



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

## Issued by the Chief Inspector

Name of designated centre:	Bailin
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0003283
Fieldwork ID:	MON-0031266

## About the designated centre

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

The service is a seven day residential service and is available to adults who have been assessed as having an intellectual disability and who require a high level of support to meet their care and support needs. The designated centre is located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The house had vehicles which were used by residents and staff to access amenities in the town and in other towns. The house provided adequate private and communal space. Each resident had a private bedroom which was decorated in line with their preference. Some residents had private bathrooms and others shared bathroom facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 (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
Tuesday 1 March 2022	11:00hrs to 17:20hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met the five residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Four of the residents had been living together in the designated centre since it opened in 2007. A fifth resident moved to the centre in 2009. Four residents lived in the main house while one resident was supported in self-contained apartment. This resident had access to the main house area and they were observed independently accessing their environment during the inspection.

Three of the residents could not verbally communicate their views on what it was like to live in their home. Therefore the inspector observed residents' physical prompts, gestures and how they interacted with their physical environment. Throughout the inspection, residents were observed to be comfortable in the presence of staff members and each other. One resident declined to engage with the inspector and this choice was respected. One resident spoke with the inspector, and it was evident that they were happy with the supports they were provided with in their home.

Three residents were supported in their home during the day while two residents attended day service. Residents were observed engaging in activities in line with their interests and choices on the day of the inspection. For example, one resident was provided with lots of activities including swimming while another resident was provided with supports at a more relaxed pace. This resident was also supported to rest in bed at intervals in line with their health care plan. It was also evident that residents were supported to engage in life-skills such as laundry, as one resident was observed putting their clothes in the washing machine, indicating that they wanted staff members to turn on the washing machine for them.

Staff spoken with told the inspector that two residents had recently celebrated significant birthdays. There were plans to have outdoor parties to celebrate the residents' birthdays. One resident told the inspector about their excitement for their party, and that they had purchased a new outfit for the occasion. A musician had been organised to play at the party. It was evident that there was great excitement for the upcoming parties, with residents looking forward to being able to meet with family and friends that they had missed during the COVID-19 pandemic. It was also evident that this was being organised in line with relevant public health guidance.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service

being provided.

## Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. Management systems in place were effectively monitored and ensured that residents received a high quality service in their home.

The inspector met and spoke with staff members who provided direct care and support to residents in their home. Staff spoken with were aware of the assessed needs of the residents and the level of support they required. Staff members were complimentary of the person in charge, who had been appointed to the role in October 2021.

Oversight of the centre was maintained in a number of ways. Unannounced six monthly visits had been carried out, in addition to the designated centre's annual review. These reviews were completed by the organisation's director of services which ensured that they were aware and involved in the operation and management of the designated centre.

The person in charge completed a schedule of audits and reviews. This included areas such as health and safety, finances, medicines management, food and nutrition and record keeping. Following these reviews, an action plan was developed to ensure continuous quality improvement in the designated centre.

Overall this centre was found to be well managed and was providing a very good service.

## Registration Regulation 7: Changes to information supplied for registration purposes

There had been some changes with respect to the person in charge and the persons participating in management of the designated centre. The registered provider had ensured that full and satisfactory information with respect to these changes had been provided to the chief inspector.

Judgment: Compliant

## Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held the role for this designated centre alone.

It was evident that the person in charge was aware of the individual needs of the residents and their role and responsibility to ensure the centre was compliant with the regulations. Their office was based in the designated centre. This ensured that they maintained continued oversight of the provision of care and support to residents by staff members.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff members received relevant training to support them in their role. Mandatory training included fire safety and the safeguarding of vulnerable adults. In line with the assessed needs of residents, staff members also completed training in manual handling, first aid and medicines management.

In response to the COVID-19 pandemic, staff members had completed relevant training to protect residents from potential sources of infection. All staff had completed training in hand washing, infection prevention and control and the use of personal protective equipment (PPE).

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents. This was made available to the inspector for review. It included details as outlined in Schedule 3 of the regulations. This included residents' details, the name of their general practitioner (G.P) and the date in which residents had come to live in the designated centre.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of staff files. It was evident that the registered provider had ensured that they had relevant information and documentation relating

to staff members as specified in Schedule 2 of the regulations. This included staff members' qualifications, vetting disclosures and two written references. There was also evidence of supplementary information including staff supervision records, induction records and probationary reviews.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff working in the centre reported directly to the person in charge. The person in charge reported to the assistant director of services, who was also appointed as a person participating in management of the centre. They then reported to the director of services who reported to the organisation's board of management.

Staff meetings were held in the centre. A record of attendance and meeting notes outlined discussions such as accident and incidents in the centre, record keeping, infection control practices and COVID-19 guidance. Staff supervision meetings were held bi-annually. A schedule of supervisions to take place in 2022 had been completed by the person in charge.

Management systems were effectively monitored and ensured the provision of high quality and safe care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document contained information about the care and support that was provided to the residents that lived in the centre. This document contained the information that is required under Schedule 1 of the regulations.

A copy of the statement of purpose was located in the resident's home.

Judgment: Compliant

### Regulation 34: Complaints procedure

The designated centre had a statement of purpose. This document contained information about the care and support that was provided to the residents that lived

in the centre. This document contained the information that is required under Schedule 1 of the regulations.

A copy of the statement of purpose was located in the resident's home.

Judgment: Compliant

## Quality and safety

Residents received a good quality of care and support in their home. Residents required a high level of support by staff members to meet their individual care and support needs. It was evident that staff members had a good level of knowledge of the measures required to support residents to meet their healthcare needs, protect them from potential COVID-19 infection and to manage risk in the centre. Supports were observed being provided by staff members in a kind and respectful manner.

There were plans to reconfigure the designated centre to ensure it would continue to meet the assessed needs of residents. Changes to the layout of the centre, improving its accessibility and upgrading the premises were included in this plan. There was significant wear and tear observed in this centre, however it was planned that these issues would be addressed during the reconfiguration. The registered provider acknowledged that the works were significant and would require submission of an application to vary their conditions of registration. There were plans for this to be completed once the plans and a time-line of works had been agreed.

Staff members prepared and cooked food for residents. It was noted that one resident enjoyed cooking and baking with staff members and was supported to do so. On the day of the inspection, staff members were observed preparing food for residents. This inspection was completed on Shrove Tuesday, and staff were observed preparing pancake batter for residents to have later in the day. When asked, one resident appeared to be happy with the meals they were provided with in their home.

At the time of this inspection, the provider was moving to an online system of care planning and risk management. It was noted that this would improve record keeping in the centre.

## Regulation 17: Premises

The residents' home was a bungalow which had a self-contained apartment area for one resident. This resident could access the main house as they wished. The location of the house was on the outskirts of the city, with access to a variety of

local amenities including cafés, shops and restaurants.

There was significant wear and tear in the centre. This included marks to skirting boards, doors and walls. Flooring in a number of areas was stained, while tiling in some areas was cracked and in need of repair. Each resident had an individual tenancy agreement with the housing association who owned the premises. The registered provider had agreed with the housing association to carry out a complete refurbishment of the centre. This would include changes to the layout of the centre to meet the changing needs of the residents and improve accessibility. This was due to take place after this inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Weekly food menus were developed with residents to ensure they were provided with choice regarding mealtimes. Pictures of food items were available when deciding the menu so that one resident could communicate their choices and preferences. Staff members purchased food on behalf of residents in line with their requests.

Staff members were aware of the requirements for residents' feeding, eating and drinking in line with their swallow care plans. One staff member spoke about the changes to the consistency of one resident's food in the past week and how they incorporated this into the menu and food preparation.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was located in the designated centre. This guide contained information about the services provided to residents in their home. It also included details about the complaints process and how residents could access an inspection report written by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a comprehensive register of risks that were specific to the designated centre. Individual risk management plans had also been developed for each

resident. These were in line with the assessed needs of residents and associated risks to residents' health and wellbeing. This included areas such as COVID-19 and choking. Control measures had been put in place to reduce risks to residents.

The organisation had a risk management policy which contained the information specified in regulation 26.

Judgment: Compliant

### Regulation 27: Protection against infection

A number of measures had been put in place to protect residents from potential sources of infection. On arrival and exiting the designated centre, there was an area available so that staff members could take their temperature, don and doff PPE and complete a written declaration of signs and symptoms of COVID-19. There was evidence of a large stock of PPE and alcohol based hand sanitizer in the centre.

A COVID-19 contingency plan was located in the centre so that it could be accessed by staff members in the event of an outbreak. This plan was comprehensive in nature. Residents' individual care plans identified residents' ability to self-isolate, and the measures to be put in place to support them to do so if require.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. Staff members completed checks to ensure this equipment was working appropriately during weekly and daily check of the fire safety systems in the centre.

Bed evacuation was completed in the centre for a number of residents. Staff members had completed fire drills which included bed evacuation to ensure all residents could be evacuated safely in the event of an emergency. A fire competent person noted that the evacuation times in the designated centre were satisfactory.

Judgment: Compliant

### Regulation 6: Health care

Residents with health care needs were supported by a plan of care to guide staff members on how to support them in this area. When these plans required review,

staff members sought support from allied health professional as appropriate. Nursing support was also available to residents in their home to ensure clinical oversight of their healthcare needs.

All residents had access to their G.P when needed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Restrictive practice audits were completed by the person in charge each quarter. As a result of these reviews, some restrictive practices had been discontinued. There was a rationale on place for the use of restrictive practices in the designated centre.

The inspector reviewed a sample of residents' behaviour support plans. It included details on the proactive and reactive strategies in place to support residents. Triggers and potential indicators of behaviour that challenges were also outlined in this plan. This ensured staff members were provided with the guidance and skills to support residents in this area.

Judgment: Compliant

### Regulation 8: Protection

When an allegation of suspected abuse had been made, the registered provider had taken appropriate action to ensure the safety of residents living in this designated centre. An investigation into the alleged incident had taken place by an external agency with the support of the registered provider. On completion of the investigation, actions had been taken by the registered provider based on the investigation findings.

The designated centre had a policy on the safeguarding of vulnerable adults. All staff members had completed mandatory training to ensure residents were protected from abuse.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Bailin OSV-0003283

Inspection ID: MON-0031266

Date of inspection: 01/03/2022

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A refurbishment of the centre is planned to take place in 2022. This will include changes to the layout of the centre and improve accessibility. The changes made will reduce the wear and tear caused by mobility equipment and ensure that the environment is safe, homely and accessible whilst promoting independence. An application to vary the conditions of registration will be submitted when the plan and timeline of works has been agreed.	

## 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 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	31/12/2022