



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

Issued by the Chief Inspector

Name of designated centre:	Ballin Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	22 February 2022
Centre ID:	OSV-0004853
Fieldwork ID:	MON-0035035

About the designated centre

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

Ballin Services provides residential support for up to 12 individuals of mixed gender who are over 18 years of age and who have an intellectual disability. Support can be provided to individuals with complex needs such as physical, medical, mental health, mobility and / or sensory needs and who may require assistance with communication. The centre comprises of two houses located on the outskirts of a large a rural town. All dwellings have good access to the facilities of the town. Residents at Ballin Services are supported by a staff team, which includes; nurses, social care leaders, social care workers and support workers. Staff are based in the centre when residents are present and there is a combination of sleep-in and waking staff in the centre at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 22 February 2022	10:00hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. The Chief Inspector had been notified of three staff members who had tested positive for COVID-19. They were not attending for work and were not considered to have been close contacts with other staff members or residents in the centre.

From conversations with residents and staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The designated centre comprised of two houses located in residential areas on the outskirts of a large rural town. The inspector visited the two houses and met with residents and staff in both. At the time of inspection, there were 12 residents living in the designated centre. During the morning, the inspector met and spoke with four residents who were sharing one house and met with six residents sharing the other house during the afternoon.

In the first house visited, residents were welcoming and were happy to show the inspector their accommodation. They informed the inspector that they liked living in the house and how they had been involved in choosing their preferred colour schemes, soft furnishings and furniture for their rooms. All bedrooms were decorated to reflect individual preferences and were personalised with residents own family photographs and other personal belongings of significance to them.

Residents told the inspector how they had been living together for a number of years and got on well with one another and with staff working in the centre. They said that they were involved in making decisions about how they lived their lives, could choose what activities they would like to attend and places they liked to visit. They mentioned how they were supported to attend a variety of events and activities that they enjoyed including walking, shopping, day trips to places of interest, swimming, eating out, visiting the beautician and hairdresser and regularly meeting with family and friends. All residents stated that they could do the things that they enjoyed. For example, one resident told the inspector how they were looking forward to attending an opera and staying overnight in a hotel which had been postponed due to COVID-19 restrictions but had now been rescheduled.

In the second house visited, the support needs of residents was generally higher. The inspector met and spoke with some residents who had chosen to remain in the house and were relaxing in the communal dayroom or in their bedrooms watching television and reading the newspaper. The inspector met with others as they returned from attending local day service activities. While some residents were not

able to verbally express views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff. They were observed to be familiar with and comfortable in their surroundings. Residents were smiling and relaxed, and were clearly happy on their return to the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met.

There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff.

The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Day service activities were an option for all residents although residents chose how often they would attend these activities. Some residents liked to go to the service every day, some liked to attend for specific activities, such as bingo or the knitting group, and others preferred a home based service. All these preferences were supported.

Residents were supported to engage in meaningful activities in the centre. Some residents spoke of enjoying spending time in the garden, taking responsibility for looking after the hens, collecting the eggs, baking, cooking, arts and crafts, knitting, writing, watching their favourite television programmes, listening to their preferred music, and completing household chores including cleaning and laundry.

The inspector observed that the rights of residents were respected and promoted by staff. Residents had access to information, television, radio, newspapers and the Internet. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, COVID-19, staffing information, how to keep safe and the human rights charter were made available to residents. Staff had established residents' preferences through the personal planning process, ongoing communication with residents and their representatives. Each resident had their own bedroom and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were dignified, staff were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Some residents were registered to vote and had voted locally in past elections. Residents could access religious services of their choice and some residents told the inspector how they enjoyed visiting local churches and religious shrines. Residents had access to advocacy services, the inspector noted that the contact details of the advocacy officer were clearly displayed. Regular house meetings took place where residents could express their views or raise issues of concern. There was evidence that issues raised by residents in the past had been appropriately addressed to the satisfaction of residents.

Residents were involved and had choice in selecting their preferred food and meal

options. Residents discussed and selected their preferred meal options at the weekly house meetings. There were colorful pictorial menu options so that residents could easily see and select their preferred options. Some residents assisted with grocery shopping and meal preparation. Others visited the local shop and selected their preferred lunch time options. Residents were also supported to eat out or get takeaways. The inspector saw residents eating nutritious food that they clearly enjoyed. Staff were knowledgeable regarding the nutritional needs of residents including those who required modified and specialised diets including the recommendations of the dietitian and speech and language.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visitors to the centre, while others were supported to meet with family members outside of the centre. Some residents told the inspector how they enjoyed regularly meeting with family members, eating out and going on day trips with them. Other residents enjoyed overnight stays away with family members. Residents were also supported to stay in contact with family and friends through regular telephone and Zoom calls.

This centre comprises of two houses. One house is two-storey in design and was extensively refurbished in recent years. Accommodation for five residents is provided on the ground floor in single bedrooms with an adequate number of suitably adapted bathroom facilities. The house is spacious, bright, suitably furnished and decorated in a homely manner to a high standard. There is a variety of communal day spaces provided for residents use. Residents had easy access to a large sensory garden and courtyard which had recently been developed in consultation and with the support of residents. The house was found to be well-maintained and visibly clean.

The second house is single storey with accommodation provided for seven residents in single bedrooms with an adequate number of suitably adapted bathroom facilities. Some bedrooms had ensuite shower facilities, all were decorated to reflect individual preferences and assessed needs. There is a variety of communal day spaces provided for residents use. The house is spacious, suitably furnished and decorated in a homely manner. The house was generally found to be well maintained and visibly clean throughout. Some improvements works were in progress at the time of inspection such as the replacing of worn and defective wooden doors, door jambs and architrave. One shower room was in the process of being redesigned and refurbished. Further improvements works were planned including the replacement of the kitchen units. The house was well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms and bathrooms to safely support residents with mobility issues. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred

lives where their rights and choices were respected and promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. There were no issues to be addressed following the last inspection which took place during July 2021.

There were effective leadership and management arrangements in place to govern the centre, to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

The management structure was clearly defined with clear lines of accountability. The management arrangements were in line with those outlined in the statement of purpose. There was a full-time, suitably qualified person in charge who was supported by the area manager and team leaders. The person in charge was actively involved in the day to day management of the centre. She was knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

On the day of inspection, there were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. The staffing rosters reviewed indicated that this was the regular staff pattern. Staff and residents spoken with confirmed that the current staff team knew the residents well. The person in charge outlined how an additional staff member had been recently assigned three days a week to support residents partake in additional activities of their choice in the local community.

Training was provided to staff on an on-going basis and there was a training schedule in place for the coming year. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to

staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up to date.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2020 and the person in charge advised that the annual review for 2021 was in progress. Consultation with residents and their families, including an annual satisfaction survey as well as an overview of key areas of regulation, were used to inform the reviews. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had been addressed, for example, an additional staff member had been allocated to facilitate residents social outings.

Regular reviews of identified risks, infection prevention and control, accidents and incidents including falls, medication errors, and use of psychotropic medicines, complaints and fire safety were carried out regularly. Action plans had been put in place to address issues identified and discussed with staff in order to share learning. For example, a fire safety audit completed in February 2021 had identified a number of issues. Following the audit, a meeting was held with staff to discuss the issues and action plan. Actions as a result of the audit were completed in March 2021.

The provider had developed a comprehensive contingency plan to guide staff on the prevention and management of COVID-19. The contingency plan had been kept under regular review. Residents were kept informed and updated regarding COVID-19, guidance and information updates were communicated and discussed at the weekly house meetings.

The person in charge met regularly with staff working in the centre to discuss identified risks, health and safety including fire drills, training, policies, share information and learning and to facilitate staff to have discussions or raise concerns about the service.

The inspector was satisfied that complaints when received were managed in line with the centre complaints policy. There was a comprehensive complaints policy in place. There was an easy read complaints procedure available. The inspector reviewed minutes of recent house meetings and saw that the complaints policy and how to make a complaint had been discussed with residents. There were systems in place to record and investigate complaints. There was one complaint received during 2021 and the inspector was satisfied that it had been managed in line with the policy. The issue had been resolved and the complainant was satisfied with the outcome. Feedback from satisfaction questionnaires completed by family members indicated satisfaction with the service provided.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Registration Regulation 5: Application for registration or renewal of registration
The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.
Judgment: Compliant
Regulation 15: Staffing
On the day of inspection staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern.
Judgment: Compliant
Regulation 16: Training and staff development
All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role in various aspects of infection control, first aid, epilepsy management, FEDS (feeding, eating, drinking and swallowing difficulties). Training was also provided to staff to support the use of specific equipment used by some residents.
Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that that the service provided was safe, appropriate to meet the needs of residents and was effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1, however, it required some minor updating to accurately reflect the number of residents accommodated and to include the conditions of registration as set out in the registration certificate. The person in charge undertook to submit an updated statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications. To date all of the required notifications had been submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff.

There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a safe and person-centred service. Each resident's well-being was promoted, independence and community involvement was much encouraged. Some improvements were required to ensuring that the use of bed rails were managed in line with national policy and further improvements were required to ensuring timely and safe evacuation of residents.

The personal plans reviewed detailed the needs and supports required by each resident to maximise their personal development. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed.

The inspector was satisfied that the health care needs of residents were assessed, comprehensive and person centered care plans were in place for all identified needs. Residents had access to General Practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. A review of residents files indicated that residents had been regularly reviewed by the dietitian, speech and language therapist (SALT), occupational therapist (OT), physiotherapist, psychologist, dentist, optician and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Residents' nutritional needs, were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. The person in charge regularly monitored incidents and accidents including falls. The inspector reviewed the file of a resident who had a number of recent falls and noted that the falls risk assessments and falls management care plan had been updated post falls in consultation with the

physiotherapist and OT. Sensor alarms were in use for some residents assessed as being at high risk of injury due to falling from bed. There was one bed rail in use, which had been risk assessed and a care plan was in place to guide staff in the safety measures required for its use. However, the risk assessment completed did not include a clear rationale for the use of the bed rails and did not indicate what other alternatives had been tried or considered. There was no evidence of multi-disciplinary team input into the decision to use the bedrails in line with national policy.

The privacy and dignity of residents was respected by staff. All residents had their own bedrooms. Staff were observed to knock and request permission before entering bedrooms. Staff were observed to interact with residents in a caring, respectful and dignified manner.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The centre was close to a range of amenities and facilities in the local area and nearby towns. The centre also had its own dedicated vehicles, which could be used for residents' outings or activities. All residents had an option to attend day services if they wished, some residents liked to attend the service every day and some preferred to attend for specific activities of interest to them. An additional staff member had recently been assigned three days a week to support residents partake in additional activities in the local community. During the inspection residents spent time going places that they enjoyed, attending day services, going to the local shops, going for walks in the local area, spending time relaxing in the house, preparing meals, reading the daily newspaper, watching television, and completing household tasks. Residents also spoke of enjoying regular swimming sessions, chair yoga, day trips and eating out. Residents were supported to visit local businesses including shops, restaurants, pharmacies, post office, banks, credit union, beauticians and hairdressers. Residents were supported to access education and to further enhance their skills. A resident had made a recent application to the National Learning Network and was hoping to commence a training course in the coming months.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable accessible format that they could understand. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process and ongoing communication with residents and their representatives. Residents religious and civil rights were upheld, residents were supported to access religious services of their choice, some residents told the inspector how they enjoyed visiting local churches and religious shrines. Some residents were registered to vote and had voted locally in past elections. Residents' rights were kept under regular review and they were supported to be as independent as possible through the identification of skill building goals, such as learning to independently complete various personal and household tasks as well as using banking and other assistive technology devices. Regular house meetings took place where residents could express their views or raise issues of concern. There

was evidence that issues raised by residents in the past had been appropriately addressed to the satisfaction of residents.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The person in charge confirmed that all staff employed had police vetting in place. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The inspector reviewed documentation and spoke with staff regarding a safeguarding concern which had been recently notified to the Chief Inspector. The inspector was satisfied that the concern had been investigated and managed in line with safeguarding policy.

Both houses that comprise this centre were designed to meet the needs of the residents, were clean, suitably decorated and maintained in a good state of repair. Improvements to one house had been identified and works to address the issues were in progress. The centre was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to some bedrooms and bathrooms to assist with mobility. Specialised equipment including chairs, beds, mattresses, bath and showering equipment, grab rails and sensor alarms were provided. There were service contracts in place which showed that equipment had been regularly serviced.

There were systems in place to control the spread of infection in the centre including guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. There were cleaning schedules in place for cleaning and disinfection of frequently touched surfaces as well as daily and weekly cleaning routines. There were cleaning protocols in place for cleaning of equipment used by residents. The buildings and equipment used by residents were found to be visibly clean. The laundry rooms were well equipped and maintained in a clean and organised condition. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes and cleaning equipment.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. Training

records reviewed indicated that all staff had completed fire safety training. Staff and residents spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios. The times taken to evacuate all residents in one house provided assurances that residents could be evacuated safely and in a timely manner. The inspector noted the number of residents accommodated in the second house had reduced from eight to seven since the last inspection. Fire drill records in the second house indicated the time taken to evacuate all residents to an outside assembly point had continued to improve but were still considered by the inspector to be excessive and not in line with best practice. The person in charge and team leader were unclear if the house had been designed and constructed as three fire compartments which may have facilitated a more timely phased horizontal evacuation strategy. The person in charge undertook to obtain confirmation from the fire safety engineer.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The centre was designed to meet the needs of the residents, was clean, suitably decorated and maintained in a good state of repair. It was well equipped with aids and appliances to support and meet the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drill records in the second house visited indicated the time taken to evacuate all residents to an outside assembly point had continued to improve but were still considered to be excessive and not in line with best practice.

The person in charge and team leader were unclear if the house had been designed and constructed as three fire compartments which may have facilitated a more timely phased horizontal evacuation strategy. The person in charge undertook to obtain confirmation from the fire safety engineer.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GPs), healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was required to ensure that the use of bed rails were being managed in line with national policy. For example, the risk assessment completed did not include a clear rationale for the use of the bed rails and did not indicate what other alternatives had been tried or considered. There was no evidence of multi-disciplinary team input into the decision to use the bedrails.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballin Services OSV-0004853

Inspection ID: MON-0035035

Date of inspection: 22/02/2022

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been updated to include all necessary information and submitted to HIQA registration department by the Person in Charge.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: An audit was completed by Person in Charge and Facilities and Buildings Manager following inspection and it was found that the house is not fully compartmentalised into three fireproofed zones in the attic. There are currently two fire zones identified – one zone consists of two bedrooms and a two bedroom apartment and the second zone consists of 3 bedrooms. A schedule of works has been completed to fully fireproof a third compartment. Following the completion of this work fire drills will be completed in zones going forward and times of evacuation each zone recorded on fire drill report to facilitate a more timely fire evacuation.</p> <p>In the interim a fire drill has been completed to evacuate each identified zone seperately and the time has been reduced significantly in doing this. Further drills will be completed as an interim measure to ensure reduced times until works are completed and three fires zones are in use.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Risk assessment for the use of bedrails for this individual has been updated by Person in Charge and Physiotherapist to include a clear rationale for the use of the bedrails. Clinical report from physiotherapist is now also on file for the use of bedrails for this individual.</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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/02/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	14/03/2022

	national policy and evidence based practice.			
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