family for the duration of the COVID-19 pandemic. This resident was returning to Ballyduff Park for short stays and attended the centre on the afternoon of inspection for a meeting. In addition, the inspector met and spoke with one member of staff and the person in charge.

This designated centre was located in a housing estate in a town. It was within walking distance of a busy shop and close to community amenities. The house was a bungalow with a large entrance area with seating provided. This led to a kitchen/dining area. One resident was making a morning snack independently. There were two sitting rooms. In the larger room there were pictures displayed and a white board on the wall with ideas for outings. On the day of inspection there were three staff supporting eight residents.

One resident came to sit with the inspector. She told the inspector about her preferred activities, which included puzzles, knitting and listening to music. When asked about living in Ballyduff Park she said "It's ok. I don't mind it" and added that the staff were "grand". The resident told the inspector that her family came to visit and that she had friends in the day service which she attended one day per week. Later in the morning, this resident went out on the bus as it was going for a maintenance check. A second resident was sweeping the floor. They told the inspector that they enjoyed "going out on trips" and working in the garden. A third resident was observed walking from room to room in the centre. This resident described the designated centre as "good, I like it well". The resident showed the inspector a colouring book and a scrap book and said that the staff buy them and they are kept in her drawer. When asked what they liked to do, the resident said to "go walking sometimes". The resident also talked about doing household chores for example, preparing food and doing laundry. A whiteboard was observed in the kitchen area with easy-to-read pictures of the daily chores to be completed. Although residents expressed their liking of living at the centre, the inspector found that the residents had limited opportunities to participate in community-based activities, with activities being centred on household chores and activities within the centre. Due to this the inspector was not assured that the residents had meaningful activities available to them which reflected their assessed social care needs.

The inspector asked the resident about feeling worried, sad or unsafe. The resident explained that if they felt sad or worried they would tell her family or the person in charge. Another resident spoken with also had a good understanding of safeguarding and explained that if they felt worried or sad they would tell someone, for example, the inspector or the staff. The inspector observed a notice board displayed with a picture of the safeguarding officer. The resident said that they liked living at Ballyduff Park and their favourite thing to do was to have a few beers at the

weekend and to enjoy themselves.

The inspector found that the privacy and dignity of each resident was promoted as they each had their own room and an en-suite bathroom. One resident showed the inspector their bedroom. It was a spacious personally decorated room. A large bathroom was available for communal use. The person in charge told the inspector that two of the residents enjoyed taking a bath. However, the provider had identified that this room required updating while maintaining the bath for the residents use. A second resident also showed the inspector their room. There were personal pictures displayed and sensory equipment was by the bed. The resident sat in a chair by the window and requested help to turn on their sensory bubble tube and this was promptly provided. The inspector asked the staff if the resident could do this independently if staff were not available. The staff member said that he could. At the back of the house there was a spacious garden with a level access patio area and seating provided. There were two raised beds and one was filled with vegetables. There was evidence that the rhubarb was harvested recently and when prompted a resident said that the staff made rhubarb crumble which he enjoyed. There was a shed for tools and a small glass house.

Overall, this designated centre was found to provide a spacious living environment for residents with a wide range of health and social care needs. However, due to the complexities of the assessed needs of the residents adequate staffing supports were not in place to ensure residents had meaningful daily activities of their choosing with appropriate supervision. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The provider had governance structures in place in the centre, however, improvements were required in the arrangements for staffing, notifications of incidents and training and development.

The provider of this service was the Health Service Executive (HSE) who had appointed an area co-ordinator and a person in charge to manage this centre. These were supported by nurses and healthcare assistants. The person in charge had the appropriate skills, experience and qualifications to manage the service. On the day of inspection, there were three staff on duty to provide support to eight residents with complex support needs that required high levels of supervision and support.

The inspector found that staff had access to training as part of a continuous professional development programme. A training matrix was in place which included all mandatory training requirements and refresher options. Some training events were not delivered due to the impact of COVID-19, however a plan to provide these was in progress. These included fire training, moving and handling training, positive

behaviour support training and epilepsy training.

The registered provider had ensured that six monthly audits and an annual review had taken place. The inspector found that monitoring notifications had not been submitted to HIQA within the required time lines. These included an incident where a resident left the centre without staff knowledge (NFO5) and a second incident when a resident required medical treatment (NFO3). This was identified on the last inspection and had not been addressed.

The registered provider had a complaints policy in place and staff were aware of the process. There were no open complaints in the centre on the day of inspection. A complaints officer was available for the residents and access to an advocacy service was available if required. The residents spoken with on the day of inspection were aware of what to do if they had a complaint regarding the service.

Although the provider had governance and management arrangements in place they did not demonstrate consistent and effective oversight of this centre. This included inconsistent staffing which impacted on the quality of life of the residents, gaps in staff training needs and notification of incidents to the Chief Inspector.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required by the regulations to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The staff team consisted of nursing and healthcare staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff had up to date training for example fire safety management, moving and handling, positive behaviour support and epilepsy training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that effective management systems were in place for the consistent delivery of a quality service. For example, risk management procedures, staff training and development, individual assessment and personal plans, and notification of incidents all required improvement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all required monitoring notifications had been submitted to the Chief Inspector within the time frame required by the regulation. These included NFO5 and NFO3.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy in place and staff were aware of the process. There was a complaints officer available and access to an advocacy service was provided.

Judgment: Compliant

Quality and safety

The inspector found that the provider had appropriate systems in place to ensure fire safety, healthcare and positive behaviour support were adequately provided in the centre. However, improvements were required under risk management procedures and individual assessment and personal plans.

The person in charge had ensured that the healthcare needs of the residents were assessed and an up-to-date healthcare plan was in place. There was prompt follow up with medical investigation if required and access to a range of allied healthcare

professionals was available.

The inspector found that residents had up to date person centred plans in place and goals were identified. Centre based goals were completed such as access to an online dance class and work in the garden. However, some community based goals were found not to be implemented fully and therefore the person centred plans required review to ensure that they were meaningful, based on choices and preferences and effectively followed through.

Residents who required support with behaviours of concern had up-to-date support plans in place. A sample of restrictive practices were reviewed and found to be assessed in terms of the risks involved, and the impact of the restrictive practice on the resident to ensure that it was the least restrictive measure for the shortest duration. Staff training in positive behaviour support required updating and a plan was in progress to address this.

There was no open safeguarding concerns in the centre. Safeguarding training had been provided and was up to date. There was evidence of safeguarding discussions at staff meetings. Residents' spoken with had an understanding of importance of care of self and were aware of what to do if they had a concern.

The provider ensured that there were systems in place for the prevention and control of infection. These included a daily safety pause system, cleaning schedules, posters on display, use of personal protective equipment (PPE) and availability of hand sanitiser. In addition, there were systems in place for the prevention and control of COVID-19 for example, outbreak management plans, risk assessments and individual resident isolation and contingency plans on file. The HIQA self-assessment tool was completed and reviewed regularly. However, on arrival at the designated centre a staff member was observed not wearing a face covering. This observation will be addressed under regulation 26 below.

Although this centre had risk management policies, procedures and guidelines available, there was evidence that the residents' individual risk assessments and control measures were not always effective. For example, there was evidence that infection control risk assessment and guidelines in place were not adhered to while attending a funeral. This meant that the resident was required to self-isolate on return to the centre and there was an increased risk to residents and staff at Ballyduff Park. Also, one resident had left the premises unsupervised as they wished to visit a neighbour. The inspector found that the risk in relation to this was not fully understood and was attributed to risk associated with COVID-19. Another resident had carried out ground works such as painting a neighbours property and cutting of trees in a communal space without the knowledge of the staff on duty.

A review of the fire safety procedures was carried out and the inspector found that effective fire safety precautions were in place, including, fire containment, regular fire safety checks and emergency lighting arrangements. Fire exits were also available throughout. Fire drills were completed regularly and when asked, the residents were aware of what to do if required.

Regulation 26: Risk management procedures

The registered provider had not ensured that the systems in place for the assessment and management of risk were effective. There was evidence that risk management procedures were not always effective. For example, a breach of risk management when a resident was bereaved and lack of understanding of the risk associated with absconding.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provided has ensured that effective fire safety management systems were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of health, personal and social care needs was in place, however, the plans effectiveness required further assessment to ensure that social care needs were being met.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that appropriate healthcare supports was provided and access to allied healthcare professionals was available.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had up-to-date support plans in place. A sample of restrictive practices reviewed indicated that the person in charge was ensuring that these the least restrictive measure was being used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

The inspector found that safeguarding of residents was promoted. Residents were aware of what to do if they had any issues or concerns.

Judgment: Compliant

Regulation 13: General welfare and development

Activities available to residents were observed to be focused around household chores and within the centre. Residents personal plans required review to ensure they reflected opportunities available to residents to engage in community-based recreation in line with their assessed needs and wishes.

Judgment: Substantially 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 13: General welfare and development	Substantially compliant

Compliance Plan for Ballyduff Park OSV-0002519

Inspection ID: MON-0033726

Date of inspection: 15/09/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. A full review of training requirements for the centre has been undertaken. Completion date: 30/09/21 2. The Person in Charge has schedule all outstanding training Completion date: 15/11/21 3. The Person in Charge will monitor scheduled training and the training matrix on a monthly basis Completion date: 30/11/21 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Person in Charge will ensure that all notifications are submitted within the required timeframes Completion date 30/09/21 2. The Director of Nursing has ensured that alternative arrangements are made for notifications to be submitted by a nominated individual in the absence of the Person in Charge. Completion date: 31/08/21 3. The Person in Charge has commenced a full review of all risks within the centre. Completion date: 15/11/21 	

<p>4. The Person in Charge has undertaken a full review of training requirements within the centre Completion date: 30/09/21</p> <p>5. The Person in Charge will monitor scheduled training and the training matrix on a monthly basis. Completion date:30/11/21</p> <p>6. The Person in Charge will monitor all risks within the centre and review on a quarterly basis. Completion date 31/10/21</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>1. The Person in Charge will ensure that all notifications are submitted to the regulator within the required timeframes Completion date:30/09/21</p> <p>2. The DON has ensured that alternative arrangements are made for notifications to be submitted by a nominated individual in the absence of the Person in Charge. Completion date: 31/08/21</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>1. The Person in Charge in liaison with the CNM3 for quality, risk and patient safety has commenced a full review of all risks within the centre. Completion date: 15/11/21</p> <p>2. Risk management will remain as a standing agenda item on all staff governance meetings Completion date: 30/09/21</p>	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The Person in Charge in liaison with named nurses and keyworkers will ensure that all PCP goals are reviewed in line with covid restrictions Completion date 15/11/21 2. The Person in Charge will ensure that the goals are reviewed on a monthly basis by the named nurses and keyworkers in liaison with the residents Completion date: 30/11/21 3. The Person in Charge will review all nursing care plans, goals and interventions on a quarterly basis. Completion date: 31/12/21 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1. The Person in Charge will ensure that residents activities are provided in line with their assessed needs and wishes and in line with the national guidance on covid 19 restrictions Completion date: 30/11/21 	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	30/11/2021

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	15/11/2021
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	30/09/2021
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the	Not Compliant	Orange	30/09/2021

	designated centre.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2021