



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

## Issued by the Chief Inspector

Name of designated centre:	Ballytrim House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	04 March 2021
Centre ID:	OSV-0002523
Fieldwork ID:	MON-0031962

## About the designated centre

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

Ballytrim House provides residential care and support to children and adults with a disability. The designated centre is clearly separated into an adults' area and a children's area, so that adults and children do not have contact with each other. The designated centre comprises a twelve bedded one-storey building located in a residential housing estate in a small town. Residents living at the centre have access to communal facilities such as sitting rooms, a sensory room, dining room, kitchen and outdoor children's play area. Each resident has their own bedroom with en-suite bathroom. The centre also has additional communal bathroom and toilet facilities. Ballytrim House is located close to local amenities such as shops, public houses and cafes. There are three vehicles available which enable residents to access other amenities in the surrounding area such as swimming pools and other leisure facilities. Residents are supported night and day by a staff team of both nursing and care staff.

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 4 March 2021	09:55hrs to 16:05hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

The inspector found that through the actions taken by the provider since the last inspection in June 2020 to address long standing issues relating to the compatibility of needs, the quality of care and support provided to residents had improved. Improvements had led to one resident transitioning to a service more appropriate to their assessed needs, which had resulted in a calmer atmosphere at the centre and a reduction in the frequency of behavioural and safeguarding incidents

During the day of the inspection, the inspector had the opportunity to meet with five of the current seven residents living at the centre, and observed what life at Ballytrim House was like for them. Observations were however limited due to current restrictions on the structure of inspections in light of COVID-19 as well as two of the residents; who were 18 years or under, having recommenced full-time education at the start of the week, and other residents being engaged in day activities facilitated by staff in the local community. The inspection itself was facilitated by the person in charge, and the inspector also had the opportunity to meet seven members of staff, and speak with five of these about how they supported residents and the day-to-day operations of the centre. Throughout these discussions, staff consistently remarked on the positive impact the actions taken by the provider to address the compatibility of residents had made to both individual residents and the overall atmosphere at the centre.

In response to the long-standing issues at the centre associated with the compatibility of residents, the person in charge in consultation with multi-disciplinary professionals had undertaken in October 2020 an in depth compatibility assessment and plan for the future of provision of care and support at the centre. The assessment identified which resident's needs were not suitably catered for at the centre and how this could be remedied. The recommendations of the assessment had been commenced with one resident transitioning to a new placement more suitable to their assessed needs in recent weeks prior to the inspection. Discussions with staff and a review of records showed how this recent change had been both beneficial to the resident, and also positive on the lived experiences of residents still at the centre, with a significant decrease in the occurrence of behavioural and safeguarding related incidents since February 2021. The person in charge and staff team although acknowledging that further actions were required as described in the compatibility assessment, spoke positively about how recent changes at the centre had improved the quality of life for residents.

During the day residents were supported to enjoy walks in the local area with staff subject to current public health restrictions. Both staff and the person in charge spoke about the impact of COVID-19 on activities previously enjoyed by the residents as well as activities currently in place. Due to the centre supporting both adults and young people under 18 years, staff spoke about the phased recommencement of school life for two of the residents. This had started on a two or three day a week placement in February, but from the 1st March was back to five

days a week, and staff spoke about how residents enjoyed going back to school. The inspector also meet one of the residents on their return back from school, they were both excited to meet the inspector and also when responding to staff questions about how their day had been. They indicated through a mixture of words, gestures and noises that they had enjoyed their day at school and had, had the opportunity to use the computer, which they liked.

Staff also spoke about how the public health restrictions had led to the temporary closure of day services for adult residents at the centre. This had led for one resident to the commencement of a bespoke service facilitated by staff away from the centre in a neighbouring premises. This bespoke service was set up in response to the needs of the resident, and staff spoke about how the resident benefited from a structured routine and also about how by being away from the centre it had reduced the impact of another resident's behaviour on them. Staff also spoke about the planned return to formal day services for the resident and about how the resident was spending more time back at Ballytrim House during the day following the recent transition of the aforementioned resident to a new placement.

Other residents due to their assessed needs or the impact of COVID-19 had a bespoke day programme, which again was facilitate by staff at the centre, with the staffing levels reflecting this need. Residents during the course of the day were supported by either four or five staff members which included both nursing and care assistant staff, with staffing arrangements being reflective of their individual needs as some residents required either one-to-one or two-to-one support during the course of the day. Records sampled and discussions with staff showed that residents were engaged in a range of activities during the week such as walks, bus trips, learning daily life skills and also accessing the centre's own sensory room.

Residents were also supported to maintain links with their families by staff at the centre, with staff talking about some residents speaking with their families through video conferencing technology or sending parcels and photographs to their families. Where visits to family homes were an important aspect of a resident's life at Ballytrim House, this had continued to be facilitated by staff within the requirements of public health restrictions. Overnight visits to families were still undertaken, but subject to enhanced risk assessment taking into consideration all aspects relating to COVID-19. Risk assessments were developed with families and included arrangements associated with infection control both at the centre and the family home, and the monitoring for signs and symptoms of COVID-19 prior to the visit or return back to Ballytrim House.

Due to the communication needs of residents met during the inspection, they were unable to tell the inspector about the care they received at Ballytrim House. However, when observed residents appeared both relaxed and calm at the centre, engaging in activities they appeared to enjoy. Residents were observed accessing all aspects of the centre including the rear garden area, their bedrooms, personal sitting rooms and the communal dining room. Interactions between staff and residents were friendly and caring in nature, and when residents displayed anxiety, responses were sympathetic and in line with reviewed behaviour support plans. Although not able to verbally express their needs, residents were observed being

able to make their personal choices known through gestures and noises which were appropriately responded to by staff. Discussions with staff showed that they were very familiar with residents preferred style of communication, and this was further supported by residents having access to photo reference books which were used to reinforce and clarify choices made.

Furthermore, efforts were made by staff to ensure that residents were involved in making decisions about their care and the daily running of the centre wherever possible. As stated earlier, staff were very familiar with residents' communication styles and supported them to attend weekly residents meetings which were held separately for both adults and residents under 18 years. Samples of residents' meeting minutes showed that residents' were kept up-to-date on changes at the centre including those linked to COVID-19 and how this impacted on activities planned for the week. Residents were also encouraged to contribute to decisions on the weekly menus and also raise complaints about the care and support they received. In addition, residents were encouraged to take an active part in their own care planning through being encouraged to attend their annual reviews and also by having access to an accessible version of their own care plan, which described for example their likes & dislikes, important people in their lives, daily routines and goals for the year. In addition, information was displayed throughout the centre highlighting to residents and their representatives about how to make a complaint if they were not satisfied with the care and support provided.

The centre was very spacious in design and in general was maintained to a good standard. Due to the age range of residents' living at the centre, it was divided in to two parts, with separate accommodation for young persons under 18 years and adults. At the time of the inspection, only one resident lived in this under 18 years part of the centre. The inspector had the opportunity as discussed earlier to meet with the resident and also be shown around their home. The resident had access to their own sitting room and dining room in addition to their bedroom and adjoin en-suite bathroom. The rooms were decorated to a good standard and reflected the interests and preferences of the resident, including art work they had done, photographs of themselves and their family and soft cuddly toys. The resident also had access to their own separate garden area to the rear of the centre.

The larger part of the centre which was used by adult residents was also spacious and decorated to a good standard with colour schemes being very light in nature, although the inspector noted that some improvements were still required. However, these improvements did not have a negative impact on residents' well-being and were planned to be addressed when current public health restrictions on building works were removed.

Residents each had their own bedrooms with en-suite facilities included, and rooms were decorated to their personal preferences with bedroom walls being decorated with family photographs, football team memorabilia and graffiti art or transfers relating to their names of favourite television shows or superheroes. Due to the assessed needs of some residents and the availability of vacant bedrooms at the centre, unused rooms had also been converted into private sitting rooms for two residents, which provided them with the opportunity to both socialise with their

peers and have privacy dependent on their needs and wishes.

In summary, residents were observed to be treated with dignity and respect by staff and supported to engage in activities of their choice within the context of the current public health restrictions. Furthermore, the actions taken by the provider to address the long standing compatibility of residents at the centre had led to improvements to the lived experiences of residents at the centre which will be illustrated further in the next two sections of this report.

## Capacity and capability

Governance and management arrangements were comprehensive in nature and had been subject to further recent enhancement to ensure its effectiveness in meeting residents' needs. The centre was adequately resourced with responsive plans in place to identify and address areas needing improvement as well as meeting the long-term needs of residents leading to improvements in the quality of care and support provided at Ballytrim House.

Practices at the centre were overseen by a full-time and suitably qualified person in charge. Although responsible for a further designated centres in the local area and being employed as an Area Coordinator by the provider with a large service remit across Donegal, the person in charge was actively involved in the running of the centre and ensured a good quality of care was provided. The person in charge also told the inspector that in recognition of their multiple roles and the needs of Ballytrim House, the provider had appointed a new person in charge for the centre, and an appropriate notification would be submitted following the inspection to the Chief Inspector. The prospective person in charge was presently employed at the centre as a Clinical Nurse Manager (CMN2) and was met during the course of the inspection. The inspector spoke with the CNM2 and as well as being suitably qualified for their role, they spoke with knowledge about residents' needs and the day-to-day operations of the centre

The person in charge with the assistance of staff at the centre completed a range of management audits throughout the year, which examined the effectiveness of all practices at the centre. Audits examined practices such as fire safety, the administration of medication, complaint management and accidents & incidents trends. The outcome of these audits assured the person in charge that the centre provided care and support both in line with residents' needs, and also identified areas where improvements were required. The inspector observed that where improvements had been identified through completed audits, these were acted upon swiftly and with positive outcomes for residents and service delivery at the centre.

Local management audits were also complemented by further activities undertaken by the provider. Since August 2020, the provider had strengthened governance arrangements at the centre through the commencement of monthly multi-disciplinary meetings which supported the person in charge through senior



management and the multi-disciplinary professionals reviewing all aspects of the centre in addition to the already established six monthly unannounced provider visits and annual review into the care and support provided as required under the regulations.

The outcomes of these governance oversight measures were captured within the centre's Quality Improvement Plan (QIP) which identified all areas of where improvement was required at the centre, and assigned responsible persons and set deadlines for their achievement. Records and the current QIP submitted to senior management showed that all actions were addressed in line with agreed time frames, and where these may be impacted by the effects of public health restrictions this was highlighted.

As stated earlier in this report, the provider had ensured that adequate resources such as staffing levels were reflective of the assessed needs of residents at the centre.

Throughout the inspection, it was apparent that staff were very positive about the actions taken to date to address the compatibility of residents and the impacts these actions had made on residents' lives. Staff were also very knowledgeable about the needs, interests and preferences of residents at the centre, and also spoke about how alternative ways of providing care and support due to the public health restrictions had presented challenges, but also led to improvements in care practices especially in supporting residents on home visits. Staff knowledge was further reinforced by their regular access to training, with all staff having completed the provider's mandatory training as well as further training in the last 12 months associated with infection control and COVID-19.

Discussions with the person in charge, staff and documentation reviews also showed that staff were kept up-to-date on changes with residents' needs as well as the centre's operations through their attendance at regular team meetings facilitated by either the person in charge or CNM2. Staff also spoke about how they had the opportunity through the team meetings to raise questions and seek clarity on any aspect of residents needs or the centre. Staff spoke about the regular presence of the person in charge at the centre and their accessibility at all times to gain guidance and advice. Furthermore, the person in charge also spoke about and showed records relating to staff members' annual 'personal development plans', where staff were supported to look at their current roles and responsibilities, identify further training and discuss their aspirations for future career development.

## Regulation 16: Training and staff development

Staff at the centre had regular access to training which ensured their practices were up-to-date and reflected current health and social care development, including the management of outbreaks of COVID-19.

Judgment: Compliant

## Regulation 23: Governance and management

Governance and management arrangements were comprehensive in nature ensuring that improvements required at the centre were identified and appropriately responded to. Governance arrangements further ensured that appropriate resources such as staffing were available to residents to meet their needs and that these were subject to regular review to ensure their effectiveness.

Judgment: Compliant

## Quality and safety

Residents received a good standard of care and support at ballytrim House, which was further enhanced by recent measures put in place and planned to address long-standing issues relating to the compatibility of residents at the centre. Residents were supported by a knowledgeable staff team who ensured that a care and support was provided in line with residents assessed needs, likes and preferences. Furthermore, improvements to governance and management and changes linked to the overall compatibility of residents had ensured that further safeguards were in place to support residents' well-being and their opportunities to make choices about their daily lives.

Comprehensive personal planning arrangements were in place for all residents at the centre. With discussions with staff and observations during the day reflecting the guidance described within said care plans especially in relation to their daily activities and the management of incidents of challenging behaviour. The person in charge ensured that residents' care plans were subject to regular review to ensure their effectiveness and were updated in response to recommendation from multi-disciplinary professionals. Residents were supported to achieve a range of social and developmental goals, although these had been impacted upon due to the implementation of public health restrictions. Goals were reflective of residents' assessed needs ranging from maintaining family relationships, accessing favourite leisure pursuits and learning new skills to increase independence such as cooking basic meals. Staff updated goal records frequently to illustrate the progress made by the residents and to also identify any possible obstacles and how these could be overcome.

Where care plans included supports on behaviours that challenge, information clearly guided staff on how to support the resident both from a proactive and post-incident point of view. Behaviour support plans were developed in conjunction with a behavioural specialist and were subject to regular review, as well as being

supported by staff training in positive behaviour management. Behavioural supports also involved the use of agreed restrictive practices which were again subject to regular review to ensure their appropriateness in meeting the identified need. Restrictive practices were implemented with the agreement of multi-disciplinary professionals as well as residents' representatives and records showed these were the least restrictive measure available to support the resident. Furthermore, clear protocols on the use of agreed practices ensured that they were only used as a last resort, with records reflecting discussions with staff, that they were infrequently used.

Due to the previously discussed actions taken in response to concerns associated with the compatibility of residents, safeguarding arrangements at the centre were comprehensive and subject to regular review to ensure their effectiveness. Staff were knowledgeable on safeguarding arrangements at the centre and how to identify and report behaviours of concern to management. Where safeguarding concerns had arisen, clear support plans were put in place which were reviewed by the local Safeguarding and Protection Team and a regular safeguarding meetings facilitated by the centre. Current actions taken to address the compatibility of residents were shown to have had a significant reduced the frequency of safeguarding and behaviour-related incidents at the centre since February 2021.

Risk management arrangements as well as incorporating safeguarding of residents from possible abuse also included health & safety and infection control issues. Risk assessments were comprehensive and clearly informed staff about the risk and measures implemented to reduce their impact. In addition, risk assessments were subject to regular review to ensure effectiveness and regular discussions in staff team meetings ensured staff knowledge was up-to-date.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages. The plan was kept under regular review to ensure it guided staff effectively and reduced the level of risk. The contingency plan was also supported by improved infection control arrangements at the centre such as regular cleaning schedules for all parts of the bundling , provision of staff changing facilities, temperature checks for staff and visitors to the centre and the wearing of personal protective equipment (PPE).

## Regulation 13: General welfare and development

Residents were supported by a team of nurses and care assistants to access a range of activities both at the centre and within their local community which reflected their needs and choices, although subject to current public health restrictions. Where residents' needs required bespoke activity programmes, these were developed, appropriately resources allocated and implemented by the provider.

Judgment: Compliant

### Regulation 17: Premises

Overall the centre's premises was maintained to a good standard, although some works were required relating to residents' bedrooms and communal areas such as water damage in residents' en-suite bathrooms and minor damage to walls.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management arrangements at the centre were comprehensive, clearly identified the risk and measures to mitigate its effect. Staff were knowledgeable on all risk interventions in place at the centre, with measures being reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control measures had been enhanced in response to the risk of COVID-19 and reflected current public health guidance. Where residents were supported to go on home visits, clear risk assessments were in place to mitigate against the risk of an outbreak of COVID-19 occurring at the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' assessed needs were supported through comprehensive personal planning arrangements which were kept up-to-date to reflect any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour supports plans clearly identified the assessed needs of residents and the supports they required. Furthermore, where restrictive practices were required these were only put in place in the last resort and were the least restrictive option available to meet the resident's needs. Furthermore, staff knowledge on how to support residents was further reinforced by access to regular positive behaviour management training.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding arrangements in place at the centre were comprehensive with all staff having received up-to-date training to ensure their knowledge reflected current health and social care practices. Where concerns of this nature had arisen at the centre previously, comprehensive and proportionate safeguarding plans had been implemented under advice to manage the situation and reduce identified risks and future occurrences. Actions taken by the provider to address long-standing compatibility issues at the centre had since February 2021 made a positive impact on the reduction of safeguarding and behaviour-related incidents at the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to exercise choice at the centre and be involved in decisions relating to their daily lives and the day-to-day running of the centre. Residents were encouraged by staff to contribute to weekly residents meetings and be involved in their care plans reviews subject to their abilities or choice.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ballytrim House OSV-0002523

Inspection ID: MON-0031962

Date of inspection: 04/03/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to ensure this centre is compliant the following actions will be taken:</p> <ol style="list-style-type: none"><li data-bbox="172 987 1393 1025">1. A schedule of works will be developed by the maintenance manager by 23/04/2021</li><li data-bbox="172 1066 1414 1144">2. The works will be sent for tendering under the procurement process and tenders will be submitted by 11/06/2021</li><li data-bbox="172 1182 831 1220">3. The works will be completed by 31/08/2021</li></ol> <p>These are the proposed dates and will be guided by the national guidance in relation to Covid restrictions as the maintenance works required are not deemed to be essential maintenance. This will be monitored on a regular basis and the regulator will be updated should there be a delay in meeting the dates proposed.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2021