



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

Issued by the Chief Inspector

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| Name of designated centre: | Ballinamore Supported Accommodation |
| Name of provider: | The Rehab Group |
| Address of centre: | Leitrim |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 13 July 2021 |
| Centre ID: | OSV-0002684 |
| Fieldwork ID: | MON-0031244 |

About the designated centre

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

Ballinamore Supported Accommodation is a designated centre run by The Rehab Group. The service is intended to meet the needs of up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two two-storey houses which are adjacent to each other on the outskirts of a town in Co. Leitrim. Each resident has their own bedroom, bathrooms, kitchen and dining area, sitting room, utility, staff office and garden area. Staff are on duty both day and night to support the residents who live there.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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 13 July 2021 | 09:40hrs to 14:25hrs | Anne Marie Byrne | Lead |

What residents told us and what inspectors observed

This was a centre that very much promoted residents' independence and ensured residents were provided with the care and support that they required. The daily operations of this service were very much resident-led and all efforts were made by staff to ensure residents were involved in the running of their home and in decision-making process surrounding their assessed care needs.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of two premises located adjacent to each other on the outskirts of a town in Co. Leitrim and as part of this inspection, one of these premises was visited by the inspector. One of the residents brought the inspector around the centre to show off their home, where residents had their own bedroom, bathrooms, sitting room, kitchen and dining area, utility, staff office and access to a garden area. Of the bedrooms visited by the inspector, these were found to be personalised with items of interest to residents and photographs of family and friends were proudly displayed. Garden areas contained seating for residents to use as they wished, with some residents having raised beds to grow vegetables. Re-decoration works had recently been completed at the centre, including, upgrading of an upstairs bathroom and recently painted furniture and fittings in the sitting room. Overall, the centre was found to be clean, well-maintained and provided residents with a very comfortable and homely environment to live in.

The inspector had the opportunity to meet with two residents who lived in this centre. Other residents had already left for their day service by the time the inspector arrived to the centre. Many of these residents led very active lifestyles and regularly accessed the local community independent of staff support, and the provider had ensured suitable and safe arrangements were in place to support them to do so. One of the residents who met with the inspector, was preparing to go on a trip to a nearby town, independent of staff, and was accessing public transport to get there. This resident regularly done so and told the inspector that they liked to go there to look around the shops and to run their own errands. Later on in the inspection, another resident returned to the centre after independently attending a personal appointment in the local town. After some time, this resident left the centre again to meet with one of their peers, who also lived at the centre, and they had planned to go for lunch down town. These residents had their own mobile phones, were very familiar with their local community and kept good contact with staff about their intended plans for the day. During the course of the inspection, the inspector observed the person in charge to interact very respectfully with residents, to assist them with answering and making personal phone calls and to remind them of public health safety guidelines before they left to access the community. The person in charge told the inspector that in response to the social care needs and preferences of some residents, additional staffing resources for day-time were being sought to provide support to residents who wished to spend more recreational time in the centre, while their peers attended day services.

Prior to the introduction of public health safety guidelines, the person in charge told the inspector that some of these residents regularly engaged in home visits to spend time with their families. Such visits had recommenced, with one resident telling the inspector of how they enjoyed and looked forward to these breaks away. Family involvement was very much encouraged with all residents, with staff supporting residents to maintain regular contact and visit family in line with public health safety guidelines. Due to the adequacy of this centre's staffing, risk management and transport arrangements, this meant that residents had multiple opportunities to engage in activities of interest of them.

This centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. Many staff had supported these residents for a number of years, which meant residents were always supported by staff who knew them and their assessed needs very well. Staff ensured residents were as involved as possible in the planning of their care and running of their home. This was primarily done through daily engagement between residents and the staff members supporting them.

In summary, the inspector found residents' assessed needs, preferences and safety and welfare was paramount to all systems and arrangements that the provider in place in this centre.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received a good quality and safe service. Although, for the most part, this centre was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of risk management and personal planning.

The person in charge held the overall responsibility for this service and she was based full-time at the centre, which gave her the opportunity to meet regularly with all staff and residents. She had strong knowledge of residents' needs and of the operational needs of the service delivered to them. This was the only designated centre operated by the provider in which the person in charge was responsible for and support arrangements were in place to ensure she had the capacity to effectively manage the service.

Staffing arrangements were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents. Arrangements were also in place, should this centre required additional staffing resources. While many residents living in this centre accessed the community independent of staff support, the provider was very responsive the social care needs of residents who did require staff to engage in activities of their choice. For example, at the time of this inspection, the provider was in the process of recruiting further staffing resources for this centre so that residents who wished to spend more recreational time in the

centre during the day, had access to the staff support they required to do so. Many of the staff working at this centre had supported these residents for a number of years, which had a positive impact on ensuring residents received consistency of care and meant they were always supported by staff who knew them very well. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Due to public health safety guidelines, the person in charge held virtual staff team meetings, which allowed for the continuation of resident related care issues to be reviewed and discussed by the staff team. She also had regular contact with her line manager to review operational related matters. The provider had arrangements in place where regular reports were submitted to members of senior management, outlining various incidents and issues arising in this centre, which greatly enhanced the oversight of the quality and safety of care delivered in this service. In addition to this, other monitoring systems were also in place, which meant that any improvements required to the quality of service delivered to residents were quickly identified and responded to. For example, in conjunction with internal audits, six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was based full-time there, which gave her multiple opportunities to meet with staff and residents. She knew the residents very well and was also familiar with the operational needs of the service delivered to them. This was the only designated centre in which she was responsible for and current support arrangements gave her the capacity to ensure the service was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to very regular review to ensure an adequate number and skill-mix of staff were on duty to meet the assessed needs of residents. Suitable arrangements were also in place, should this centre require additional staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place to ensure staff received re-fresher training suited to their role. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met with staff to review and discuss resident related care issues and she also was in regular contact with her manager to review any operational matters arising. Effective monitoring systems were in place to ensure improvements to the service were quickly identified and addressed.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

The centre comprised of two premises located adjacent to each other on the outskirts of a town in Co. Leitrim. Here, residents had their own bedroom, bathrooms, sitting room, kitchen and dining area, utility, staff office and garden area. Residents had lived here for many years and one resident who met with the inspector, said they were very happy living there and got on well with the peers they lived with. Overall, the centre was found to be clean, well-maintained and provided residents with a very comfortable and homely environment to live in.

Residents' needs were subject to regular re-assessment which meant that where changes to residents' needs occurred, staff were able to quickly identify this and responded appropriately. Where residents had assessed health care needs, the person in charge spoke at length with the inspector about the specific care and support that these residents received from staff on daily basis. In addition to this, in response to some residents' health care needs, specific training was provided for staff to ensure staff were skilled and had the knowledge they required to support these residents. Staff also maintained regular contact with allied health care

professionals, which allowed for the on-going review residents' health care interventions. Residents were also supported by staff to play an active role in the decision-making around their own assessed care needs. Even though residents' health care needs were well-cared for by staff, minor review of supporting documentation was required to ensure personal plans reflected the specific care that residents received from staff, particularly in areas such as nutritional care and skin integrity.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to review by the person in charge, which meant that risk was quickly responded to. Positive risk-taking was very much promoted at this centre, with some residents regularly accessing the community independent of staff, and the provider had put a number of measures in place to ensure these residents' safety and welfare was protected while doing so. However, although risk assessments were in place in response to identified risks in this centre, minor improvement was required to these to ensure they gave clearer hazard identification, additional clarity on the specific control measures that the provider had put in place in response to identified risk and to ensure risk-ratings accurately reflected the positive impact these controls had on mitigating against risk. In addition, although organisational risks were regularly monitored by the person in charge, associated risk assessments required further review to ensure these adequately supported her in her on-going monitoring of these risks, for example, fire safety.

Positive behaviour support was very much promoted at this centre and the provider had effective systems in place to ensure residents received the care and support they required to this aspect of their care. Robust systems were also in place to ensure residents were safeguarded from abuse. For example, in response to an incident that had occurred at the centre, the provider put additional safeguarding measures in place, which at the time of inspection, had resulted in no further incidents re-occurring. These measures were subject to on-going review by the person in charge to ensure their continued effectiveness.

Effective fire safety precautions were in place, including, fire detection and containment arrangements, regular fire safety checks, emergency lighting arrangements and clear fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. There was a fire procedure available at the centre, and at the time of inspection, it was in the process of being updated by the person in charge.

Regulation 26: Risk management procedures

The provider had systems in place to ensure risk was identified, responded to, assessed and monitored, which meant risk was quickly identified and mitigated against in this centre. However, improvement was required to aspects of risk

assessment to ensure clear hazard identification, to ensure effective measures put in place by the provider in response to risk were clearly identified on risk assessments and to ensure the overall risk-rating accurately reflected the positive impact these measures had on addressing the identified risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to ensure the safety and welfare of all residents and staff. Contingency plans were developed to guide staff on what to do, should an outbreak of infection occur at this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, regular fire safety checks, clear fire exits and emergency lighting. Fire drills were occurring on a regular basis, demonstrating that staff could effectively support residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure that a comprehensive assessment of the health, personal and social care needs of each resident was carried out, as and when required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required. Although residents' health care needs were well-cared for by staff, a review of supporting documentation was

required to ensure personal plans reflected the specific care that residents received from staff, particularly in areas such as nutritional care and skin integrity.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, effective systems were in place to ensure adequate arrangements were in place to support these residents. There were no restrictive practices in use in this centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents within this service. Where safeguarding issues had previously arisen, the provider put effective arrangements in place and these measures were subject to on-going review to ensure their continued effectiveness.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live their lives as independently as possible and to take part in activities of interest to them. Their rights, wishes and preferences were well-known and respected by staff. Residents were very involved in the running of their own home and in all aspects of the service delivered to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Ballinamore Supported Accommodation OSV-0002684

Inspection ID: MON-0031244

Date of inspection: 13/07/2021

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 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• A review of risk assessments, the service risk register and Risk rating have commenced in service. The aim is to ensure hazards are clearly identified and the effective control measures that are in place in the service are reflected on risk assessments to ensure consistency with current supports. Risk rating will be reviewed to reflect the effective control measures thus leaving areas for improvements if required. This will be completed by 30/09/2021. | |
| Regulation 6: Health care | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care: <ul style="list-style-type: none">• A full review of supporting documentation for residents with specific health care needs has commenced in service. Documentation will be updated to reflect clear precise supports required by residents. These plans will be further reviewed through consultation with relevant medical professionals to ensure the supports are accurate and meet assessed needs. This will be completed by 30/09/2021. | |

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 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/09/2021 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Substantially Compliant | Yellow | 30/09/2021 |