



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

Issued by the Chief Inspector

Name of designated centre:	Ballin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	19 July 2021
Centre ID:	OSV-0004853
Fieldwork ID:	MON-0033184

About the designated centre

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

Ballin Services provides residential support to up to 13 individuals of mixed gender who are over 18 years of age and who have an intellectual disability. Support can be provided to individuals with complex needs such as physical, medical, mental health health, mobility and / or sensory needs and who may require assistance with communication. The centre comprises of three buildings on the outskirts of a large a rural town. All dwellings have good access to the facilities of the town. Residents at Ballin Services are supported by a staff team, which includes; social care leaders, social care workers and support workers. Staff are based in the centre when residents are present and there is a combination of sleep-in and waking staff in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Monday 19 July 2021	11:15 am to 5:10 pm	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in rooms in the centre which were separate from residents' living spaces.

The inspector met with 11 residents who lived in the centre, some of whom were happy to talk to the inspector about living there. Residents who spoke with the inspector were very happy living in the centre and enjoyed their life there. These residents said that they had good involvement in the community and referred to some of the social and leisure activities that they took part in and enjoyed. These residents said that they enjoyed going out in the community for meals, coffee, 'for a pint', outings, day service activity, sport and walks. All residents stated that they could do the things that they enjoyed. For example, one resident talked proudly about having achieved a recent 70 mile walking challenge for charity. This had been one of the resident's personal outcomes and had also increased the resident's interaction and involvement with the local community.

Residents told the inspector that they had good relationships with staff and with each other, and this was evident during the times the inspector spent in the centre. Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed.

Residents also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. The inspector saw residents eating nutritious food that they clearly enjoyed. There was a flexible approach to meal choices in the centre. At lunch time the inspector asked what was for lunch and staff explained that residents could have whatever they wanted. Staff were observed asking each resident what they would like and each person's preference was prepared. For example, some of the lunches chosen included salads and freshly made sandwiches.

While some residents were not able to verbally express views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff. Residents were smiling and relaxed, and were clearly happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Residents were involved in activities such as listening to music, going outdoors for fresh air, gardening, attending day service, family visiting and tabletop games.

The inspector spoke with a sibling of a resident who lived in the centre, who expressed a high level of satisfaction with the service being provided to their loved one. They said that this resident was very well cared for, had comfortable accommodation, and that staff were considered as friends. They also said that they had good communication with staff and were given frequent updates of the resident's health and progress. Furthermore, feedback from residents' families gathered by an annual survey also indicated a high level of satisfaction with the service.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they lived their lives. Residents had the option of attending house meetings and their views on the centre and their lives were also gathered through ongoing daily discussions and judgements on choice and preferences. For example, every week residents planned their menu for the week ahead. If they wished this included a meal out in a restaurant or a take-away meal at the centre instead.

The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Day service activities were an option for all residents although residents chose how often they would attend these activities. Some residents liked to go to service every day, some liked to attend for specific activities, such as the knitting group, and others preferred a home based service. All these preferences were supported.

Staff in the centre supported residents to look their best. Residents' outfits were clean, co-ordinated and nicely accessorised. While all residents were of good appearance the ladies in the centre particularly enjoyed hair, nail and beauty care. For example, one resident told the inspector that she loved having her hair styled and curled and this was done every morning. Other female residents wore stylish clothes and accessories and had their nails painted.

Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. Advocacy support was available to residents.

The centre was made up of two houses located on the outskirts of a rural town. Both houses were centrally located and close to amenities such as public transport, shops, restaurants and churches. Transport vehicles were available at both houses so that residents could go out for drives, shopping, family visits and to access the local amenities. The centre houses were clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. In both houses there was adequate communal and private space for residents, well equipped kitchens and sufficient bathrooms. All residents had their own bedrooms and those that the inspector saw were comfortably decorated, suitably furnished and equipped and personalised.

Both houses had secure gardens for residents' use. In one house an area of the

garden was being upgraded to provide a sensory area. Residents were excited about this project and told the inspector that they had seen the plans which had been discussed with them. Both gardens had adequate space for sitting out, activities and outdoor dining. Some residents took responsibility for watering the plants and outdoor work and they enjoyed this.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

There were strong leadership and management arrangements in place to govern the centre. This ensured that a good quality and safe service was provided for people who lived in this centre, that residents had a good quality of life, and that community involvement was encouraged and supported. There were effective structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support, and safety was being provided. Unannounced audits were being carried out twice each year on behalf of the provider. Further audits of the centre's practices were also being carried out by the person in charge and staff. The person in charge had developed a comprehensive auditing system for the service. This involved monthly audits, by team leaders, of a range of topics including accidents and incidents, challenging behaviour, medication errors and trends. The person in charge carried out an additional quarterly audit of all aspects of the service. Annual medication audits were also carried out by auditors external to the service. These audits were comprehensive and effective and records showed a high level of compliance in all audits.

A review of the quality and safety of care and support of residents was being carried out annually. There was evidence that consultation with residents and their families was taking place in various formats throughout the year. Feedback from both residents and their relatives indicated high levels of satisfaction with the service.

There was a suitably qualified and experienced person in charge who knew the

residents and their support needs. The person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. The person in charge had ongoing contact with staff and held support and supervision meetings with team leaders who in turn carried out support and supervision with all other staff. Staff team meetings were taking place every two months and team leaders met with the person in charge monthly. The person in charge also worked closely with the wider management team and attended various and frequent meetings with other persons in charge and the senior management team.

There were clear arrangements in place to support staff during the absence of the person in charge and a senior manager was on call at night and at weekends.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included appropriate staffing levels, ongoing maintenance and upgrade of the centre as required, and the availability of assistive equipment and accessible transport. The service had recently been fitted with additional overhead hoists which ensured that any residents who required this level of support could transfer safely.

There were sufficient, suitably trained staff on duty to support residents' assessed needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. Staff had received training relevant to their roles, such as training in medication management, palliative care, first aid and personal outcomes, in addition to mandatory training in fire safety, behaviour management and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. Some training had not been completed for a small number of staff within the required time frames due to impact of COVID-19 restrictions. However, this had been identified by the person in charge who was assured that this training would take place in the near future. Due to the availability of policies and care plans, staff-mix allocation, management support and staff meetings this did not currently present a risk to the welfare and safety of residents.

Records viewed during the inspection, such as COVID-19 and infection control systems, staff training records, personal plans and healthcare plans were comprehensive, informative and up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and to safely manage the service should an infection occur.

The provider had suitable arrangements in place for the management of complaints. There had been a very low level of complaints in the centre and the one complaint which had been made by a resident had been taken very seriously, was suitably managed and recorded, and had been quickly resolved to the satisfaction of the resident. There were no active complaints at the time of inspection.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and there were no active complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The service was very focused on maximising the independence of residents.

There was a good level of compliance with regulations relating to the quality and safety of the service. Person-centred care ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans viewed during the inspection were clearly recorded and up to date. Families were always invited to attend these meetings and during the COVID-19 restrictions the meetings took place in ways that suited the attendees such as by video calls or outdoors.

The centre was located in two houses which were close to a busy rural town. The houses were spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. One house incorporated two self-contained living units which could each accommodate one person, while the other had a partially self-contained area which provided additional privacy for one resident. Both houses had well-equipped kitchens, adequate communal and private space and accessible gardens. Work was taking place at one house to convert part of the garden to a sensory area for residents.

Residents' bedrooms were personalised with personal items such as pictures, family photos, and colour schemes and bedding of their own choosing. There were suitable facilities available for residents if they wished to do their own laundry.

Since the last inspection works had been completed to improve the centre, such as the provision of additional overhead hoists in some bedrooms to increase safety of residents. There were suitable facilities available for residents if they wished to do their own laundry. The laundry room in one house was currently being fully upgraded with new machines, equipment and tiling.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider ensured that there were enough staff available to support each resident to do the things that they preferred and enjoyed, both in the centre and elsewhere.

The provider also ensured that information of importance was made available to residents in a format that was easy for them to understand. Some of the techniques used included clear, pictorial personal goal plans in residents' files, use of

computerised devices and availability of a range of information in easy-to-read format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. In addition, the provider had developed a guide to the service which was also supplied to residents in an easy-to-read format. Staff also spoke clearly to residents and gave residents time to respond.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included medical checks and appointments with healthcare professionals such as, general practitioners (GPs), chiropodists, speech and language therapists and dentists, both routinely and as required. Residents were also supported to attend healthcare checks covered by national screening programmes.

Residents' nutritional needs were well met. Residents chose their own meals, and those who liked to take part in shopping for food. Residents' nutritional needs, were being assessed, their weights were being monitored and plans of care had been developed as required based on these assessments and monitoring outcomes. Suitable foods were provided to suit any special dietary needs of residents. Staff were keeping records of the main meals that residents were taking, and these indicated that good quality and varied meals were provided to residents.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process, house meetings, and ongoing discussion with residents. Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information was supplied to residents. Residents were also supported to keep in touch with family and friends. These visits and ongoing communication had been supported during the COVID-19 pandemic in line with national public health guidance.

The provider had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated. Some improvements to the centre had been carried out since the last inspection to improve the overall levels of comfort and safety for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed an informative guide about the service which was made available to residents in a suitable, easy-read format. Other information of interest to residents was also supplied in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Care plans for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of

behaviour that challenges.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were supported and that residents had freedom to exercise choice and control in their daily lives.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant