



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

Issued by the Chief Inspector

Name of designated centre:	Ballytrim House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0002523
Fieldwork ID:	MON-0040128

About the designated centre

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

Ballytrim House provides residential care and support to adults with a disability. The designated centre comprises an eight bedded one-storey building located in a residential housing estate in a small town. Residents living at the centre have access to communal facilities such as sitting rooms, a sensory room, dining room, kitchen and outdoor area. Each resident has their own bedroom with en-suite bathroom. The centre also has additional communal bathroom and toilet facilities. Ballytrim House is located close to local amenities such as shops, public houses and cafes. There are three vehicles available which enable residents to access other amenities in the surrounding area such as swimming pools and other leisure facilities. Residents are supported night and day by a staff team of both nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 21 June 2023	13:00hrs to 18:30hrs	Catherine Glynn	Lead
Thursday 22 June 2023	08:30hrs to 14:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor regulatory compliance in the centre. As part of this inspection, the inspector observed care and support interactions between residents and staff. The inspector met with residents who lived in this centre, spoke with staff in duty, and also viewed a range of documentation and processes. It was clear from the residents that they were having a good quality of life, and were involved in meaningful, worthwhile and enjoyable activity, and that the person in charge and provider prioritised the delivery of person centred care to each of the residents.

Resident's likes, dislikes, preferences, ambitions and support needs were gathered through personal planning process and this information was used for personalised activity planning. The service was suitably resourced to ensure that the resident's support needs were met. Each resident had a one to one staffing while present in the centre and where some residents required a second staff for outings or planned events this was facilitated. The provider and person in charge had ensured that staff were available at all times in line with residents preferences and there was transport provided for community access and outings.

The centre was on the outskirts of a small town located in a residential area. The house was a single storey dwelling and the inspector noted that it was suitably furnished and decorated throughout with pictures and artwork. In addition, the inspector noted that each resident had personalised their bedroom with photos, paintwork and personal items. Some residents chose not to decorate and preferred a minimal decoration. Each bedroom had an ensuite facility. The inspector also noted that there was ample space throughout the centre for communal gatherings or to allow residents private space. In addition, the provider was currently working on their de-congregation plan to reduce the overall number in the residence and it was hoped to transition some of the residents to a new centre once registration was completed by October 2023.

There was several well equipped kitchen areas, with an adjoining dining area and a large sitting room as well as several individualised sitting areas for individual residents in the centre. As said previously all rooms were personalised with each resident's valued personal items such as photographs and some residents preferred to have minimal decoration due to their intellectual disability.

It was very clear that resident's rights to a good quality and meaningful life were prioritised in this centre. The resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences. Staff and residents also had weekly meetings to plan menu's and discuss shopping needs. Some of these discussions were held in a group format and sometimes where preferred individually.

Easy read versions of important information was made available to resident's in a

format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Social stories had been developed to help residents to understand various aspects such as healthcare, vaccinations or changes to their usual routines.

The inspector met all seven residents at times throughout the inspection, saw how they spent their time, and observed interactions between residents and staff. Some of the residents chose not to communicate, while other residents were observed verbalising in their way with staff and the inspector. Residents were observed to be at ease and comfortable in the company of staff. and were observed relaxed and happy in the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service delivered to residents living in this centre.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived there.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and staff nurses, and care workers who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessment of needs and care plans. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the

centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

The provider's risk management practices were effective, subject to regular review and had put in place procedures to respond to adverse incidents which might occur. Staff were aware of and understood the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being regularly discussed with and incorporated into staff practices. This meant that staff were able to learn from and adapt their approaches to care and support when assessing and meeting the residents' needs.

Regulation 16: Training and staff development

All staff who worked in the centre had received and completed all mandatory training in fire safety, client protection, behaviour support, manual handling and staff had also completed training in human rights. The inspector saw that all staff had regard for residents rights and well being in the centre. A training schedule was in place to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents and noted that all the required information was present.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was effective leadership and governance arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. Furthermore, the provider had completed all

actions identified from the targetted safeguarding programme conducted in 2022.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider had ensured that the admissions and contract for the provision of services specified all information as required by the regulations, was in date and relevant for each resident in the centre on review of a sample of resident's contracts.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose outlined the service and supports in place for residents in this centre as required by the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had ensured that systems were in place for reporting of all notifiable events to the Chief Inspector of Social Services as required by the regulations. The person in charge was aware of these requirements and relevant events had been reported accordingly.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had suitable arrangements- in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded. There was an up to date complaints policy in place in the centre as identified from the previous inspection.

Judgment: Compliant

Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated a commitment to improving the residents' quality of life and experiences in the centre. As said previously, the provider was progressing decongregation plans which meant reducing the overall number of residents and opening a new centre later in the year.

Residents participated in a range of activities both at the centre and in the local community, which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Where residents required a more bespoke day programme this was provided by the centre's staff team and directed by the resident's interests and personal goals. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents. Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals, which were made available to them in an accessible version.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that they were supported by a multi-disciplinary approach. Comprehensive behaviour support plans to guide staff interventions and to support the reduction of these behaviours had been developed by qualified behavioural specialists. These plans were being reviewed regularly to ensure they were being implemented correctly and that the interventions were effective. Where restrictive practices were in use, there was a clear rationale for their use and evidence that the use of the restriction was subject to both approval and frequent review by the provider's Human Rights Committee, to ensure that this remained the least restrictive practice.

Residents were protected from harm at the centre, with arrangements in place to effectively manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were

carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights - including, how to make a complaint and access to advocacy services, was available in an accessible format.

Regulation 13: General welfare and development

The inspector found that resident's personal objectives were delivered on an individualised basis. Residents had access to a broad range of meaningful activities and community engagement; this was evident from records reviewed. Residents were supported to maintain and develop personal relationships with peers, family and the wider community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. The centre was well maintained, clean, comfortable and suitably decorated. Actions from the previous inspection had been addressed and the person in charge was reviewing the premises as part of the auditing process in place. This ensured that any required tasks were clearly identified and a plan in place to address the improvements required.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management arrangements in place in the centre, which ensured that risks were identified, monitored and regularly reviewed. A wide range of risks were included and their control measures were included in the centre's risk register.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate measures in place to ensure that the risk of fire was well managed in the centre, including , fire detection and emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents and records demonstrated that staff could effectively support all residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had addressed actions identified form the previous inspection as part of the targeting safeguarding process in 2022.

Judgment: Compliant

Regulation 7: Positive behavioural support

Suitable measures were in place for the support and management of behaviour that challenges. Additional training was provided following the last inspection and staff spoken with found this very beneficial and stated that incidents had reduce due to a number of measures that were implemented in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had suitable arrangements in place to safeguard the residents' from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights and choice were very much promoted and supported in this centre. In addition, all staff had completed training in human rights recently.

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	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant