



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

## Issued by the Chief Inspector

Name of designated centre:	Ballard House
Name of provider:	RehabCare
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	27 August 2021
Centre ID:	OSV-0002667
Fieldwork ID:	MON-0034114

## About the designated centre

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

Ballard House is a designated centre operated by RehabCare. It provides a community residential service to up to four adults with a disability. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. The designated centre is located in a busy town in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

**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 - 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
Friday 27 August 2021	10:00hrs to 16:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an area in the sunroom of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

On arrival to the centre, the inspector was informed that all residents were attending day services. In the afternoon, the inspector had the opportunity to meet with the four residents as they returned from their day services, albeit this time was limited. One resident returned home and greeted the inspector, however they communicated that they did not wish to speak to the inspector and this was respected. Later in the day, the resident spoke briefly to the inspector about their day and their interests including football before independently accessing the community.

Another resident who spoke with the inspector said that they liked living in the designated centre. They also told the inspector about their upcoming birthday and their interest in different religions and holidays. They also had plans to update their bedroom and discussed this with the inspector.

Residents were observed to access the community independently and with the support of staff. In the afternoon of the inspection, one resident accessed the community to have dinner with family members. Other residents sat together for a cup of tea in the garden and kitchen enjoying the good weather. Overall, the residents appeared content in their home. The inspector observed positive interactions between residents and members of the staff team through out the inspection.

In addition, the four residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. The questionnaires also highlighted the negative impact COVID-19 restrictions had on the residents' daily lives and involvement in local groups including tag rugby and family visits. The inspector also spoke with one family member who provided positive feedback on the care and support their family member received.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. There was a well-maintained garden to the rear of the centre. While there were some areas of paintwork and

flooring in the living room which required attention, overall, the centre was well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, area for improvement in relation to staff arrangements, fire containment, assessment of need and premises.

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

## Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the staffing arrangements.

There was a clear management structure in place. The previous inspection identified that improvement was required in the consistency of the management structure. This had been addressed. The centre was managed by a full-time, suitably qualified and experienced person in charge who commenced their role in July 2020. The person in charge was responsible for one other designated centres and were supported in their role by team leaders. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

However, a review of a sample of staffing rosters demonstrated that the staffing arrangements required review to ensure they were appropriate to the needs of the residents and size and layout of the designated centre at all times. At the time of the inspection, the centre was operating with two whole time equivalent vacancies. From a review of rosters, on occasion staffing levels fell below the assessed staffing complement. This had an impact on the care and support that could be provided to the residents. The inspector was informed that the provider was in the process of

recruiting to fill these vacancies.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users. All staff had supervision with the person in charge. The inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge also had responsibility for one other designated centres and was supported in their role by team leaders.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection.

However, the staffing arrangements required further review to ensure they were appropriate to the needs of residents and the size and layout of the centre. The designated centre was operating with two whole time equivalent vacancies in place. A review of the roster demonstrated that at times the staffing levels may fall below the assessed staffing complement.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. Staff members spoken to noted that they felt supported by the governance and management systems in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centres and were supported in their role by team leaders. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided by the designated centre and contained all of the information as required by Schedule 1.

Judgment: Compliant



## Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the fire containment measures, assessment of need, the long-term living arrangements for one resident and premises.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. However, the inspector found that the assessment of need required improvement as it did not comprehensively assess all of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the resident with their needs. The previous inspection found that the designated centre was not suitable for the purposes of meeting the needs of one resident on a long-term basis. This had been self-identified by the provider. There was evidence that the provider had submitted a business case to their funder and the provider informed the inspector that they were in the early stages of exploring an alternative living arrangement. At the time of the inspection, this issue remained ongoing.

There were positive behaviour supports in place to support the residents to manage their behaviour. The inspector reviewed the positive behaviour support plans and found that they appropriately guided the staff team. Staff spoken with demonstrated a good knowledge of the behaviour support plans. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. Safeguarding plans were in place for identified safeguarding concerns. The residents were observed to appear comfortable and content in their home.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire

extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate. The previous inspection noted that improvement was required in the arrangements for the containment of fire. This had been reviewed and two fire compliant doors had been installed. However, the inspector found that the arrangements in place for the containment of fire required some review.

### Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre is a large two storey house located in a busy town in County Offaly. There was a well-maintained garden to the rear of the centre. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, there were some areas of paintwork and flooring in the living room which required attention. This had been self-identified by the provider and plans were in place to address same.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required. These risk assessments were also up-to-date and reflective of the controls in place.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The premises were observed to be

clean and the inspector observed a cleaning schedule in place. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place. However, the arrangements in place for containment of fire required review. For example, two fire doors in the sitting room connecting the kitchen and hallway did not have a closing mechanism in place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place. The personal plans were found to be up-to-date, person-centred and appropriately guided the staff team. However, the assessment of need required review as it was not comprehensive in assessing the residents needs. The inspector was informed that a new assessment was in the process of being developed.

In addition, the designated centre was not suitable for the purposes of meeting the needs of one resident on a long-term basis. This had been identified by the provider and plans were in place to an alternative placement for this resident.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were some restrictive practices in use in the centre on the day of the inspection. From a review of records, it was evident that it was appropriately

identified and reviewed on a regular basis by the registered provider.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear relaxed and content in their home. There was evidence that incidents were appropriately managed and responded to. Formal safeguarding plans were in place for identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ballard House OSV-0002667

Inspection ID: MON-0034114

Date of inspection: 27/08/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• National recruitment drive in place has commenced by the provider. Potential candidates to fill vacant roles have been identified and interviews will take place by 07/10/2021.</li></ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• Flooring and painting works in the living room will be completed by 31/12/2021.</li></ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"><li>• The two doors identified as part of this inspection will be fitted with closing mechanisms by 21/10/2021.</li></ul>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"><li>• PIC supported by Newgrove Housing Association will view properties with a view to sourcing a property that is suitable to meet the needs of the resident.</li><li>• Once a suitable property has been sourced a new business case will be submitted to the HSE to secure funding for the running costs of the service. Capital funding has already been agreed.</li><li>• A comprehensive transition plan will be developed with the resident.</li><li>• The Provider is currently reviewing the Assessment of Need process to ensure a robust annual assessment of need can be facilitated for residents. This will be completed by 30/11/2021.</li></ul>	



## 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	07/10/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	21/10/2021

	extinguishing fires.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2022