



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

Issued by the Chief Inspector

Name of designated centre:	Ballinvoher
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0001529
Fieldwork ID:	MON-0033684

About the designated centre

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

Ballinvoher is a detached, two-storey house located in a residential area on the outskirts of Limerick city. In this designated centre a residential, neuro-rehabilitation service is provided to residents with an acquired brain injury. The centre is registered to accommodate four residents aged 18 years or older. Each resident has their own bedroom. Other rooms in the centre include bathrooms, a kitchen, a dining room, a sitting room, a utility room, and staff rooms. Residents are supported by the person in charge, a team leader, and rehabilitation assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 23 January 2024	09:50hrs to 18:05hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

This designated centre was last inspected on behalf of the Chief Inspector of Social Services (the Chief Inspector) in October 2022. That inspection was focused on Regulation 27: Protection against infection only. At that time it was found that significant improvements were needed to meet the requirements of that regulation. This announced inspection was completed to monitor the provider's implementation of the compliance plan submitted following that inspection, and also to assess other areas of regulatory compliance. The findings of this inspection, and others completed since July 2021, will inform the Chief Inspector's response to the provider's application to renew the registration of the centre for another three-year period.

Ballinvoher is a five-bedroom, two-storey, detached house in a residential area on the outskirts of Limerick city. A full-time residential, neuro-rehabilitation service is provided to adults with an acquired brain injury in this centre. On arrival, the inspector was greeted by the person in charge and shortly afterwards met with the team leader. These members of the management team facilitated the inspection. The centre is registered to accommodate four residents. On the day of this inspection there were four residents living in the centre and the inspector had the opportunity to meet with all of them.

Not long after they arrived, the inspector spoke with one resident who was leaving shortly afterwards to attend a day service. They attended this service four days a week. The resident spoke with the inspector about a variety of topics including their plan for the day. They spoke about gardening, drama, and other activities they enjoyed at their day service. They also spoke about things they liked to do in the centre and places they liked to go locally mentioning several shopping centres and restaurants. They also spoke with the inspector about their bedroom. Staff had recently supported this resident to tidy their bedroom and clear out some items. The resident told the inspector that they were happy living in the house, and that everyone got on well together.

The inspector then met with a second resident. They too reported to be happy living in the centre. They spoke positively about some members of the staff team and told the inspector of a planned meeting with a family member the following day. This resident had an interest in jewellery and showed various items to the inspector. Later in the inspection they advised that they had got a new watch battery while out that day at a local shopping centre. This resident kindly offered the inspector a cup of tea and met with them throughout the inspection in various parts of the centre. The resident appeared at ease spending time with their peers, members of the staff team, and also spending time alone in their bedroom watching television.

Later in the inspection, the inspector met with the other two residents. One had already left to attend their day service when the inspector arrived but returned later that afternoon. This resident warmly greeted the inspector but due to

communication challenges, any engagement beyond this initial greeting was very limited. These challenges were also present in communication between the resident and members of the staff team. Although the inspector was told that the resident was able to understand some of what was said to him, it was evident how challenging it was for the resident to effectively communicate with others. Management advised that a translator supported this resident in the centre for a few hours, four days a week, and also attended any appointments or meetings to support the resident's understanding and participation.

The fourth resident had chosen to stay in bed for the morning and met with the inspector later in the day. They engaged in light-hearted conversation with members of the staff team and the inspector. They appeared at ease in their surroundings and with the staff support that was provided to them. They were seen watching television and chatting with staff in the open-plan kitchen area.

The inspector walked around the premises with a member of the management team. At the time of the last unannounced inspection completed on behalf of the Chief Inspector it was found that the standard of cleanliness in the centre required significant improvement. There was a noticeable change on this occasion. The centre was noted to be clean and a number of maintenance issues had been addressed, including the repair or replacement of damaged items. A number of systems had also been put in place to improve and maintain hygiene practices in the centre. These included improved cleaning practices, new storage arrangements for cleaning equipment, revised cleaning checklists, and enhanced management oversight of the cleanliness and condition of the centre.

The ground floor of the centre included a hallway, sitting room, a kitchen and dining room, a utility room, a communal bathroom, and two resident bedrooms. Upstairs in the centre, there was a larger communal bathroom, two staff offices, a staff bedroom, and two resident bedrooms, both with ensuite bathroom facilities. As referenced previously all rooms were observed to be clean, tidy and well-organised on the day of this inspection. Maintenance works completed since the last inspection included painting, the replacement of flooring in a hallway and some bathroom fittings, and re-plastering of parts of some internal walls. The practice of storing biscuits, chocolates and other sweet foods in the staff office had also stopped. Sugar continued to be stored there but this was packaged and no spills were evident. This too was an improvement of the findings of the last inspection. More extensive cleaning in areas including the bathrooms, staff bedroom, and also on the carpets had also been completed. While there were marked improvements, some damaged surfaces were still observed in the units in the utility room and in furniture used in the staff offices. In their current condition it would not be possible to clean them effectively. Management advised that requests to replace or repair these items would be submitted. It was also noted that the flooring by an external exit in one bedroom required repair. As last time, the centre was found to be homely with photographs and art works on display, and comfortable furniture, soft furnishings and items of interest such as games, puzzles and books available throughout the building. The inspector saw three of the residents' bedrooms. These were reflective of residents' interests and had been personalised in consultation with the residents

who stayed in them.

As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. Four completed questionnaires were returned to the inspector. Two of these had been completed by residents with support from members of the staff team, while the other two residents had been supported by family members. Topics referenced in the questionnaires included the premises, daily activities, opportunities for privacy, feeling safe in the centre, and the staff support provided. All responses received were positive. One respondent had indicated that they did not have access to money. The inspector discussed this with management. This situation and the supports provided to the resident in this area will be discussed in the 'Quality and safety' section of this report. Residents' and their representatives' feedback on the service provided was also documented elsewhere in the centre in annual reviews and in compliments received. This feedback was also positive. One resident had reported that staff respected their opinion and their privacy while living in the centre, while another said that they were happy with the rehabilitation service they were receiving. It was also documented that one resident appreciated the calm and peaceful environment in the centre. Others were positive about the available local facilities. Compliments specific to the staff team and the support they provided were also noted, with one relative describing the staff as wonderful and kind. A resident who had moved out of the centre in the previous year had given a gift in appreciation of the supports they had received. This was on display in a communal area of the centre.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. When the provider applied to renew the registration of the centre they were required to submit some supporting documentation. This included the centre's statement of purpose and a guide about the centre prepared for residents. Both of these required minor revisions to ensure their accuracy. These revisions were completed during the inspection. Other documents reviewed by the inspector included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector read records of any complaints made and reviewed staff training and rosters. They also looked at a sample of residents' individual files. These included residents' assessments and personal plans. One file also included the planning and supports the provider had put in place when a resident moved into the centre. Fire safety and risk management practices in the centre were also reviewed. The inspector's findings will be outlined in more detail in the remainder of this report.

The next two sections of the report 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 delivered to each resident living in the centre.

Capacity and capability

Overall, good management practices were in place in the centre. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being completed. There was evidence of management presence and leadership in the centre. Some improvement was required in the oversight of some aspects of the care and support provided to residents.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Rehabilitation assistants reported to the team leader, who reported to the person in charge.

The person in charge fulfilled this role for this designated centre and also had other management responsibilities. They dedicated approximately half of their working week to this centre, spending some time there three to four days a week. They both knew, and were known by, the residents and staff team. The team leader worked in this centre only. They were based in the centre and worked from Monday to Friday. There were monthly team meetings with staff attending in person or through the use of video conferencing technology. Staff spoken with described the management team as approachable and advised that they would be comfortable and confident raising any concerns about the quality of the service provided in the centre.

There were no staffing vacancies in the centre at the time of this inspection. Management advised that they had a relief panel and also used agency staff, if required. The team leader was available to provide direct support to residents when in the centre and had also completed shifts if required in the case of a vacancy or leave. There were no volunteers working in the centre. The staffing arrangements had recently changed in response to an identified risk in the centre. While this had been effective in mitigating against the identified risk, it did mean that there were fewer staff in the centre some afternoons during the week. There was no evidence that this had had an adverse impact on residents to date. Management advised that they were keeping the staff roster under review. The inspector looked at a sample of staffing rosters and assessed the staffing was routinely provided in the centre in line with the staffing levels outlined in the statement of purpose.

All interactions between staff and residents observed and overheard by the inspector throughout this inspection were respectful and unhurried. It was clear that warm relationships had been developed and residents appeared at ease with the supports provided to them.

A resident, who had completed their rehabilitation programme with the provider, had chosen to live with a family member while waiting for their own home. This resulted in a vacancy in the centre. One resident had moved into the centre in June 2023. This resident had previously lived in another centre operated by the provider.

They wished to move to the Limerick area to be closer to relatives. The inspector reviewed the documentation regarding this move. It was evident that the resident and those important to them were consulted regarding the planning, preparation, and move to this centre. Management and staff from this centre met with the resident where they were living at the time, and the resident also had an opportunity to visit this centre prior to moving in. Due to their assessed communication needs, and as English is not their first language, the resident was regularly receiving the support of a translator. The translator was involved in the transition between services, accompanying the resident when they visited the centre, and supporting their participation in planning meetings. The resident continued to receive this support at the time of this inspection.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review regarding 2023 had not yet been finalised but was available for review. The inspector looked at this document and the annual review completed in respect of 2022. These involved consultation with residents and their representatives, as is required by the regulations. This feedback was referenced in the opening section of this report. An unannounced visit had taken place in July 2023 and again in January 2024. The purpose of these visits is to report on the safety and quality of care and support provided in the centre and to put a plan in place to address any concerns identified. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed. The provider had recently changed the format of the action plans developed following unannounced visits completed by a representative of the provider. This format made it very clear what actions were completed and which were in progress. As a result it was easy for the management team to review and monitor the progress of these actions. As will be discussed in the next section of this report, this same level of management oversight was not always evident regarding the implementation of residents' personal plans, or the implementation of agreed actions following the review of these plans.

There was evidence of good oversight of staff training needs in the centre and the person in charge had arranged for staff to have access to all training identified as mandatory in the regulations. They outlined some challenges in ensuring all relief staff attended training as scheduled.

The inspector read the complaints and compliments log available in the centre. One complaint had been made in the centre since it was last inspected on behalf of the Chief Inspector. There was evidence that this had been responded to promptly however not all of the information, as required by the regulations, was available in the complaints record. Management were able to find some of this information documented elsewhere on the provider's recording system but a record of all actions taken on foot of the complaint and the outcome of the complaint were not available, as required.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre. They were knowledgeable about the residents' assessed needs and the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing was provided in keeping with the planned roster and the staffing arrangements as outlined in the statement of purpose. There had been a recent change to the staffing arrangements in the centre in response to an identified risk. This meant that less staff were now rostered to work in the centre at certain times of some days. Management committed to keeping this arrangement under review to ensure that it did not adversely impact residents. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The regular staff team had recently attended all trainings identified as mandatory in the regulations. Staff members had also completed training in other areas including

neuro-rehabilitation, first aid, and food safety. It was identified that two relief staff required fire safety training. This finding is reflected in Regulation 28: Fire precautions.

Judgment: Compliant

Regulation 21: Records

There was no record of one resident's assessed swallowing condition and recommended associated treatments or other interventions.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place, as is required by this regulation.

Judgment: Compliant

Regulation 23: Governance and management

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as is required by this regulation. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. There were arrangements in place to facilitate staff to raise any concerns they may have about the quality and safety of the care and support provided in the centre.

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. However, some improvement was required to ensure management oversight of the implementation of personal plans and recommendations arising out of reviews of these plans.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were clear admission criteria in place for the designated centre. One resident had moved into the centre in June 2023. Management advised that resident compatibility was considered prior to any admission to the centre. Prior to moving in, this resident and their representatives were provided with opportunities to visit the designated centre. Staff working in the centre also met with the resident prior to the move. Of the sample reviewed by the inspector, there were recent written service agreements in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of this regulation. Some revision was required to ensure that all of the required information was included. This was addressed during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. One complaint had been made since the previous inspection completed on behalf of the Chief Inspector. There was evidence that this complaint was investigated promptly and was resolved to the satisfaction of the complainant. However, the records maintained did not clearly indicate the outcome of the complaint, and all actions taken on foot of this complaint, as is required by this regulation.

Judgment: Substantially compliant

Quality and safety

The inspector found that the quality and safety of support provided was maintained

to an overall good standard. A review of documentation and the inspector's observations indicated that residents' rights and independence were promoted and that residents enjoyed living in this centre.

Residents enjoyed spending time in their local community and this was encouraged and supported by the staff team. Residents spoke with the inspector about the local restaurants, cafes, and shops that they enjoyed visiting. Residents had also been supported to travel to other counties to attend a musical, concerts, to go shopping, and to enjoy a seaside holiday. Some residents also attended day services where they were supported to participate in a range of activities such as going to the gym, art, and gardening.

Residents were independent in many aspects of their day-to-day lives and were continuing to develop these skills. These included food and drink preparation, personal care, tidying and cleaning, communication with family members, and for some, independently accessing the community. As referenced in the opening section of this report, one resident did not have access to their own money. Management outlined the supports provided to this resident to date to support them to receive state payments. The resident had already been supported to access their own bank account and there was ongoing correspondence with the relevant state offices.

Contact with friends and family was important to the residents in the centre and this was supported by the staff team. Visitors were welcome in the centre and staff also supported residents to meet with relatives in the local community and to visit their family homes.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided information regarding residents' assessed needs and guidance on the support to be provided by staff. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare, and other person-specific needs such as mealtime support plans. Residents who required one, had a behaviour support plan in place. There was evidence of regular multidisciplinary meetings to review residents' personal plans. It is a requirement of the regulations that any recommendations arising out of a multidisciplinary review, including those responsible for following up on those recommendations, are recorded. This was not always clearly documented and from the records available it was not possible to determine if these recommendations had been implemented.

Residents' healthcare needs were generally well met in the centre, however some improvements were required. Healthcare plans relating to identified healthcare needs or conditions were in place. A summary document had been developed for each resident to be brought with them should they require a hospital admission. There was evidence of input from, and regular appointments with, dentists and medical practitioners including general practitioners (GPs) and specialist consultants, as required. There was also evidence of input from other health and social care professionals such as psychologists, nutritionists, and speech and language therapists. It had been recommended that one resident eat modified food and have thickened drinks due to swallowing difficulties. Although there were handouts

available regarding the specific levels of food and drink to be prepared, there was no record of the healthcare professional's assessment, diagnosis, or mealtime support recommendations for this resident. When reviewing another healthcare plan, it was noted that one resident's weight posed a risk to their overall health and wellbeing. The plan in place outlined that their weight was to be measured weekly. From the records available, it did not appear that this was occurring consistently. It was therefore difficult to assess if this resident had lost or gained weight, or if this had remained unchanged. This support plan had not been reviewed in recent multidisciplinary reviews to assess its effectiveness in supporting the resident with this healthcare need.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. It was noted that some of these goals were quite vague, for example 'to be more independent at home' and in some cases had been in place for years. Some goals did not appear to be specific to personal development, for example, it was a goal for one resident to attend medical and other appointments as scheduled. For one resident there were goals referenced in their current behaviour support plan that had not been included with other documented goals or subject to regular review. Management advised that there had been recent discussions regarding goal setting and it was planned for these to be more specific, measurable and meaningful to residents. Residents were to be supported to develop goals for 2024 in the weeks following this inspection.

The inspector also reviewed a sample of risk assessments. There was evidence that these had been recently reviewed. Risk assessments were specific to each resident and identified hazards in the centre. It was identified that some of the risk assessments required review to ensure they were reflective of the risks posed by identified hazards, for example, the impact associated with death by suicide was rated as major rather than the highest rating, extreme. It was also noted that the risk associated with one resident's weight was rated as a low risk. This did not appear to be an accurate reflection of the healthcare risks associated with obesity. In other risk assessments, it was identified that not all controls in place were documented. These included the level of staff support provided to a resident with an epilepsy diagnosis during personal care. When walking around the centre it was noted that a plug-in heater was in use in one bedroom. These devices can pose a fire safety risk. A risk assessment regarding its use in the centre had not been completed.

The inspector also reviewed the premises and fire safety arrangements in the centre. As referenced in the opening section of this report there was a marked improvement in the standard of cleanliness and upkeep of the premises compared with the findings of the last inspection completed on behalf of the Chief Inspector. At that time, and in previous inspections, the utility room was identified as an area requiring attention. On this occasion, it was observed to be clean, tidy, and well-organised. The provider had put in place alternative storage for mops and this resulted in more space and cleaner storage arrangements. When in this room the inspector saw a sign regarding the use of a colour coded cleaning system where

different coloured equipment was to be used to clean specific areas of the centre so as to prevent cross contamination. It was noted that equipment in one colour was to be used to clean bathrooms, and another used to clean kitchens. The inspector queried what was used when cleaning other areas such as the living room and bedrooms. Management advised that the equipment designated for use in the kitchen was used at the times. The inspector was also informed that mops and cloths of all colours were washed together in the washing machine. These arrangements required review by a person with expertise in infection prevention and control (IPC) to ensure they were consistent with safe cleaning practices.

Systems were in place and effective for the maintenance of the fire detection and alarm system, fire fighting equipment, and emergency lighting. While all regular staff had recently completed training in fire safety, this was outstanding for two relief staff who worked in the centre. Required improvements in fire safety, as identified in the most recent unannounced visit to the centre, had been progressed at the time of this inspection. This included a review of residents' personal emergency evacuation plans (PEEPs) to ensure that they reflected all available escape routes in the centre. It was noted that one resident's PEEP required further review so that it was reflective of their assessed needs and communication profile. Regular evacuation drills were taking place and were completed within timeframes assessed as safe by the provider. There was evidence of different scenarios, for example varying locations of a fire, used in these drills. This ensured that staff and residents were familiar with all of the centre's evacuation routes. Although a recent drill had been completed with night-time staffing levels, only one resident was in bed at this time. Management committed to completing a drill when all four residents were in bed to assure themselves that the centre could be safely evacuated in this scenario.

Regulation 11: Visits

Residents were free to receive visitors and both communal and private spaces were available to facilitate this. The staff team also supported residents to visit others, in line with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

The premises were accessible to the residents and decorated in homely manner. There was a significant improvement in the standard of cleanliness compared with the findings of the previous inspection completed on behalf of the Chief Inspector. Maintenance works had also been completed. However there were some damaged surfaces observed in the centre which in their current state could not be cleaned effectively. Part of the flooring in one bedroom was also damaged. The colour-coded cleaning system in use in the centre and the washing of this equipment required review by a person with expertise in infection prevention and control (IPC) to ensure that it was consistent with safe cleaning practices.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the guide prepared by the provider in respect of the designated centre. This met the majority of the requirements of this regulation, however it was not clear if there were any costs associated with staying in the centre. A revision to include this, and to ensure the accuracy of other information, was completed during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the assessment, management and ongoing review of risk. Risk assessments had been completed in respect of each resident who lived in the centre. Although recently reviewed some required further review to ensure that the risk ratings were reflective of the current risk posed by the hazards identified, and that all control measures in place to mitigate against identified risks were included. The use of a plug-in heater in one resident's bedroom had not been risk assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detection and alarm systems, emergency lighting, and fire fighting equipment were available in the centre. These were regularly serviced by external contractors. Each resident had a personal emergency evacuation plan (PEEP). One of these required review to ensure that it was reflective of the resident's profile and assessed needs. Regular evacuation drills had taken place in the centre. A drill in a night-time conditions, whereby residents were in bed had not been completed. Management committed to addressing this as a priority. Two relief staff who worked in the centre required training in fire safety.

A plug-in heater was seen in use in one bedroom. As referenced in the findings for Regulation 26, the use of this equipment in the centre had not been risk assessed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident's health, personal, and social care needs had been assessed and these assessments were used to inform the development of their personal plans. There was evidence of regular review of assessments and personal plans. Multidisciplinary reviews were also scheduled regularly. It was not clear that the effectiveness of residents' plans was considered as part of these reviews, as is required by the regulations. The recommendations from these reviews, and the person responsible for ensuring their implementation, were also not consistently documented.

The identification and review of residents' personal development goals required improvement. Management advised that the goal setting process to be implemented with residents in the coming weeks would result in the development of more specific, measureable and meaningful goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were generally well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals. Findings as outlined in the report regarding some areas requiring improvement are reflected in the judgment for Regulation 5: Individual assessment and personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a behaviour support plan in place. The plans reviewed by the inspector included preventative approaches to implement to reduce the likelihood of an incident occurring and guidance to follow, if needed, in the event of an incident.

There were very few restrictive practices used in the centre.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. There was evidence that previous concerns had been addressed in line with the provider's and national policies. There was evidence of liaison with the local safeguarding and protection team, as appropriate, and review of safeguarding plans. All staff had received training in relation to safeguarding residents, and the prevention, detection, and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents received a service tailored to their individual needs, preferences, and requests. Residents were encouraged to use and further develop their independence skills and to exercise choice and control in their everyday lives. The service provided was respectful of each resident's cultural background. The provider was supporting one resident in their application to receive state payments.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinvoher OSV-0001529

Inspection ID: MON-0033684

Date of inspection: 23/01/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The service will contact the SLT who previously assessed the resident's swallow issues. The service will request a swallow assessment report and recommendations for staff supporting the resident.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The service will ensure that each residents goals are written up using the SMART format. Keyworkers will be reminded to update the goals progress notes at least once every 3 months. The goals will be reviewed at the multi-disciplinary meeting every 3 months and all actions agreed or completed will be noted in that meeting record.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The PIC will prepare an additional form to support them to more accurately record the actions taken when a complaint is received and the outcome of that complaint response.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The service will replace the cabinets in the utility room and the two damaged staff office chairs. The flooring in the residents room will also be repaired or replaced as needed. The service will seek advice in relation to the use of a separate mop and bucket in the kitchen area. The service will implement any changes recommended following this advice.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The service will prepare a risk assessment table for the use of portable electric heaters in the centre.	

<p>The service will also review the likelihood and severity scores on each resident risk assessment. Any control measures in place to mitigate against identified risks which are not currently noted will be included.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The service will update the personal emergency evacuation plan (PEEP) for the resident. The service will complete an emergency evacuation while all residents are in bed. The relevant relief staff will be enrolled in fire safety training again and advised of the importance in completing this training. The service will prepare a risk assessment table for the use of portable electric heaters in the centre.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The service will ensure that each residents goals are written up using the SMART format. Keyworkers will be reminded to update the goals progress notes at least once every 3 months. The goals will be reviewed at the multi-disciplinary meeting every 3 months and all actions agreed or completed will be noted in that meeting record.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	20/12/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/05/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/05/2024

	management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques	Substantially Compliant	Yellow	31/05/2024

	and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/05/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant	Yellow	31/05/2024

	the plan.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/05/2024