



Report of an inspection of a Designated Centre for Disabilities (Mixed)

Name of designated centre:	Ballytrim House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	12 November 2018
Centre ID:	OSV-0002523
Fieldwork ID:	MON-0025087

About the designated centre

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

Ballytrim House provides both full-time and part-time residential care and support to children and adults with a disability. The designated centre comprises of a twelve bedded one-storey building located in a residential housing estate in a town. Residents living at the centre have access to communal facilities such as two sitting rooms, a sensory room, dining room, kitchen and outdoor children's play area. Each resident has their own bedroom which also includes its own en-suite bathroom. The centre's design also includes additional communal bathroom and toilet facilities. Ballytrim House is located close to local amenities such as shops, public houses and cafes. In addition, the centre has its own vehicle which enables residents to access other amenities in the surrounding area such as swimming pools and other leisure facilities. Residents are supported by a staff team of both nursing and care staff. During the day, support is provided by between six to seven staff; with at a minimum of one nurse being available at all times to meet residents' assessed needs. At night-time, residents are supported by a team of three staff members comprising of one nurse and two care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

To prepare for this inspection the inspector or 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
12 November 2018	08:45hrs to 13:20hrs	Stevan Orme	Lead

Views of people who use the service

The inspector had the opportunity to meet six residents who lived at Ballytrim House on the day of inspection.

Residents were unable to tell the inspector about the care and support they received due to their assessed needs. However, the inspector observed that residents appeared relaxed and comfortable with all observed supports received from staff. Furthermore, the inspector observed that residents were treated with dignity and respect by staff and were supported to make choices on social activities proposed for the day.

Capacity and capability

The provider's governance arrangements ensured that all aspects of care and support provided at Ballytrim House was subject to regular review and updated to ensure their effectiveness in meeting residents' assessed needs. Residents were supported by suitably qualified staff that were knowledgeable on all aspects of their needs. Management arrangements ensured that residents were kept safe from harm and supported to achieve their personal goals.

The person in charge and delegated staff members completed a range of management audits on the quality of care and support provided at the centre. Audits were completed at set intervals throughout the year and ensured that practices were both in accordance with the provider's policies and residents' support plans. In addition, the provider undertook six monthly unannounced visits at the centre, which examined all aspects of the care and support provided to ensure its ongoing compliance with regulatory requirements. The findings from both internal and provider's audits were discussed with staff and time-based action plans were implemented to ensure that future practices were up-to-date and effective in nature.

Following the last inspection, the provider had recruited to previously vacant staffing positions at the centre which had increased the availability of nursing staff to meet residents' needs. The provider had also reviewed night-time staffing arrangements to reflect residents' increased needs. The outcome of the review had led to an increase in night-time staff from two to three at all times.

However, although recruitment had led to additional nursing staff, resulting in increased opportunities for residents to participate in community activities, this was not consistent throughout the week. The inspector found that on days when only one nurse was available, this continued to impact on residents' choice

as highlighted in the centre's last inspection. For example, due to some residents' healthcare interventions a nurse was required at all times resulting in either group community activities or activities being postponed until a second nurse was available.

The person in charge ensured that staff knowledge was up-to-date and reflected current developments in health and social care practices through their regular attendance at training course planned throughout the year. In addition, staff were informed about changes to residents' needs and the centre's operational management through their attendance at team meetings, regular contact with the person in charge and shift handover arrangements. Staff were further assisted to develop their competency and skills through individual 'personal development plans' facilitated by both the person in charge and nursing staff. Through their involvement in annual 'personal development plans', staff reviewed their current roles and responsibilities at the centre and identify additional training and opportunities for career development.

The provider's risk management practices were robust in nature, and procedures were in place to effectively respond to all identified risks and possible adverse incidents which might occur at the centre. Risk interventions were subject to regular review and amended to ensure their ongoing effectiveness and the protection of residents from harm. In addition, the provider had arrangements in place for the recording of accident and incidents at the centre, with a monthly reviews being completed by the person in charge which identified any areas for practice improvement and development.

Regulation 15: Staffing

The provider had not ensured that residents' assessed needs were supported at all times by an appropriate number of suitably skilled staff at the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider's management arrangements ensured that staff had access to regular training opportunities which ensured they were knowledgeable on residents' assessed needs and their skills reflected current developments in health and social care practice.

Judgment: Compliant

Regulation 23: Governance and management

The centre's governance and management arrangements ensured that care and support provided to residents was subject to regular review into its effectiveness to ensure it meet both residents' assessed needs and facilitated them to achieve their personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Following the last inspection, the provider had ensured that written agreements were in place for each resident. However, not all written agreements had been signed by either the resident or their representative.

Judgment: Substantially compliant

Quality and safety

The care and support provided at Ballytrim House ensured that residents' needs were met and they were supported to participate in community-based activities and achieve their personal goals. However, the design and layout of the centre's premises' did not appropriately meet the needs of children living at the centre.

Following the last inspection, the provider had improved personal planning arrangements for residents. Personal plans were regularly updated and clearly informed staff about how to appropriately support residents' needs in-line with recommendations from associated multi-disciplinary professionals. Staff were knowledgeable on residents' assessed needs and management practices, such as shift handover meetings and team meetings, ensured a consistency of approach in all aspects of care provided. The provider had also ensured that each resident was provided with an accessible version of their own personal plan, which clearly informed them on how their support needs would be met by staff. The provider has now introduced measures which ensured that each resident's personal plan was reviewed annually. Review arrangements gave residents, their representatives and associated multi-disciplinary professionals the opportunity to attend and be actively involved in ensuring that their plan met their needs. Furthermore, new review arrangements evaluated the effectiveness of all supports provided to ensure they remained relevant to the resident. Where reviews identified changes were required to the plan, these were incorporated and disseminated to staff to

guarantee a consistency of approach.

Following the last inspection, the inspector found that children's bedrooms were still located in close proximity to those of adult residents and communal facilities remained shared. However, the provider identified measures at the centre which would facilitate children being separately accommodated within the centre. The provider had commenced the redecoration of proposed children's bedrooms and had a plan in place for a 'children only' sitting room. The inspector was further assured by the provider's action plan that the accommodation arrangements for children would be achieved as agreed with the Health Information and Quality Authority by the 30 November 2018.

Although, the provider had progressed actions relating to the layout of the centre, the inspector found that previously identified maintenance issues had not been addressed. The inspector observed that water damage observed in residents' en-suite bathrooms highlighted in the last inspection had not been addressed within agreed time frames. Furthermore, although the person in charge provided evidence of meetings with the housing association responsible for the premises, there was no time bound plan in place to confirm when repair works would be completed at the centre.

Residents at Ballytrim House were supported by staff to access both their school and day service placements as well as a range of activities which reflected their assessed needs and interests. One resident at the centre did not attend a formal day service; however, a bespoke day programme was facilitated by the centre's staff during the week, which was structured around their needs, interests and wishes.

Following the last inspection, the provider had reviewed arrangements for residents to be empowered in making decisions about the day-to-day running of the centre. The provider had improved the structure of the weekly residents meetings to ensure that they captured the views of both children and adults living at the centre. Records showed that both children and adults were encouraged to express their views on decisions such as social activities and weekly menu planning. In addition, the provider used house meetings as a forum to ensure that residents were informed about their rights and updated on any proposed changes at the centre.

Regulation 13: General welfare and development

Residents were supported to access and participate in a range of activities which reflected their assessed needs and enabled them to achieve their personal goals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified assessed, and control measures implemented. Review arrangements ensured that all agreed interventions were regularly monitored to ensure their effectiveness and residents were kept safe from harm.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following the last inspection, the provider had put measures in place to ensure that the effectiveness of all aspects of residents' personal plans were subject to an annual review.

Judgment: Compliant

Regulation 9: Residents' rights

Following the last inspection, the provider had implemented measures which ensured that all residents were involved in decisions about the day-to-day running of the centre.

Judgment: Compliant

Regulation 17: Premises

The premises' layout did not meet the regulatory requirements for children living at the centre, although an agreed plan was in place to address this by the 30 November 2018. In addition, previously identified maintenance works had not been addressed at the centre and no clear plan was in place on when they would be completed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Ballytrim House OSV-0002523

Inspection ID: MON-0025087

Date of inspection: 12/11/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The number, qualifications and skill-mix of staff are appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the centre. Nursing care is provided as required subject to the statement of purpose and the assessed needs of residents. Staffing is allocated to ensure that residents receive continuity of care and support from staff who are consistently assigned to the centre as far as is reasonably practicable. The use of relief or agency staff is maintained at a minimum. There is a planned and actual staff rota in place which is properly maintained and displays staff on duty during the day and night. The Person in charge has obtained in respect of all staff the information and documents specified in Schedule 2 of the regulations. There has been recruitment campaign and a staff nurse has been appointed on a temporary basis and the permanent position will be offered out and filled by 31/01/19</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The centre has a policy in place on Admission including Transfers, Discharges & Temporary Absences of residents. The centre's criteria for admission are included in the Statement of Purpose. Each resident is provided with a written agreement on the terms of residence in the centre which includes details of the service provided in accordance with the Statement of Purpose and the fees charged. Written agreements are renewed annually and agreed with the resident or their representative where possible when the resident is unable to give consent.</p>	

The centre's admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living in the services

The residents and his or her family or representative have the opportunity to visit the centre prior to admission. Residents living in the centre are consulted with in relation to potential new admissions to the centre and compatibility assessments are completed as part of the admission/transition process.

All resident and/or their representatives have an updated copy of the contracts of care, the PIC is awaiting the return of the signed copies. It is anticipated that these will be returned by the 31/12/18.

If there are any issue the PIC will address them directly with the resident and/or their representative with a view to resolving any issues with a view of having signed copies on file for all residents by the 28/02/19

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The premises of the centre meet the aims and objectives of the service and the number and needs of the residents in accordance with the centre's Statement of Purpose.

A review of the premises forms part of the Annual Review of Quality and Safety of Care and Support and the six monthly unannounced visits of the centre to ensure that the premises is accessible, maintained in a good state of repair, is clean and suitably decorated and meets the needs of the residents.

A quality improvement plan is produced to address any improvement required. Actions identified by HIQA and/or the Provider Representative are included in the centre's quality improvement plan and monitored to ensure completed within the required time frame.

All repairs are completed promptly and equipment is maintained in good working order. Referrals are made to the Assistive Technology department when required.

Cleaning schedules are in place and implemented by staff.

Infection control policies are adhered to.

All identified risks are assessed and control measures put in place to manage the risk. Environmental audits are completed as part of an annual schedule of audit.

There are 3 young people in the centre 1 of whom will be 18 years in the next month therefore the other 2 young people have been moved to separate sleeping accommodation as of 10/12/18.

The PIC and the housing association are working together to resolve any outstanding maintenance issues and have met on a number of occasions. It is anticipated that all works will be completed by 31/03/19

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	28/02/2019
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	31/03/2019
Regulation 17(2)	The registered provider shall ensure that where the designated centre accommodates adults and children, sleeping accommodation is provided separately and decorated in an age-appropriate manner.	Substantially Compliant	Yellow	10/12/2018
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	28/02/2019