



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Ballinea                 |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Westmeath                |
| Type of inspection:        | Short Notice Announced   |
| Date of inspection:        | 06 August 2020           |
| Centre ID:                 | OSV-0002468              |
| Fieldwork ID:              | MON-0030038              |

## About the designated centre

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

This designated centre is a wheelchair accessible bungalow just outside a large town in county Westmeath. The centre provides 24 hour residential nursing support for five residents, male and female, over the age of eighteen years with an intellectual disability. The house comprises of a sitting room, an open plan dining and living room, a kitchen, a laundry room, five bedrooms and three shower rooms. There is also a designated office space within the house. There is a patio with a seating area and a garden at the rear of the house. There is a garden area and allocated parking at the entrance of the house. The person in charge is employed on a full-time basis at this centre. Residents have access to a number of local amenities including restaurants, shops, cinema and pubs.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 5 |
|--|---|

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date                   | Times of Inspection  | Inspector    | Role |
|------------------------|----------------------|--------------|------|
| Thursday 6 August 2020 | 10:00hrs to 14:45hrs | Eoin O'Byrne | Lead |

## What residents told us and what inspectors observed

The inspector was introduced to two residents during the course of the inspection. Both appeared comfortable in their environment and familiar with those supporting them. The inspector spoke with one of the residents about their home and the activities and hobbies they liked to engage in. The inspector and resident spoke of the impact COVID-19 has had on residents and their activities, the resident was looking forward to going out for food with staff and peers in a local restaurant. The resident informed the inspector that they had received visitors in their home and that it was nice to see family.

The centre is nurse-led due to the high medical needs of some of the residents, a review of the residents' information showed that the staff team and person in charge were seeking to adapt to the changing needs of the residents. The provider had ensured that some enhancements had been made to the centre to support this. However, the interior and exterior of the building had not been maintained in a good state of repair, and actions regarding the premises from the previous inspection in 2018 had not been fully addressed.

## Capacity and capability

Residents were receiving care that met their needs. While there was evidence of improvements being made to the service, since the previous inspection in November 2018, there were a number of improvement actions that had not been addressed in full. For example, during this inspection the inspector noted that the provider had failed to ensure that all complaints had been resolved satisfactorily and that all staff members were receiving the appropriate training including refresher training. The provider had also failed to ensure that the centre was being kept in a good state of repair.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. An annual review of the quality and safety of care and support provided in the centre had also been carried out. The provider had again ensured that a written report had been completed and there was evidence of identified actions being addressed. The inspector noted that a plan had been put in place regarding actions raised in the report and that these were being addressed. However, these systems had failed to identify that mold in the dining area of the centre and repairs to the area should be prioritised. All five residents residing in the centre had pre-existing respiratory conditions and the presence of mold in the centre meant the provider had failed to respond to the required repair works in a timely manner and was not ensuring that

the service being provided was safe and appropriate to the needs of the residents. In addition, some of these works had been identified in the previous inspection report and were yet to be addressed.

The provider had ensured that there was a clearly defined management structure in the centre and that the person in charge was suitably qualified and had the relevant experience to carry out the role. Monthly audits of practices in the centre were being carried out by the person in charge, these audits included a review and response to adverse incidents. There was clear recording of identified actions and evidence of the actions being completed or progressed in a prompt manner by the person in charge. These audits were leading to the effective monitoring of care delivery practices in the centre.

The inspector reviewed the staff members' training schedules. There were a number of training sessions that had been postponed due to COVID-19. However, the inspector also noted that had also been delays in training taking place pre-COVID-19. Whilst, there was evidence of the person in charge seeking to arrange dates for training, there were improvements required to ensure that the staff team were receiving training and refresher training in line with the regulations. Staff members were receiving supervision on a regular basis and were facilitated to raise concerns about the quality and safety of care and support provided to residents if required.

There was an effective complaint procedure that was accessible to residents. The inspector reviewed recent complaints logged on behalf of residents by the staff team. A sample of complaints were reviewed and it was found that the majority of complaints were addressed in a prompt manner and that there were clear recordings of how complaints were managed. A complaint was raised in August 2019 regarding the damage to the centres roof and the resulting leak, however the provider had failed to ensure that the necessary works had been completed at the time of the inspection.

Overall, the person in charges management systems were leading to the effective monitoring of the care delivery practices in the centre. However, as previously mentioned, the provider's governance and oversight arrangements failed to address or complete all actions required to deliver a safe environment in an appropriate time frame. There were also further improvements required to the management of all complaints and to the arrangements in place to ensure that that all staff had access to appropriate training including refresher training.

## Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There were improvements required to ensure that all staff had access to appropriate refresher training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had failed to ensure that its management systems were ensuring that the service being provided was safe and appropriate to the needs of the residents in regards to the maintenance of the centres premises. The person in charge, did, however have effective oversight and management systems in place that were leading to the successful monitoring of practices in the centre.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider was investigating complaints in a prompt manner and there were clear recordings of investigations and outcomes. There were, however improvements required to ensure that any measures, required for improvement in response to a complaint were put in place.

Judgment: Substantially compliant

## Quality and safety

Residents were receiving person-centered care that was adapted to their changing needs. The centres premises was, however, in a state of disrepair and required attention.

The staff team had done their utmost to promote a home-like environment for residents, however, their efforts were overshadowed by required maintenance works. Some of these works remained outstanding from the previous inspection

carried out in November 2018. Painting and re-plastering works were due to be completed to the centre's main hallway and door frames in February 2019 but the works had not been completed. The centre's kitchen also required updating and painting. The provider had also failed to ensure that the leak had been repaired despite funding being approved in November 2019. As previously mentioned, mold had formed in one corner of the dining room which was regularly used by residents. The inspector reviewed communications between the provider and contractors and while there was evidence that the works were planned to be completed in the coming weeks this still meant that residents were continuing to live in less than satisfactory conditions for a longer than necessary time.

Residents had received comprehensive assessments of their medical and social care needs, an appraisal of a sample of residents' information displayed that residents were receiving individualised supports. The review also showed that the staff team were responding to the changing needs of residents and that the healthcare supports were being developed in line with the needs of residents. Residents had access to allied healthcare professionals when necessary and there were detailed nursing assessments in place to support residents' health.

Residents' personal plans were under regular review and there were person-centered plans in place. Individualised goals had been developed for residents, however, the completion of these goals had been affected by COVID-19 restrictions and this had been documented. The staff team supporting residents had developed scrapbooks documenting residents' activities during the period when they were cocooning. Residents were supported to engage in activities of their choice and the staff team had made efforts to maintain music therapy and aromatherapy.

There were systems in place to ensure that residents received adequate positive behavioural support when necessary. Residents had access to therapeutic supports and there was evidence of mental health professionals being utilised where required. A review of the centres untoward events log indicated that there were low instances of challenging behaviour occurring in the centre. Some residents had been supported by the provider's behaviour support team but this was no longer required due to reductions in behaviours.

The provider had ensured that there were arrangements in place to effectively safeguard residents. The inspector reviewed safeguarding plans and found them to be detailed and outlined how to best support residents. Staff members required refresher training in relation to the safeguarding of residents and this was being addressed by the person in charge.

The staff team supporting residents were supporting and promoting the rights of the residents. There was evidence of staff members acting as advocates for residents in regards to logging complaints on their behalf. Residents' meetings also sought to support residents to understand their rights, complaints procedures, and also to develop residents' knowledge and awareness for self-care and protection.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to



identify, record, investigate, and learn from adverse incidents. Monthly incident reviews were being completed by the person in charge and learning was being generated following the review. The inspector reviewed individualised risk assessments and found them to be detailed and specific to the needs of residents.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed in line with the Health Protection Surveillance Centre's guidelines.

Overall, residents were receiving individualised supports that were meeting their needs. The provider had, however, failed to ensure that the centres premises was meeting the requirements as per the regulations.

### Regulation 17: Premises

There was evidence of mold growing in the centres dining room due to a leak. In addition the provider had failed adequately maintain the centres door frames, hallway and kitchen to an appropriate standard.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that comprehensive assessments of the residents health and social care needs had been carried out.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that there were effective safeguarding systems in place.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Not compliant           |
| Regulation 34: Complaints procedure                   | Substantially compliant |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Not compliant           |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Ballinea OSV-0002468

Inspection ID: MON-0030038

Date of inspection: 06/08/2020

## 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 16: Training and staff development   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed the outstanding training available to them on HSE LAND Refresher training in CPR ,food safety and Safeguarding will be completed by staff due refresher training.</p>  |                         |
| Regulation 23: Governance and management  | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The governance and monitoring systems have been reviewed to ensure robust oversight of all matters relating to the quality and safety of care.</p> <p>Two additional senior management positions have recently been recruited with the appointment of a regional director and assistant director of nursing to support the PIC and monitoring of the service. Formal monthly meetings with the PIC and the management team take place to discuss all operational and management issues.</p> <p>The matters identified in relation to the infrastructure of the premises will be completed by the 21st September.</p> <p>The system to ensure any measures or learning identified for improvement in response to complaints will be reviewed with the PIC by the management team.</p> <p>All staff training and professional development needs will be monitored to ensure training required is provided.</p> |                         |
| Regulation 34: Complaints procedure   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Individual complaints will be reviewed periodically to ensure any measures or learning identified for improvement in response to any complaints received are implemented and</p>  |                         |

|  |               |
|--|---------------|
| the action taken resolves the matter raised to the complainant's satisfaction  |               |
| Regulation 17: Premises  | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>Contractors have been procured to complete the structural repairs required to remedy the leak. All areas identified will be repainted to ensure an appropriate standard of décor and a homely environment is maintained |               |

## 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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow             | 12/10/2020                      |
| 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.          | Not Compliant           | Red                | 21/09/2020                      |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is                                   | Not Compliant           | Orange             | 21/09/2020                      |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | safe, appropriate to residents' needs, consistent and effectively monitored.   |                         |        |            |
| Regulation 34(2)(e) | The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place. | Substantially Compliant | Yellow | 21/09/2020 |