Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballinamore Accommodation
Name of provider:	RehabCare
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	01 November 2019
Centre ID:	OSV-0002684
Fieldwork ID:	MON-0023348

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 service provided in a two semi detached houses in a residential area close to the nearest town, which provides residential care to eight people with an intellectual disability.

Four people live in each of the houses, and each had their own bedroom, including downstairs accommodation if needed, together with communal living areas and functional outside areas. The designated centre is staffed with a staff member in each house, and while no staff are on duty for some daytime hours during the week while residents are all out, there were contingency plans if staff were needed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
01 November 2019	10:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

Eight people live in this designated centre, and the inspector spent some time with them during the course of the inspection. Not all residents chose to interact with the inspector, however they were observed to go about their daily routines in a comfortable manner. Residents arrived home at various times, and made themselves a cup of tea, went to their rooms and put the tv on. Residents were coming and going during the day, and were observed to be comfortable and at ease with each other and with staff. The inspector observed many conversations between staff and residents, and saw residents chatting and laughing with staff members.

Some residents had a chat with the inspector, and talked about various aspects of their lives, including their health, their activities and the good relationship they had with staff members. Some people said they were very happy living in their home, and would not like to live anywhere else. One resident said that they had initially not been sure about moving into this house, but now would never want to move out.

One resident told the inspector that they had a great social life, and that their home had a lovely friendly atmosphere. They showed the inspector round their house, and pointed out their person centred plan poster on the wall of their bedroom, along with various personal items. They said that they felt safe and happy, and would always go to a staff member if they had anything they wished to talk about. They also talked about 'stranger danger' and how they knew about not opening the front door to strangers.

The inspector also saw notes kept from residents' meetings, and saw that topics such as rights, dignity and respect were discussed at these meetings, and that any issues raised by residents were acted on and resolved.

Capacity and capability

The centre was effectively managed, with a clearly defined management structure in place and explicit lines of accountability and various governance processes in place to ensure the safety and quality of care and support to residents.

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge was full time and demonstrated their ability to lead the staff team and to support good practice. They were knowledgeable about the care and support needs of residents.

The provider had put systems in place to ensure the staff team could effectively meet the needs of residents. The number of staff was appropriate to meet the needs of residents. Additional staff members were made available to meet the needs of residents if required. There was a core team of staff on a daily basis in accordance with the needs of residents. New staff were supported with an induction process which included 'shadow' shifts to ensure consistency of support. Staff were in receipt of regular training in accordance with the needs of residents, and where appropriate this training included competency assessments.

The provider demonstrated the capacity to identify and address areas for improvement. Six monthly unannounced visits had been conducted on behalf of the provider. These visits comprised a detailed audit of the care and support offered to residents, and included the views of both residents and their representatives. There was a clear system of monitoring any required actions from these audits. The inspector reviewed a sample of actions required following these audits, and saw that all actions had been completed. All identified areas requiring improvements had been addressed.

An annual review of the care and support of residents had been prepared, however, this document lacked the detail required by the regulations. The document did not include sufficient information as to give an overview of the service delivered to residents, and did not include the provision for consultation with residents and their representatives.

There were systems in place to ensure communication between staff and management, and to ensure oversight of the care and support in the centre. Regular meetings were held and recorded, and there was regular review and monitoring of any accidents and incidents. Any accidents and incidents had been recorded and reported. The records included information about the incident, and any actions taken or required. The person in charge monitored any required actions, and the process was overseen by the area manager.

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was clearly available, and any complaints were reviewed and recorded. Any steps taken to rectify any issues raised in a complaint were recorded, and the satisfaction of the complainant was recorded. The record of steps taken was overseen by the complaints officer. It was therefore clear that feedback was responded to in a timely manner, and that all steps were taken to resolve any identified issues.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. However the annual review of the safety and quality of care and support lacked some of the required information and did not demonstrate the consultation with residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained,

and complaints and complements were recorded and acted on appropriately.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare, and were supported to make choices.

There was an effective personal planning system in place which included detailed assessment and regular review. Each resident had a personal plan in place based on a detailed assessment of needs and abilities, including both social and healthcare needs. Residents were involved in the personal planning process, and had an accessible version of the personal plan in their possession which included the parts of the plan that they had chosen.

Personal plans were reviewed regularly with each resident and their keyworker, and residents signed off on the updates. Goals were set with each resident which included learning new skills and maximising their opportunities. The quality of personal plans was overseen by a personal planning champion. It was clear that the personal planning system was driving improved outcomes for residents.

There was a clear ethos of supporting increasing independence for residents. Some residents were learning new skills, and others were being supported by staff in community activities. This support was being gradually reduced as residents gained skills and confidence. As a result, some residents were becoming increasingly independent, and were experiencing increased opportunities. These processes were resulting in positive outcomes for residents.

Residents were supported to have positive healthcare outcomes, and to gain independence in maintaining good health.. Healthcare plans were in place where needed, and any changes in healthcare needs were responded to immediately. Residents had access to various members of the multi-disciplinary team, including both physical and mental health care professionals. In accordance with the ethos of the service, residents were supported to gain independence in managing their own health. For example, some residents were managing their own diabetes and others self assessment of behaviours, with gradually reducing support from staff.

Where residents required support with behaviours of concern there were detailed positive behaviour support plans in place, based on detailed assessments by the multi-disciplinary team. These plans were regularly reviewed, progress was monitored and goals were reviewed as needs changed.

There were no restrictive practices in place at the time of the inspection, and there had been a recent removal of a restriction following a recent review of records and

an assessment of the necessity for the restriction. It was clear therefore that the provider was committed to reducing restrictions where possible.

Risk was well managed in this centre. Detailed risk assessments were in place, both environmental and individual. Each identified individual risk assessment had an associated risk management plan. Risk assessments were regularly reviewed and there was clear oversight of risks in the centre.

Fire safety practices and equipment were in place to ensure risks relating to fire were mitigated. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained and there were fire doors throughout. There was a personal evacuation plan in place for each resident, and regular fire drills had been undertaken. Response to a resident being reluctant to engage in a fire drill had led the person in charge to introduce fire safety education for residents. Therefore steps had been taken to ensure the safety of residents in the event of a fire emergency.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. Issues that had arisen relating to safeguarding between residents had been addressed by the person in charge, and the intervention had reduced the risk. All staff engaged by the inspector were aware of their roles in relation to safeguarding of residents.

There were contracts of care in place, in which the services offered to residents were outlined, together with any charged incurred.

There was an emphasis in the centre and among the staff on upholding the rights of residents. Residents were supported in choice making, and were included in decisions about their lives. Residents' dignity was upheld, and all interactions observed between staff and residents were respectful, appropriate and caring. Rights and responsibilities were discussed at residents' meetings, as were the preferences of residents. Any rights issues brought by residents to these meetings were discussed, and resolved. Compatibility assessments had taken place, and any issues arising from these had been addressed. Financial relationships between the provider and residents were transparent and each resident had clear information.

Overall, each resident was supported to have a good quality of life, and to maximise their personal development in a safe environment.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was 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
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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Ballinamore Accommodation OSV-0002684

Inspection ID: MON-0023348

Date of inspection: 01/11/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The provider will complete an review of the current annual review process in use in its designated centres, the review will include enhanced measures to ensure that residents are consulted as part of the process.	

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	15/03/2020