



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

Issued by the Chief Inspector

Name of designated centre:	Ballyseedy House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2020
Centre ID:	OSV-0007763
Fieldwork ID:	MON-0030098

About the designated centre

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

The designated centre is a large purpose built detached two-storey house located in a rural area, but within a short driving distance to a nearby town. The centre can provide residential/shared care accommodation for a maximum of six residents of both genders, between the ages of 18 and 65. The centre supports residents with Autism spectrum disorders, intellectual disabilities, physical needs and sensory needs. Support to residents is provided by the person in charge, a team leader and support staff, Each resident has their own bedroom and other facilities in the centre include bathrooms, living rooms, dining rooms, kitchens, a laundry and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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:

Date	Times of Inspection	Inspector	Role
Wednesday 2 September 2020	10:00hrs to 17:00hrs	Lucia Power	Lead

What residents told us and what inspectors observed

Currently there are five residents living in this centre, on the morning of the inspection there was two residents present and the other three were attending a hub in the community which was based in an inclusive building in the centre of a town and the residents were receiving a day service from this building. The inspector was able to meet these three residents in the afternoon.

The inspector observed the two residents in the morning and noted that they were very happy in their home and had access to wander inside and outside their home which was part of their daily routine. One of the residents had recently transitioned from another of the provider's centres and it was observed that they were very happy and content in their home, this was evidenced by the resident's relaxed state and smile. The other resident liked being involved in the kitchen activities and the inspector observed the interaction between staff and this resident, it was inclusive and respectful, and it was evident that the staff understood the residents' needs.

Later in the afternoon the inspector spent some time with the three other residents and it was observed that they had their own routine after returning from day services. One of the residents was watching television and it was clear to the inspector that they did not want to be disturbed, another resident was lying on the couch as they were very tired. but it was observed that a staff member was giving this resident one to one support and was very attentive to their needs. The other resident was having banter with staff and spoke with the inspector about their day in college, which was the term they used for the hub in the community. This resident also told the inspector that they were very happy in their new home and how much they were enjoying college.

Later on in the evening the inspector observed the staff sitting with the residents at the kitchen table and spending time with them conversing. It was noted that all residents had one to one support and staff were very attentive to each of the residents' needs.

The person in charge had been advised in advance of the inspection, that family members of the residents could ring the centre and the inspector would speak with them to get the views of the families in relation to the care and support of residents. During the course of the inspection two representatives made contact.

The first representative expressed that they were very happy with how well their loved one settled in and that there is now staff to support this resident with activities as routine is very important, they also highlighted the positive transition to the service and how well the staff supported this resident. The other representative told the inspector that they were very happy as the transition to the centre was a natural progression and that at all times the resident was at the centre of the planning. This representative also told the inspector that every time they call to this centre they see how happy the resident is and that they are always smiling,

reference was also made in relation to the staff and the support the resident got with their transition into the centre and how well staff got to know the resident.

From meeting with the residents, observing them in their home and from speaking with families and staff, it was evident that the residents were happy in their home and that staff had a good understanding of each of the residents' needs

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a good standard and ensured that their assessed needs were met at all times.

There was good oversight from the provider and a self assessment had been carried out in June 2020. This process had three stages as part of the provider's review. The first stage was a review of the centre which included a review of activities identified by residents, maintenance and household, review of quality and safety, staffing, fire safety and training, restrictive practices and risk assessments. This was then reviewed at stage two by an external auditor to validate the findings and to make further recommendations. Stage three was the development of an action plan and it was noted that these actions had clear time lines for completion with the person responsible identified. It was also noted that there was a comprehensive review of incidents in the centre from January 2020 to June 2020 and action plans in place where some of these incidents required further action.

The centre's person in charge was suitably qualified and experienced as described in the regulations and was both knowledgeable about residents' assessed needs and the day-to-day management of the centre. In addition, the person in charge was also responsible for two other designated centres in the local area, but had ensured good oversight.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the registered provider's training department. Training records and discussions with staff showed that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety. Access to regular training opportunities ensured that staff practices at the centre were in line with both the provider's policies and current developments in health and social care. On the day of inspection there was training for staff in the centre and the inspector noted further dates allocated in September 2020. It was noted that staff had access to online training for COVID-19 and all staff had covered some aspects of this training, however the person in charge has requested that all staff complete all the training associated with COVID-19.

The inspector spoke with staff throughout the day and it was noted that staff had a very good understanding of the residents' needs. For example, one staff member

spoke about the transition of residents' to their new home and the importance of building a relationship before the move. Staff members had worked initially in the residents' previous home and then moved with them to their new home. Staff also gave examples of how they bring up concerns or issues with the person in charge and that the person in charge is approachable and follows up on any concerns or ideas. Staff also told the inspector that they have regular supervision and attend team meetings. This was further evidenced from a review of the supervision records and the team meeting records.

Regulation 14: Persons in charge

The person in charge was full-time and had the necessary qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training as part of a continuous development programme.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which included all information as specified under schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the centre was resourced to ensure the effective delivery of care and that management systems were in place that had clear lines of authority and accountability.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in writing a statement of purpose containing information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given in writing to the chief inspector any adverse incidents that occurred in the centre within three working days.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of residents in the centre and found it to be of a very good standard.

The provider ensured that there was a comprehensive needs assessment in place for residents. There was good documentation based on the support needs required for each resident and this included a pen picture, which covered basic care needs, health information, personal care, important routines, activities and significant supports in the resident's life. The provider had also ensured that there was a clear guide to support staff communication with residents' and it was noted that the visual support document was a very clear guidance.

As part of the regulation the person in charge is to ensure that there is a personal plan in place for each resident and that there is participation from each resident to identify their wishes, this was not evidenced on the day of inspection and there were gaps in relation to goals been set in line with the residents' wishes. The provider's statement of purposes references that each person has an identified key worker who assists and facilitates the planning process, on the day of inspection there was gaps in relation to key workers' consulting with residents' about their wishes. The inspector also noted that in the provider's own internal review, the person in charge had identified that key working training for staff was a requirement. At the time of inspection this action was still outstanding.

The provider had in place behaviour support plans for each resident that required such supports. The inspector noted that on the day of inspection, one resident was referred for a behaviour assessment and this action coincided with the inspection. To verify this was being carried out the inspector spoke with the behavioural consultant who validated the assessment was starting that day.

The inspector reviewed the restrictive practices in place and noted that these were not updated for some residents, and the information referred to their previous placement. The person in charge committed to reviewing this as a priority. The inspector also reviewed a document relating to restrictive practices that the provider has just recently put in place. This document was a terms of reference in relation to restrictive practices and governance and management arrangements that are being put in place to ensure restrictive practices are ethical and in line with best practice.

The Provider had submitted notifications to the chief inspector in relation to incidents that had occurred in the centre, the inspector sought evidence in relation to the providers follow up and the person in charge furnished the inspector with this request. The inspector reviewed a number of safeguarding plans and found that the provider had taken all steps as per their own policy and procedure to ensure residents were safe. The person in charge through their staff meetings had a plan in place to ensure all staff were updated on any the safeguarding plans in place for residents. Where actions were identified from these safeguarding plans the person in charge was actively following up.

It was evident on the day of inspection that the rights of residents' was been respected, this was visible in how the staff interacted with the residents' and their understanding of each resident's needs. From communicating and observing residents the inspector noted that each resident was very happy in their home and that they were very comfortable in the presence of staff. The inspector also reviewed a rights assessment that was carried out for each resident, this covered areas such as; personal possessions, community, finance, charter of rights, privacy and freedom to express.

Infection control measures were in place at the centre, and had been further enhanced in light of public health guidance on the management of an outbreak of COVID-19. The provider had also carried out an unannounced visit to the centre in July 2020 and the provider's risk manager reviewed if staff were complying with public health guidelines and if protocol was been followed in relation

to infection control.

Regulation 13: General welfare and development

The registered provider ensured that residents had access to facilities for occupation and recreation. The registered provider also ensured that residents were supported to develop and maintain personal relationships with the wider community.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that measures were in place to support residents who may be at risk of infection. The provider had good protective measures in place in line with national advise and protocol relevant to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured there was a comprehensive assessment in place for each residents' health, personal and social care needs. However, the there was gaps in relation to the residents' participation and goals identified in line with their wishes.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that appropriate health care was in place for all residents, having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that all staff had up-to-date knowledge and skills appropriate to their role, to respond to behaviours that is challenging and to support residents to manage their behaviour.

The person in charge ensured that alternative measures were in place before a restrictive practice is used. However, not all restrictive practices were updated to reflect the residents' current living environment.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident were safeguarded from the risk of possible harm. In addition, the person in charge ensured that any incident, allegation or suspicion of abuse was investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected in relation to, and not limited to his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballyseedy House OSV-0007763

Inspection ID: MON-0030098

Date of inspection: 02/09/2020

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
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge along with the Team Lead, Service Users Key Workers and New Directions Day service in consultation with each Service User and their families will arrange to complete a full Person Centred Planning meeting by the end of Dec 2020. This meeting will address areas of interest to the service users incorporating their desires and wishes into each section of the PCP. 2 Key Workers are assigned to each service user and each Plan will be implemented and monitored on a monthly basis for its implementation. The Plan will be reviewed at a minimum 6 monthly and maximum yearly.</p> <p>Key worker training for support staff in a key worker role is being currently sourced with a view to training all support staff in the house.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Service Manager will ensure to review and transfer any Restrictive Practices from one service to another when a service user moves. All Restrictive Practices will be reviewed in line with Resilience Care Policy with a view to the least restrictive practice in use.</p>	

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 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/12/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	31/12/2020

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	07/10/2020