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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ballybrack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 August 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0002884</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026247</td>
</tr>
</tbody>
</table>
About the designated centre

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

Ballybrack designated centre operated by St John of God Community Services Company Limited by Guarantee consisting of two residential community houses both located in South County Dublin. The designated centre intends to meet the specific care and support needs of adults with an intellectual disability. Residents in Ballybrack designated centre require low to medium assistance with their care and support needs. Residents health needs are monitored by a GP of their choice and they are supported by staff to attend medical check-ups as required. One residential house can accommodate up to six residents while the other residential house can accommodate up to four residents. One of the houses caters for males only, the other residence caters for both male and female residents. Residents are supported to travel independently and have access to transport provided by St John of God Services, either through sharing with other locations or with a vehicle assigned to the location. The centre is managed by a person in charge who is supported in their role by a social care leader. The staff team is made up of social care workers.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 10 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 14 August 2020</td>
<td>10:00hrs to 16:00hrs</td>
<td>Ann-Marie O'Neill</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

On the day of inspection, the inspector met with three residents living in one of the residential units that comprise the centre.

In line with infection prevention and control guidelines the inspector only visited one residential unit and carried out the inspection from one space in that house. This was due to a resident living in the house identified as cocooning at the time of inspection.

The inspector also ensured physical distancing measures were implemented during interactions with residents, staff and visitors to the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

Residents appeared content during the course of the inspection and were observed leaving the centre to attend healthcare appointments and activities with the support of staff and supplied with face masks where required in line with public health guidelines.

The inspector spoke to one resident in a more in depth way. They stated they felt safe and happy in the centre. They mentioned the names of their friends and family that were important to them. They said they would speak to the manager if they were unhappy and they liked the peers they shared the house with. They described how they liked to go swimming and enjoyed baking with staff.

The inspector also observed a resident receive a visit from a family member during the course of the inspection. This visit was conducted in line with public health guidelines. The resident appeared to be very happy that the visit was happening. The inspector had an opportunity to speak with the resident's family member while implementing physical distance guidelines and use of a mask during the interaction.

The family member discussed the importance of visits for them and the resident. They indicated that staff had supported the resident to use communication technology to communicate with them but this was not as good as face-to-face visits and interactions. They expressed a gratitude to the staff in the centre for supporting the resident to maintain family contact as much as possible during the COVID-19 restrictions on visiting.

Staff were observed to speak in a gentle and kind way to residents and have jovial interactions and discussions with them during the course of the inspection.

Capacity and capability
The findings from this inspection demonstrated the provider had the capacity and capability to provide an improved quality service to meet the needs of residents. It was demonstrated the provider had addressed non-compliances from the previous inspection and had enhanced fire safety measures in the centre by completing a suite of fire safety improvement works.

The provider had notified the Chief Inspector of the absence of the person in charge for more than 28 days as required by the regulations. However, the period of the person in charge's absence had been extended. At the time of inspection the provider had not appointed another person in charge to manage the centre in their absence, as required by the regulations.

It was noted however, that appropriate management and supervision arrangements were in place; a social care leader was in place to supervise staff and care practices in the centre. In addition a senior manager formed part of the management arrangements in the centre and facilitated the inspection.

There were arrangements in place to monitor the quality of care and support, the provider had completed a six-monthly provider led audits of the the centre. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual report for the centre as required by the regulations.

The provider had ensured robust staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part.

Redeployed staff were available to manage any staff shortfalls in the short-term. An action from the previous inspection that related to support for residents during breakfast time periods had been addressed. In addition, the provider had a bank of relief staff that supported residents to have meaningful activities. This was a measure set out in the provider's statement of purpose also. The provider had ensured that those staff were from a specific cohort of staff to ensure infection control guidelines and measures were in place.

The inspector reviewed actions from the previous inspection in relation to staff training in epilepsy management and noted all staff working in the centre had now received training in this area. Staff had also received mandatory training in other areas, for example, safeguarding vulnerable adults, fire safety, manual handling and management of behaviours that challenge.

**Regulation 14: Persons in charge**
The provider had notified the Chief Inspector of the absence of the person in charge for longer than 28 days as required by the regulations.

However, the person in charge's leave was due to be extended, therefore the provider was required to appoint a person in charge for the centre in their absence.

Judgment: Not compliant

### Regulation 15: Staffing

The provider had addressed the staffing non compliances identified on the last inspection in a way to ensure residents' support needs were met.

Judgment: Compliant

### Regulation 16: Training and staff development

An action from the previous inspection had been addressed. All staff had received training in epilepsy management.

Other mandatory training was up-to-date and completed by staff at the time of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audit for the centre had been completed.

The provider had completed an annual report for the centre for 2019.

The provider had addressed a number of non compliances from the previous inspection including a suite of fire safety improvement works and premises enhancements.

Judgment: Compliant
## Quality and safety

Overall, residents living in the centre were in receipt of a safer and improved quality service since the last inspection. Improvements which had occurred since the previous 2018 inspection included, a change in staffing arrangements at breakfast time in the centre, enhanced fire safety measures, some premises works identified at the last inspection had been addressed and medication management planning was now in place for PRN (as required) medications.

Some improvements were required however. Redecoration and enhancement of storage facilities for a resident’s bedroom was required. In addition, improved implementation of the provider's risk management policy in relation to falls risks was also required.

There was evidence residents were provided opportunities to maintain their general welfare and development while COVID-19 pandemic restrictions were in place. The provider had made arrangements to allocate redeployed staff to the centre in order to maintain the staffing levels to within the numbers as set out in the statement of purpose. This ensured residents' assessed supervision and support needs were maintained as much as possible while in adherence with public health guidelines relating to COVID-19.

Residents were supported to maintain relationships with their families, friends and significant others during the COVID-19 restrictions, electronic devices and technology was used to aid this. As referred to previously, some residents were observed to have a visit from family members while adhering to social distancing and public health guidelines.

Residents were observed to be excited getting ready to go out with their family member and were observed smiling and happy. This opportunity to meet with family members in person helped to promote and supported their general welfare and connection with their loved ones. Further evidence was demonstrated that where in person visits had resumed some residents’ personal risk behaviours had reduced significantly. For example, incidents of self-injurious behaviour for some residents had saw an increase while visiting restrictions, in line with public health guidance, had been in place, these incidents were found to be reducing since the lessening of restrictions had occurred and visits had recommenced again.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and
alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution.

Actions from the previous inspection in relation fire safety had been addressed by the provider. Following the last inspection a fire safety engineer had carried out an assessment of fire safety measures in the centre and had identified a number of fire safety improvements that were required. During the course of the inspection the inspector was provided a breakdown of works required for both residential houses that comprised the centre and certificates of completion for works. From review of the matters presented and observations made during the course of the inspection it was demonstrated that the provider had addressed fire safety actions from the previous inspection.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection. Some improvement was required to ensure information collected to assess the quality and effectiveness of risk management measures was accurately reflected in risk assessments for the centre. For example, risk assessments for falls risks did not accurately reflect the presenting risks in the centre and were risk rated low despite evidence presenting that there had been eight falls incidents that had occurred across both residential units that made up the centre. In one instance notified to the Chief Inspector, a fall had resulted in a serious injury to a resident.

The inspector further reviewed falls management in the centre in relation to assessment of individual risks and the control and support measures for residents. It was demonstrated that residents received appropriate allied professional reviews in relation to identified falls risks and in some instances comprehensive personal falls risk management plans were in place. Residents also received timely and comprehensive healthcare reviews following such incidents. However, the overall identification of falls as a presenting risk for the centre was not accurately reflected in the risk register for the centre. Furthermore, the person in charge was required to ensure there was a consistent quality of falls risk assessment in place for all residents with an identified falls personal risk.

The previous inspection had identified some premises improvement works were required. The inspector reviewed if matters had been addressed in particular to one resident's bedroom. The inspector viewed the resident's bedroom following a request for permission to do so and observed from the doorway; a large electricity box had been removed from the resident's bedroom as per the action identified on the last inspection. This meant the resident now had more space in their bedroom and improved the overall aesthetics in the room. It was noted however, that further remedial works were required to the walls in the bedroom, in particular where the item had been removed. In addition, while the resident had been afforded some additional storage facilities they were not entirely appropriate as they consisted of plastic boxes under their new bed. The provider was required to complete any remedial works to the resident's bedroom and to make arrangements to decorate it and install appropriate and accessible storage facilities for the resident in line with the resident's personal preferences.
An action from the previous inspection in relation to PRN (as required) medications was addressed. A criteria and administration plan was in place for each PRN prescribed medication for residents.

**Regulation 13: General welfare and development**

There was evidence residents were provided opportunities to maintain their general welfare and development while COVID-19 pandemic restrictions were in place. Residents were supported to have visits with family members in line with public health guidelines which was shown on inspection to have a positive impact on their general welfare.

Judgment: Compliant

**Regulation 17: Premises**

Actions from the previous inspection had been addressed for the most part however, improvements were required to a residents' bedroom to ensure it was refurbished and decorated to a good standard and could afford the resident appropriate storage facilities.

Judgment: Substantially compliant

**Regulation 26: Risk management procedures**

The provider had an up-to-date risk management policy in place with evidence of it's implementation within the centre.

Some improvement was required to ensure information collected to assess the quality and effectiveness of risk management measures was accurately reflected in risk assessments for the centre. For example, risk assessments for falls did not accurately reflect the presenting risk in the centre. There was inconsistency in the quality of personal falls assessments and planning for residents. This required improvement.

Judgment: Substantially compliant

**Regulation 27: Protection against infection**
Infection control systems in place reflected Public Health guidelines. Good supplies of personal protective equipment and alcohol hand gel were observed in the centre. Staff were observed to adhere to social distancing and wearing of masks where required.

Judgment: Compliant

**Regulation 28: Fire precautions**

Fire safety improvement works had been completed following the previous inspection. A certificate of completion and a breakdown of works were available for review by the inspector by way of the provider's evidence to verify their implementation.

In addition, in the days following the inspection the provider made arrangements for a fire safety engineer to carry out a further assessment of the fire safety works that had been completed and submitted certificates of this assessment to the office of the Chief Inspector.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

An action in relation to PRN (as required) medications had been addressed. Where residents were prescribed PRN medications an associated protocol was in place which provided staff with guidance and criteria for their administration.

Judgment: Compliant

**Regulation 8: Protection**

There was evidence of the provider and person in charge's implementation of National Safeguarding policies and procedures for vulnerable adults.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</td>
<td></td>
</tr>
<tr>
<td>A new Person in Charge has been recruited to act up in the absence of the current person in charge. They are due to commence on the 21st of September 2020</td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises:</td>
<td></td>
</tr>
<tr>
<td>The resident is being supported to choose a suitable wardrobe for his room. Work had been scheduled to refurbish his room the week after the inspection, however this had to be postponed as the resident was going to stay in a hotel for a couple of nights whilst his room was being refurbished. Public health advice has since advised against people who are cocooning staying in a hotel. We are currently looking for appropriate self-catering accommodation for the resident to stay in so his room can be refurbished to ensure his safety. The refurbishment will be completed by the 13th of November</td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</td>
<td></td>
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</tbody>
</table>
Risk management for the DC has been reviewed. The overarching risk assessment for falls has been updated to ensure the controls are reflective of the risks in the DC. The risk assessment has also been rated in accordance with the statistics gathered in the DC. Individual risk assessments have also been updated to ensure the risk rating and controls are effective and in line with the data gathered in the DC.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 14(1)</td>
<td>The registered provider shall appoint a person in charge of the designated centre.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>21/09/2020</td>
</tr>
<tr>
<td>Regulation 17(1)(b)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2020</td>
</tr>
<tr>
<td>Regulation 17(7)</td>
<td>The registered provider shall make provision for the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>13/11/2020</td>
</tr>
<tr>
<td>Regulation 26(2)</td>
<td>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/09/2020</td>
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<tr>
<td>system for responding to emergencies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>