



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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0003604
Fieldwork ID:	MON-0030948

About the designated centre

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

Ballytobin services is located in a rural setting in Co. Kilkenny. It consists of five houses, offering residential care for up to 14 persons. Three of the premises are co-located while the other two are approximately one kilometre from the first three. Each house has a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for each resident. Individual supports are offered with an aim of maximising residents' independence and developing their skills. The service operates 24 hours a day, each day of the year. The service is designed to meet a range of needs, including social needs, high medical needs and behavioural challenges. Regular support is available from a multi-disciplinary team. A range of activities are available on site. The grounds has a sensory garden, a poultry run and a polytunnel. There are well maintained walkways, suitable for cycling and walking. Staff qualifications and skill mix varies in each home, depending on the needs of individual residents living in each house. The cohort of staff include care assistants, social care workers, social care leaders and staff nurses. A clinical nurse manager 3 (CNM3), oversees the overall management of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Thursday 19 November 2020	09:00hrs to 14:30hrs	Margaret O'Regan	Lead
Thursday 19 November 2020	09:00hrs to 14:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspectors had the opportunity to meet with two residents on the day of inspection. Other residents were engaged in activities on site.

The inspectors observed warm and meaningful interactions between staff and residents. From observation, from discussions with staff and from documentation reviewed it was evident that residents were well cared for. Two residents were seen cycling around the grounds in the company of staff. Others were out walking and one resident was engaged in their one to one individualised day programme. All interactions seen were friendly and positive. The manner in which activities were spoken about was indicative of the homely and relaxed atmosphere that generally prevailed in these comfortable homes.

Residents, including a resident who recently moved to live in the centre, appeared well supported by staff. Inspectors observed good adherence to infection control guidelines and public health advice regarding COVID-19. Good hand hygiene practices were observed with staff and residents as well as appropriate use of personal protective equipment (PPE).

Capacity and capability

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and a review that care and support was in accordance with standards. A broad range of audits were conducted and included audits of medication management and practices, record keeping, audit of food and nutrition. The results of these audits, along with residents views, informed the annual report.

Changes to practices were implemented following findings from audits or from incidents that occurred in the centre. For example, since the last inspection a system was put in place whereby each vehicle had a laminated document providing details of who to contact in an emergency. This was rolled out to other Brothers of Charity Services in the region. Another change in practice was in the way social outings were monitored. The person in charge carried out a monthly review of the social

outings log and cross referenced it against other documentation.

There were clear lines of accountability. Plans were in place for a suitably qualified person to take over from the person in charge, should the need arise. Records were well maintained, easy to retrieve and up to date. However, there had been a delay in submitting an application for a minor variation to the centre's conditions of registration, namely around the floor plans. This matter did not impact negatively on the residents, rather it enhanced the environment for the resident.

There was evidence that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. Up to date staff training records were available and a system was in place for staff to get refresher training on a regular basis. The training, development and quality department of the organisation was instrumental in ensuring such updates were planned, carried out and recorded. Staff spoken with, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at understanding what brought contentment to residents.

The person in charge had ensured that a regular cohort of staff worked in the house and that there was no cross over of staff from one centre to another. Every effort was made to ensure the well being of regular staff. There was a screening and reporting process to ensure that symptomatic staff did not come on duty. On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspectors were satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in community activities, attend day services and take part in individual activities, albeit that these activities were curtailed due to COVID-19.

Inspectors reviewed the induction and probation of the last three staff hired in this centre and found appropriate levels of support, supervision and management oversight were in place. Staff spoken with were found to be very knowledgeable and the lines of management and accountability were found to be appropriate in the recruitment, retention, support and supervision of the staff teams. COVID-19 had required individual dedicated staff teams to be exclusive in the four different houses in this centre to avoid unnecessary footfall and any potential cross contamination. Inspectors observed this to be working well in this centre.

Registration Regulation 8 (1)

This centre was found to be operating well and in line the stated purpose and function in the best interest of residents. The centre was registered to provide care and support for 14 residents and 11 were present on the day of inspection. Inspectors found positive outcomes for the residents supported in this centre. However, there had been a delay in submitting an application for a minor variation to the centre's conditions of registration. This matter did not impact negatively on the residents.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre, due to COVID-19. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by the management structures of the Brothers of Charity. In addition, the person in charge was supported by team leaders working in the centre and by a person who would deputise in her absence.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff, who had a role in the centre, had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE. Training records were well organised and available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were satisfied that effective governance and management arrangements were in place to ensure that proactive action had been taken by the provider to minimise the risk of the introduction of and the transmission of infection.

The required resources, including personal protective equipment if needed, had been sourced. Contact had been established with the statutory body in relation to the sourcing of additional supplies in the event of an outbreak. The inspector was satisfied that the person in charge had good clinical awareness and was informed in an evidence based way. She spoke of being vigilant in her and her team's efforts to protect residents and staff.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors reviewed recent admissions and found very good practice regarding new admissions to this centre. Resident transitional planning was found to incorporate high levels of consultation with residents and their families. Inspectors found efforts were taken on the part of the provider to maximize supports and ensure, insofar as possible, successful admission and placement within the designated centre in line with the resident's assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted, as required by regulation 31.

Judgment: Compliant

Quality and safety

The inspectors found clear policies, procedures and processes in place to ensure the safeguarding and protection of all residents in this centre. Staff were found to have

undergone appropriate training in the safeguarding and protection of vulnerable residents. Staff spoken with by inspectors were found to be knowledgeable in the types of abuse, how to manage, report and record allegations, disclosures and/or safeguarding incidents. The person in charge and management team demonstrated good managerial oversight in this area.

In reviewing safeguarding incidents within this centre, the inspectors found they had been managed efficiently and effectively. For example, a compatibility issue that arose between two residents was assessed and reassessed immediately with appropriate action taken to support both residents in a timely, structured and consultative manner. In reviewing residents finances the inspectors found that good systems of oversight, audit and controls were in place to protect resident's monies. Accounts, ledgers and finances reviewed on this inspection reflected this.

Inspectors found a robust approach to risk management in this centre. Management and staff demonstrated good risk awareness and knowledge of both individual, centre, behavioural and environmental risks. Inspectors found that the documentation reviewed matched the practice observed. For example, where risk assessments were reviewed regarding specific support to residents, these were observed to be implemented in line with the residents individual risk assessment and behavioural support plan. The inspectors found a risk register in place whereby the provider categorised risks in the centre and rated the likelihood and impact of these risks. These included the risk of residents or staff contracting COVID-19 and the impact this would have on the individuals and the service in general.

It was evident from discussions with the person in charge, that infection prevention and control measures were in place and that staff were requested to adhere to these. There was access to the appropriate information, and training had been completed with staff. Staff were supplied with personal protective equipment (PPE) and the inspector observed that staff were using these at the appropriate level. There was a requirement, where possible, to physically distance. Daily temperature screening of staff and residents took place. There were facilities for the management of clinical waste. The person in charge, who was an experienced clinical nurse manager, was clear on cohorting guidance in the event of an outbreak of COVID-19. The design of the centre was such that residents could safely isolate within their homes, should the need arise. Each resident had an individualised COVID -19 contingency plan. Apart from detailing the cohorting arrangements, it also identified relief staff with whom the resident could work with, emergency fire evacuation procedures should the need arise while a resident was isolating and how a resident's medication and meals would be managed if they were identified as suspected of having COVID-19 or testing positive for the virus.

Inspectors reviewed recent admissions and found good practices regarding new admissions to this centre. There was a high level of consultation with residents and families. Inspectors found efforts were taken on the part of the provider to maximize supports and ensure, insofar as possible, successful admission and placement within the designated centre in line with the resident's assessed needs.

Inspectors reviewed a resident's transition and planning process from another

service to this centre and found this also had been well planned and provided for in consultation with the resident and their family. This transition was observed to be working well for the resident who was observed to be receiving an individualised service. The resident's family were part of this transition, visited the centre (in line with COVID-19 protocols) and the provider was found to have tailored the service to this resident's assessed needs.

Inspectors found the premises were warm, homely and decorated to a high standard in line with residents' individual tastes, preferences and assessed needs. Due to COVID-19 restrictions, inspectors minimised their footfall in the premises. The areas of the premises seen were found to be well maintained, comfortable and attractively decorated. Inspectors found one house had recently been renovated to support the specific needs of those who lived there. The house had been redesigned into individualised apartments. New furniture, flooring, painting and soft furnishings had been purchased and the property was found to be transformed since previous inspections. Residents had been consulted and the premises were observed to be very clean. There was ample private and communal space available to residents and staff had painted murals for one resident with their favorite super hero characters on their wall which looked excellent.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. Some of these activities had to be curtailed due to national restrictions around COVID-19. Nonetheless, residents were seen to enjoy exercising on their bikes, feeding the hens and helping with meal preparation. Prior to COVID-19 residents partook in separate holidays, enjoyed swimming and kayaking and enjoyed music sessions. Much emphasis was placed on working with the individual, and what brought joy and fulfilment to them.

Judgment: Compliant

Regulation 17: Premises

The premises was maintained in a good state of repair externally and internally. A programme of ongoing maintenance and decoration work was in place.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Inspectors reviewed a resident's transition and planning process from another service to this centre and found this had been well planned and provided for in consultation with the resident and their family. This transition was observed to be working well for the resident who was observed to be receiving an individualised service. The residents family were part of this transition, visited the centre (in line with COVID-19 protocols) and the provider was found to have put significant effort into tailoring the service to this resident's assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. For example, staff assigned to this house did not work elsewhere. Residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

Judgment: Compliant

Regulation 27: Protection against infection

Good infection prevention and control measures were in place. There was access to appropriate information and training had been provided to staff. Staff were supplied with PPE and inspectors observes staff were using these at an appropriate level. Each resident had a detailed and individualised COVID-19 contingency plan .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured comprehensive personal plans were in place for all residents. These plans reflected residents' health, personal and social care needs.

Judgment: Compliant

Regulation 6: Health care

The person in charge described how each resident choose their own General Practitioner (GP). The person in charge also described how residents were supported to access other healthcare services external to the centre. Nursing care was provided on site day and night. There was evidence of significant health improvements for residents such as stabilising of weight for someone on artificial feeding, increased mobility for a person who had previously only used a wheelchair and a reduction in weight for a young person who was obese. All these contributed greatly to the residents health and also contributed to their overall sense of wellbeing and contentment.

Judgment: Compliant

Regulation 8: Protection

Safeguarding incidents within this centre had been managed efficiently and effectively, with the needs and safety of residents being paramount.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider facilitated residents to participate in and consent, with supports where necessary, to decisions about his or her care and support. Residents had the freedom to exercise choice and control in his or her daily life. Activities were incorporated in to the daily routine and documentation viewed ,indicated residents to be content with their routines.

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
Capacity and capability	
Registration Regulation 8 (1)	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballytobin Services OSV-0003604

Inspection ID: MON-0030948

Date of inspection: 19/11/2020

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
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): An application to vary has been submitted on the 15/12/2020, alongside relevant documentation which is also required alongside the application to vary i.e. Up to date floor plans:	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	20/12/2020