



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

## Issued by the Chief Inspector

Name of designated centre:	Ballywaltrim
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0002877
Fieldwork ID:	MON-0028994

## About the designated centre

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

Ballywaltrim is a designated centre operated by St. John of God Community Services CLG. The designated centre comprises of two detached bungalows on a shared site located near a large town in North Co. Wicklow. Each resident has their own bedroom and access to shared bathrooms. In each house there is an open plan living, dining room and kitchen space. One house has an additional living room space. The houses are situated within walking distance of local amenities and public transport links. The aim of Ballywaltrim is to provide residential services for adults with varied levels of intellectual disabilities. Both male and female residents over the age of 18 currently reside in the centre. A staff team of social care workers, staff nurses, a supervisory manager and a person in charge work in the centre.

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

Number of residents on the date of inspection:	6
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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
Tuesday 5 October 2021	10:00hrs to 16:30hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre. The centre was previously inspected in 2019.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection. The inspector also respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector greeted all residents that lived in the centre and were present during the course of the inspection. Most of the residents, the inspector met and greeted during the inspection, were unable to verbally communicate their feedback about the service. One resident had expressed to staff that they wished to meet the inspector and were happy for the inspector to sit with them while they were having their lunch.

The inspector sat with them for a period of time and had a brief chat. They were having some home made soup and watching TV in the living room of their home. The resident appeared comfortable and staff had placed their meal on a table with a place mat and a drink within in easy reach of the resident. The inspector observed the resident eating their meal independently. They mentioned they were going to an appointment later in the afternoon. The inspector commented that the soup looked and smelt nice and the resident nodded their head in agreement. When asked if they liked their home, they nodded in agreement and then returned to watching TV and their meal.

The inspector also met and spent a period of time with a resident in the other residential bungalow that made up the centre. The resident was spending some time in the living room area of the house and watching TV. The inspector observed there to be a large collection of arts and crafts materials in the living room space and was informed the resident enjoyed painting and colouring. The resident was unable to engage in a verbal conversation with the inspector. However, it was observed that the resident was comfortable and content in their home and were also observed independently taking some art supplies from another room and engage in colouring during the course of the inspection.

The inspector also observed knitting and balls of wool which belonged to other residents and these were located in the living room area. Staff told the inspector that some of the residents living in the house enjoyed knitting and were supported to purchase wool and supplies to engage in this hobby.

The inspector also carried out observations of the premises. Overall, each residential bungalow was warm, well ventilated and bright throughout. Each resident had their own private bedroom space and bathroom and toilet facilities were adapted to meet

their needs.

However, premises improvements were required, across both houses, to ensure they were maintained to a good standard and in a manner that ensured optimum infection control standards.

For example, the inspector observed the presence of a build up of mould on two windows in one of the bungalows. Grouting in a bathroom was heavily stained. There was peeling leather observed on dining room chairs in the living room area of one of the bungalows. The windows in one bungalow had not been painted internally and externally the inspector observed these windows also required attention as the external paint work had peeled away from the windows exposing the bare wood. Some window sills had cracked and peeling paint and there was a build up of moss around the perimeter of one of the bungalows. There were noticeable cracks in the plaster and paint work surrounding a patio door in one of the bungalows and the flooring in a resident bedroom was marked.

Improvements were also required in relation to the fire containment measures in both residential units to ensure they were at the most optimum standard.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. However, premises refurbishment works were required across both residential bungalows to ensure they were maintained to a good standard and could promote optimum infection control standards. Fire containment measures required improvement also. However, it was acknowledged that the provider had increased the staffing resources at night time to ensure effective and timely evacuation procedures for residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

Overall, the centre was well managed and there were appropriate oversight mechanisms in place.

There was a suitably qualified and experienced person in charge that met the requirements of Regulation 14 in relation to management experience and qualifications. They were responsible for three designated centres. The provider had put in place governance arrangements to support their regulatory management remit and a centre based supervisor formed part of the management team for the centre and participated in the facilitation of this inspection.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff reported directly to the

supervisor who was based within the centre and they in turn reported to the person in charge.

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and supervisor carried out various review audits in the centre on key areas related to the quality and safety of care provided to residents.

The provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. Additionally, the provider had also ensured an annual review of quality and care was completed for the previous year.

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose. However, it was noted some improvement was required to ensure consistent staff worked in the centre. It was noted there had been a long-term one whole-time-equivalent (1 WTE) agency worker post in the centre. This required improvement to ensure a consistent staff work force were resourced for the centre to meet the assessed needs of the residents.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. However, there were refresher training gaps noted across a number of areas.

In the months prior to the the inspection a resident had been admitted to the centre. It was noted this had been a positive move for the resident and the staffing arrangements and layout of the centre were suitable to their assessed needs. The inspector met the resident during the course of the inspection and they appeared very content and comfortable in their new home.

However, it was not demonstrated that they had received an updated contract of care to reflect their new living arrangement. This required improvement to ensure the resident was provided with a contract that outlined the services provided in the centre, terms and conditions of their residence and fees payable by them, with the opportunity to agree these terms and conditions with the support of a representative if required.

## Regulation 15: Staffing

It was noted there had been a long-term one whole-time-equivalent agency worker post in the centre.

This required improvement to ensure a consistent staff work force were resourced for the centre to meet the assessed needs of the residents.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling.

The person in charge maintained a register of what training was completed and what was due.

However, there were refresher training gaps noted across a number of areas:

- One staff required refresher training in fire safety.
- Seven staff required refresher training in manual handling.
- Five staff required refresher training in diabetes management.
- Three staff required refresher training in epilepsy management.
- Two staff required training in dysphagia management.
- 12 staff required training in the management of potential and actual aggression.

Judgment: Not compliant

### Regulation 23: Governance and management

The provider had ensured six-monthly provider led audits for the centre had been completed for the previous year and were available for review during the course of the inspection.

These were noted to be of a good quality and comprehensive in scope with provision of an action plan for the person in charge to address.

The provider had completed an annual report for the centre for 2020.

The provider had ensured appropriate operational management oversight arrangements were in place in the absence of the person in charge by appointing a supervisor to manage the service in their absence with additional oversight by a senior services manager.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services



It was not demonstrated that a recently admitted resident had received an updated contract of care to reflect their new living arrangement.

This required improvement to ensure the resident was provided with a contract that outlined the services provided in the centre, terms and conditions of their residence and fees payable by them, with the opportunity to agree these terms and conditions with the support of a representative if required.

Judgment: Not compliant

## Quality and safety

Residents living in the centre were in receipt of a good quality service. However, improvement was required in relation to the premises to ensure it was maintained in a good standard which in turn would enhance the infection control measures in the centre. Furthermore, improvements to the fire containment measures were required to ensure the most optimum standard of fire safety precautions within the centre.

Fire safety precautions were in place throughout the designated centre. Emergency lighting was located at key areas, fire servicing checks were up-to-date and fire evacuation drills were carried out with good frequency. Staff had received up-to-date fire safety training with refresher training also provided. It was also demonstrated the provider had enhanced the waking night-time staffing resources in one residential bungalow of the centre to support more timely and effective night time evacuation procedures. However, improvements were required.

While the provider had installed fire doors throughout both residential bungalows, not all doors had been fitted with door closing devices. This required improvement to ensure the most optimum fire containment measures were in place. In addition, the provider was required to review the use of keys in exit doors and put in place more effective open and close devices to enhance evacuation procedures in the centre.

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults. Safeguarding arrangements were in place to mitigate and manage potential peer-to-peer safeguarding interactions amongst residents in one bungalow. These overall, proved to be effective and were kept under review.

Residents were also provided with intimate care support plan arrangements. These plans outlined the specific support requirements for residents while also outlining their independence skills, were up-to-date and maintained in their overall personal plans.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Residents spoken with indicated their knowledge of the use of wearing face masks when going out shopping and the importance of good hand hygiene.

However, the inspector observed some aspects of the premises that were not maintained to a good standard of repair and impacted on the overall infection control standards in the centre.

Residents with assessed behaviour support needs had behaviour support planning arrangements in place. These plans had been created by allied professionals with knowledge and expertise in the area of positive behaviour support. Where residents presented with behaviours that challenge, it was noted these were under review and incidents were recorded and reviewed by allied professionals. In addition, mental health supports were in place and residents were supported to attend appointments and reviews in this regard. Waking night staff arrangements in one residential bungalow formed part of the overall behaviour support strategy management also.

Overall, there were a low number of restrictive practices implemented in the centre. Where they were in place, they were to manage personal risks for residents and had been referred to a rights committee as part of the provider's additional oversight and governance arrangements in the centre.

Residents' healthcare needs were met to a good standard in the centre. Each resident had received an annual health check with their General Practitioner (GP). There was also evidence of residents availing of National screening services which had subsequently resulted in some residents referred for further healthcare reviews. This demonstrated the effectiveness of such screening programmes in enhancing supporting them to achieve their best possible health.

## Regulation 17: Premises

Premises improvements were required, across both houses, to ensure they were maintained to a good standard.

- The inspector observed external paint work to some windows had peeled away, exposing the bare wood and therefore not maintained to the most

optimum standard.

- Some window sills had cracked and peeling paint.
- There was a build up of moss around the perimeter of one of the bungalows.
- There were noticeable cracks in the plaster and paint work surrounding a patio door in one of the bungalows.
- Flooring in a residents' bedroom was marked.
- In one resident's bedroom there were observable holes in the wall from where a fixture had been removed but the holes had not been filled and painted over.

Judgment: Not compliant

### Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

However, there were improvements required in relation to the premises which were having an impact on the overall infection control measures and standards in the centre and across both residential units that made up the centre.

- There was a build up of mould on two windows in one of the bungalows.
- The windows in one bungalow had not been painted internally and therefore this impacted on them being able to be maintained in a clean manner.
- Grouting in a bathroom was heavily stained.
- There was peeling leather observed on dining room chairs in the living room area of one of the bungalows.
- There was a build up of dust on the extractor fan in one of the bathrooms.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While the provider had installed fire doors throughout both residential bungalows, not all doors had been fitted with door closing devices.

This required improvement to ensure the most optimum fire containment measures were in place.

In addition, the provider was required to review the use of keys in exit doors and put in place more effective open and close devices to enhance evacuation procedures in the centre.

Judgment: Not compliant

### Regulation 6: Health care

Residents' healthcare needs were met to a good standard in the centre. Each resident had received an annual health check with their General Practitioner (GP).

There was also evidence of residents availing of National screening services which had subsequently resulted in some residents referred for further healthcare reviews.

Residents' health care plans were documented and maintained in their personal plans and provided a good level of information to guide and support staff.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents with assessed behaviour support needs had behaviour support planning arrangements in place. These plans had been created by allied professionals with knowledge and expertise in the area of positive behaviour support.

Where residents presented with behaviours that challenge, it was noted these were under review and incidents were recorded and reviewed by allied professionals.

In addition, mental health supports were in place and residents were supported to attend appointments and reviews in this regard.

Overall, there were a low number of restrictive practices implemented in the centre. Where they were in place, they were to manage personal risks for residents and had been referred to a rights committee as part of the provider's additional oversight and governance arrangements in the centre.

Judgment: Compliant

### Regulation 8: Protection

There was evidence of the person in charge and staffs understanding of National

safeguarding vulnerable adults policies and procedures.

Safeguarding procedures were followed and implemented following any potential or actual safeguarding incidents.

Staff had received up-to-date training in safeguarding vulnerable adults.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ballywaltrim OSV-0002877

Inspection ID: MON-0028994

Date of inspection: 05/10/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing review for 12A Ballywaltrim has now been completed. There will be a full complement of staff in the DC on 8/11/2021, with a new roster going in place on 15/10/2021 following induction of new staff.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have completed refresher training by 31/3/2022	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All residents in the DC have up to date contracts of care. (6/10/2021)	



Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• All maintenance works have been logged. They will be completed by 31/3/2022</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• All maintenance works have been logged. They will be completed by 31/3/2022</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Dorma TS93 type door closers have been ordered for both properties in Ballywaltrim, eight door closers for 12A Ballywaltrim and seven for 12 Ballywaltrim. The fitting of these will be completed by 10/12/2022</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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	15/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	31/03/2022

	state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	06/10/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	31/03/2022

	lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/12/2021