

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ballinea
<b>Centre ID:</b>	OSV-0002468
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 August 2016 10:15 To: 30 August 2016 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of this designated centre as a standalone centre. Previously, it had been inspected as part of a larger designated centre of which it was one of three units. There were a number of areas in need of improvement on the inspection of the larger designated centre in September 2015.

How we gathered our evidence:

The inspector met five residents and spoke with one permanent and two agency staff members along with the assistant director of nursing (ADON). The inspector also met briefly with the acting Clinical Nurse Manager (CNM). Documentation was reviewed such as personal plans, policies and procedures, audits, incidents and the fire register. The inspector observed practices throughout the course of the day.

Description of the service:

As outlined in the provider's written statement of purpose this centre provides 24 hour residential support to six residents, age 18 and upwards with a severe level of intellectual disability and autism, behaviour of concern and sensory impairment. The centre is located in a rural location outside of a large town in Westmeath. At the time of inspection, the centre was supporting five residents.

Overall judgment:

Overall the inspector found that the centre was offering a homely environment for the five residents living there. It was well managed by an appropriately qualified person in charge and residents' health care needs were being well met. Staffing had stabilised since the previous inspection, and positive changes were evident with regards to promoting a restraint free environment and assessing residents' interests and potential to be more social. Improvements were still required in relation to ensuring residents had opportunities for further engagement in meaningful activation and community involvement. Of the seven outcomes inspected, two were found to be compliant, two substantially compliant and three outcomes were moderately non-compliant.

The findings are outlined under each outcome and in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that new comprehensive assessment and planning documentation were set to be implemented in the coming weeks. The inspector reviewed these templates and found that they would ensure the personal, health and social care needs of residents were assessed and planned for.

The inspector reviewed a sample of residents' assessment and planning documentation and found there to be a system in place to identify and meet resident's needs. For example, residents had initial assessments completed across activities of daily living, MDT assessments and other specific assessments as required. For any identified health need there was a corresponding care plan which was updated regularly to reflect any changes.

Residents also had a person centred plan which focused on their natural supports, their relationships, wishes and interests and aimed to set yearly aspirational goals to improve quality of life. However, further improvements were required in relation to the social care needs of residents and their opportunities to partake in meaningful activities on a more frequent basis.

The inspector reviewed minutes of house meetings and could see that there was a positive focus on increasing residents' access to new activities, and a plan was set each week to offer residents activation in line with their interests and abilities. All residents had a validated assessment tool completed regarding their participation in activities and this was informing options for individuals. There was a weekly planner on display in the dining room as well as on display in residents' bedrooms highlighting their plan for the

week ahead. While this was a positive thing, and there was a focus on engaging in meaningful activation, further improvements were still required to increase their frequency and ensure staff supports were adequate to offer meaningful days to residents. For example, some residents only had opportunities to avail of activities outside of the centre once or twice a week.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Individual risks to residents were identified, assessed and managed and documented on residents' files. These were reviewed regularly or in light of changes. The inspector found that staff were aware of risk and the control measures in place to reduce or alleviate these. For example, residents with difficulties swallowing, residents at risk of self harm and residents at risk of falls.

The inspector found there to be adequate fire safety systems in place in the designated centre. For example, there was a fire detection and alarm system, fire fighting equipment, fire doors and emergency lighting system. Routine servicing and checks were carried out by relevant professionals.

The inspector found that there was a written fire procedure on display, as well as a pictorial easy read version located in the hallway. Due to the needs of residents, each individual had an evacuation plan outlining their support needs in the event of an evacuation. There was also a quick guide version of these in an easy location to support unfamiliar staff. Fire exits were checked daily and unobstructed. The inspector found fire drills had been carried out and recorded at various times and with different staffing ratios and highlighted quick evacuation times. The inspector noted that a deep sleep fire drill had not been conducted or recorded. This was discussed at feedback with the provider who endeavoured to carry one out. This centred was staffed with two staff on waking night duty.

Staff informed the inspector that they had received training in fire safety and evacuation. However, training records were not available on the day of inspection.

The inspector reviewed records of accidents, incidents and other adverse events and found there to be an open culture of recording incidents. Each event had been reviewed

by the person in charge or acting clinical nurse manager (CNM) and action taken to reduce the likelihood of a recurrence. For example, the referral to multidisciplinary team (MDT) to reassess needs following a fall. The inspector found that the person in charge had carried out analysis on adverse events each month to monitor trends and patterns. This had been suggested through the most recent provider unannounced visit and had been implemented.

**Judgment:**  
Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were measures in place to safeguard residents from harm in the designated centre.

There were organisational policies regarding the protection and safeguarding of vulnerable adults, provision of physical intimate care, restrictive interventions and support regarding behaviour that could be challenging. Staff spoken to during the inspection could discuss what to do if they were concerned about a resident. While staff indicated that they had received training in the protection of vulnerable adults and behaviour support, records were not available to demonstrate this.

Notifications of allegations of abuse had been submitted to HIQA regarding unexplained bruising in line with the HSE policy. The inspector found that appropriate steps had been taken and the process had been clearly followed. Outside of this, there were no current safeguarding concerns for residents living in the centre.

The inspector noted that efforts had been made to address the use of restraint in the designated centre since the previous inspection, with a focus on promoting a restraint free environment. During the inspection, the inspector observed residents having free access to the kitchen. This was an improvement as previously the kitchen had been locked. The use of a bed rail was effectively monitored and recorded. The use of a harness for transport and a table top that limited residents access at mealtimes were

now being viewed as physical restraints and staff explained that they were being used as little as possible. This was observed on inspection in practice. However, further documenting of the monitoring and review of these restraints was needed to ensure best practice and to ensure they were only used for the least amount of time possible.

Some residents living in the centre required additional support in respect of behaviour that could be seen as challenging. While recording of incidents had commenced, and staff were gathering data for the behavioural specialist to review, a plan had not yet been put in place to outline how to support the resident at times of such behaviours. This being said, the inspector observed staff working positively with residents and taking a person centred approach to managing difficult situations. The development of the person centred plans and social interactions for residents as mentioned under outcome 5 would further enhance the proactive strategies for behaviours that challenged.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector determined that residents health care needs were met in the designated centre. There was appropriate and timely access to health care professionals, and assessments and plans had been put in place to address identified health care needs or risks.

The inspector reviewed a sample of personal plans, and found evidence that residents were referred for, and supported to attend appointments with a wide range of allied health care professionals . For example, skin integrity concerns had been assessed by a tissue viability nurse and appropriate care plans put in place. Also, a resident who had experienced a number of falls was referred and supported to attend investigative appointments and care plans along with additional staffing supports had been put in place.

The inspector observed some residents having two meals during the course of the day and found that support at meal times was offered in a person centred and unrushed manner. There was a photographic menu plan on display to show residents what was for dinner, as discussed at their weekly house meetings. The inspector found that residents who required a modified diet had this available in line with the advice of the



speech and language therapist. Staff could outline each residents' needs in relation to their diets and consistencies.

**Judgment:**  
Compliant

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were protected by safe medicines management systems and practices which were guided by written policies and procedures.

The inspector reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Medicine was stored securely, and was administered by nursing staff members. There was a system in place for recording and reviewing any medication errors, along with audits carried out by the person in charge and the local pharmacist. Incidents of medication errors were low in the designated centre.

There were clear protocols in place to guide staff on when to administer p.r.n (as required) medicine which included the maximum dosage to be taken in a 24 hour period.

**Judgment:**  
Compliant

### **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a clear line of responsibility and accountability in the designated centre. On the day of inspection the person in charge was on leave, and the staff nurse on duty was the person responsible for the centre, supported by the assistant director of nursing (ADON). The inspector found that even in the absence of the named person in charge, staff were clear on their responsibilities and there was a pre-planned allocation of duties which agency staff were fully aware of. The person in charge was additional to the staff team and as such had sufficient time to allocate to the overview and management of the centre. There was also an acting Clinical nurse manager (CNM) who supported the person in charge.

The inspector found that there were appropriate management systems in place in the designated centre. Accidents and incidents had been reviewed and monitored for learning, audits had been carried out across various areas. The provider had ensured unannounced visits had taken place on a six monthly basis and there were clear action plans to address any areas of improvement required. The annual review was not available on the day of inspection or in the designated centre.

The inspector reviewed minutes of staff meetings and found that there were routine meetings, with review of previous actions and accountability for implementing change.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Training records and records of staff supervision not available on the day of inspection, therefore the inspector could not verify these elements of the outcome.

The inspector found that the staff team has been stabilized with a full complement of staff nurses and health care assistants at the time of the inspection, along with an acting clinical nurse manager (CNM) who had some allocated administrative time during the week and a supernumerary person in charge. Any agency or relief staffing was only used to cover holidays or sick leave. Agency staff who met with the inspector on the day of inspection were aware of any risks or specific health needs of residents and were familiar with the day to day running of the centre. There was clear allocation of duties set out for the day, and staff were confident in their daily responsibility.

While the planned rosters indicated a ratio of four staff to cater for five residents during the day, there had been a number of times during the previous weeks when this had been reduced to three staff in order to cover staffing issues in other locations. This practice required review. The inspector determined that while residents' dependency levels were assessed using an assessment tool, this tool did not consider the social needs or behavioural needs of residents. While the basic care and support needs of residents were met with the reduced number of staff, the residents living in the centre were dependent on staff to fully access the community or engage in any meaningful activation.

**Judgment:**  
Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Ballinea
<b>Centre ID:</b>	OSV-0002468
<b>Date of Inspection:</b>	30 August 2016
<b>Date of response:</b>	11 October 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Residents' social needs and opportunities to be active in their community require further assessment and planning.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**1. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**

A needs assessment for each resident will be carried out using the Support Intensity Scale Tool. 10/11/2016

An Outreach programme is currently being sourced for two residents through Day Services. 31/10/2016

A review of each individuals Activity plan will be undertaken by the PIC and Key worker to incorporate interests and opportunities in the Community. 31/10/2016

**Proposed Timescale:** 10/11/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Confirmation that all staff had received training in fire safety was not available on the day of inspection.

A deep sleep drill had not been carried out in the centre.

**2. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**

All staff in the centre have received up to date fire Training. All staff have participated in Fire Drills and evacuations at the centre. Two deep sleep fire drills were carried out on 01/09/16 and 15/09/16. Complete

Training records will be made available for Inspection and reference in the centre.

Arrangements will be put in place to ensure that access to Individual Training Files are available in the centre in the absence of the PIC. 20/10/2016

**Proposed Timescale:** 20/10/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all physical restraints were being monitored and reviewed in line with best practice.

**3. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

The PIC is currently conducting a review of all existing restrictive procedures in the centre in conjunction with the Multidisciplinary Team. 31/11/2016

The Guideline on the use of Restrictive Interventions is currently being reviewed by the service in conjunction with the Behaviour Support Team. 31/11/2016

Training will be provided for all staff working in the centre on the Guideline on Restrictive Interventions. 14/12/2016

**Proposed Timescale:** 14/12/2016

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Records were not available to show that all staff working in the centre had received training.

**4. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

All staff in the centre have received Training on the protection of vulnerable adults. 03/10/2016. Complete.

Training records will be made available for Inspection and reference in the centre.

Arrangements will be put in place to ensure that access to Individual Training Files are available in the centre in the absence of the PIC. 20/10/2016

**Proposed Timescale:** 20/10/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence of the annual review available in the designated centre.

### **5. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**

An Annual Review has been completed and made available to the residents of the centre and to the Inspector. 07/10/2016 Complete

**Proposed Timescale:** 07/10/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The numbers of staff on duty required review at certain times to ensure that residents' assessed needs were met.

### **6. Action Required:**

Under Regulation 15 (1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**

A needs assessment for each resident will be carried out using the Support Intensity Scale Tool. 10/11/2016

A review of the number and skill mix of staff will be undertaken by the PIC following the outcome of the Support Intensity Scale Assessment. 31/11/2016

**Proposed Timescale:** 30/11/2016

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Training records were not available for the inspector to review in order to verify that all training needs were met.

**7. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

All staff in the centre have received up to date Training. Staff Training is regularly monitored by the PIC. 03/10/2016 Complete

Training records will be made available for Inspection and reference in the centre.

Arrangements will be put in place to ensure that access to Individual Training Files are available in the centre in the absence of the PIC. 20/10/2016

**Proposed Timescale: 20/10/2016**