



## Office of the Chief Inspector

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

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:	04 July 2019
Centre ID:	OSV-0002877
Fieldwork ID:	MON-0023982

## About the designated centre

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

Ballywaltrim designated centre comprises of two detached bungalows on a shared site. Ballywaltrim is located on a residential street near a large town in Co. Wicklow. There is a full kitchen space in both houses, with adequate living rooms for residents use. Each resident has their own bedroom and access to shared bathrooms. 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. Ballywaltrim aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. Staffing levels are based on the support needs of residents and residents are supported by both social care workers, staff nurses and a clinical nurse manager.

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

Number of residents on the date of inspection:	6
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## How we inspect

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
04 July 2019	09:00hrs to 18:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

Across the day the inspector had the opportunity to meet with four of the six residents currently residing in the designated centre. In the morning some of the residents were on their way to their day service so the inspector spent a brief time observing this routine and staff interactions at this time. Residents were very independent with their routine and were observed to get their necessary belongings together for the day. Respectful interactions were observed with staff members taking the resident's lead as required. For example, a resident wanted to leave the house before their bus had arrived, the staff member respected the resident's wish and waited outside with them until their bus arrived.

Some residents were on their day off and had planned different activities such as shopping, going out to lunch or spending time with each other. In the afternoon the inspector spent some time with the residents while they were relaxing after their day service or activities in the community. The residents spent time in the kitchen and living area while a staff member was preparing their evening meal. Residents were observed to independently make tea and coffee for themselves and prepare some snacks.

Residents appeared very comfortable in staff presence. Staff were cognisant of each resident's individual needs and preferences and interacted in a very positive and caring way. A resident that liked everything in a particular place, was observed to open and close kitchen presses to check where items were placed. Staff were very familiar with this routine and spoke about the same with the inspector. Staff were observed to wait patiently until the resident completed this particular routine before continuing with cooking the evening meal.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring a good quality service was provided to the residents. Due to the effective governance in the centre there were positive outcomes for residents. The last inspection found that one of the properties had been unsuitable as it was not meeting the assessed needs of residents. A restrictive condition had been placed on the centres' registration to ensure that the necessary building work was completed in a timely manner. This work had been completed and one of the premises had been extended. Overall good levels of compliance were found across regulations, however improvements were required in staffing levels, the complaints

documentation process and the contract of care.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

The provider had been carrying out annual reviews and unannounced visits for this designated centre as required by the regulations. These reviews formed part of the quality improvement plan for the coming year. The inspector found that actions generated from these internal audits had been addressed by the person in charge in a prompt manner, which resulted in continuous improvements in the quality of care provided to residents.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. The person in charge had systems in place to monitor the quality of care and support for residents which included some audits which were completed regularly. The main audits that were being completed were in relation to personal plans and financial audits. The organisation were in the process of changing the documentation in relation to a broader range of monthly audits. Until this process was completed the broader range of audits had not been completed. However, an online log of relevant governance oversight was completed on a monthly basis. This included an analysis of accidents and incidents, behaviour report forms, and medication error forms to name a few. This analysis log was reviewed by both the person in charge and their manager. The audits and analysis logs were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home. Regular staff meetings were also occurring. On review of a sample of notes there was evidence of shared learning and the meetings were resident focused.

Although there were no staffing vacancies and there was an appropriate skill mix in relation to supporting residents, the number of staff available to residents in the evening time was not sufficient to meet their assessed needs. A resident required one to one support in the community due to assessed needs around safeguarding, risk assessments and positive behaviour support guidelines. In the evening time there was only one staff member present in one of the homes therefore it was not possible to go out with residents in the evening time if they so wished. As much as possible if residents required to go out in the evening time this was facilitated by arranging cover or the person in charge facilitating it. However, the current assessed needs of the resident were not being met in relation to the number of staff available at this time and this was also potentially impacting the other residents in the home. This had been identified by the provider in their most recent unannounced visit.

All staff had received training and refresher training to ensure the delivery of high quality, safe and effective care for the residents. Staff were receiving supervision on a regular basis and a schedule of supervision had been drafted for a 12 month period.

The registered provider had established a system to address and resolve issues

raised by residents or their representatives. Each resident was encouraged and supported to express any concerns safely and were reassured that there were no adverse consequences for raising an issue of concern. The complaints procedure was available in an accessible format. Residents were supported to access outside advocacy services to help support them during this process. However, on review of the complaints log a complaint had not been reviewed in line with the organisations' policy. The organisations' policy stated that any complaint made required a review every 20 days and the complainant was to be provided with an update. Documentation kept in relation to the complaint indicated it was reviewed at different intervals, however, not in line with their 20 day time line.

Each of the residents had a written contract in place which outlined the terms and conditions in which they would reside in the centre and the supports that they would receive. The agreement had been signed by the resident and/or their representative. However, some additional charges were inaccurately reflected in some of the contracts of care.

### Regulation 15: Staffing

There was an actual and planned staff rota in place. However, the staffing levels were not adequate to meet the assessed needs of residents. One to one support was required for a resident in the community, this support was unavailable in the evening times and therefore had the possibility of restricting community access for the residents.

Judgment: Not compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were in place to ensure that service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

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

Residents had a written agreed contract of care, but details in relation to some of the charges for additional services were inaccurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All relevant notifications had been notified to the Office of the Chief Inspector as required under regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

While there were appropriate policies and procedures in place in relation to resolving complaints, these were not always adhered to in relation to reviewing the complaint and providing updates to the person who had made the complaint. These reviews and updates also had not been recorded.

Judgment: Substantially compliant

## Quality and safety

Overall the inspector found that the provider and person in charge were endeavouring to provide a good quality service to the residents. Recent improvements to one of the homes in terms of increasing its size had resulted in a significant decrease in reported safeguarding concerns. The residents appeared happy in their home. However, improvements were still required in relation to premises, individual personal plans and residents rights.

The designated centre comprises two detached bungalows that shared the same site. Rooms were found to be of an adequate size and the recent extension work to one of the buildings meant the assessed needs of residents were being met. The

residents had access to a very well kept garden area. Residents and staff had been involved in the development of this garden and both were very proud of how this area had been developed. On the day of inspection one resident was enjoying spending time in this area. However, the premises required paintwork throughout both homes in all rooms. Paintwork was badly chipped and or marked in most rooms of the home. This was also an action identified in the previous inspection. Some equipment in the bathrooms, that was used to help with accessibility, was rusted. The flooring in the bathroom was marked in places. In one of the bathrooms some of the flooring was lifting. Although overall both premises were clean some areas had accumulated dust and dirt.

Residents were supported to bring their own belongings into their rooms. There was enough space for each resident to store and maintain clothes and other important possessions. There was a list of personal possessions kept on each individuals' personal plan and this was reviewed and maintained as necessary. Residents had access to personal monies and control of their financial affairs in accordance to their wishes and assessed needs. A comprehensive account of monies spent was kept and audited on a regular basis.

The provider and person in charge were actively trying to protect residents from all forms of abuse. Appropriate actions had been taken where incidents had occurred. Safeguarding plans, as required, had been put in place and were monitored to ensure they were effective.

A sample of residents' personal plans were reviewed. There were assessments in place that identified the individual health, personal and social care needs of the resident with an associated plan of care. The outcome of this assessment was reflected in each of the residents personal plan. Although social care needs had been identified and some goals had been put in place the effectiveness of these goals were not being monitored or documented. The organisation had identified that the personal planning documentation in relation to social care needs required improvement.

The inspector found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary. Arrangements were in place to ensure risk control measures were relative to the risk identified.

Residents' health care needs were appropriately assessed and being met in the designated centre. They had the appropriate health care assessments and support plans in place that were reviewed on a regular basis and updated as required. Each resident had access to appropriate allied health professionals in line with their assessed needs. Residents were enabled to attend any National Screening appointment that was available to them.

Overall, the rights of residents were protected and promoted, and residents were treated in a manner that maximised their privacy and dignity. However, recently an en suite bathroom had been converted to a main bathroom. The interconnecting

door between the bathroom and a resident's bedroom was still in place and only locked with a thumb-turn lock. This had the potential to impact on the privacy and dignity of the resident in their bedroom or a resident using the bathroom.

Suitable fire equipment was provided and serviced as required. There was adequate means of escape with emergency lighting provided. Suitable fire containment measures were in place in the home. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills had been completed had regular intervals.

### Regulation 12: Personal possessions

Where necessary residents were provided with support to manage their financial affairs in line with their assessed needs. There was enough space for each resident to store and maintain their clothes and other possessions.

Judgment: Compliant

### Regulation 17: Premises

There was adequate private and communal accommodation. Rooms were of a suitable size and the layout was suitable for the needs of the residents. However, both homes required paintwork throughout. Equipment in bathrooms, used to promote accessibility, was rusted. The floors in the bathroom were marked. The flooring in one of the bathrooms was lifting. Some areas in the designated centre required further cleaning.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Arrangements were in place for identifying, recording and investigating learning from serious incidents and accidents. Risk control measures were proportionate to the level of risk identified.

Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
There was adequate means of escape including emergency lighting. The mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedures.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan in place. However, aspects of the personal plan were not reviewed on a regular basis and the effectiveness of the goals were not monitored.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Appropriate health care was made available for the residents. There was evidence that residents were accessing the National Screening programmes.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Residents were being protected from all forms of abuse. Residents were safeguarded because staff understand their role in adult protection and were able to put appropriate procedures into practice.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>

Some facilities in the designated centre did not promote the residents privacy and dignity, there was a door between a residents bedroom and bathroom that was locked by a thumb-turn lock only.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Ballywaltrim OSV-0002877

Inspection ID: MON-0023982

Date of inspection: 04/07/2019

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing in Ballywaltrim 12 will be reviewed by 30 Sept 2019 with a view to adding to the existing compliment in order to provide cover in the evenings and at weekends.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All contracts of care will be reviewed and updated by 30th Sept 2019	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Going forward we will ensure that we follow the policy and update the complainant regularly as per policy and record same 5/7/2019	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Painting has commenced in the DC (30/7/2019) and the two houses will be completed by 31/12/2019  Equipment in bathrooms used for accessibility will be replaced by 31/12/2019  Flooring in the bathrooms of both houses will be replaced by 31/12/2019  Cleaning schedules in both houses will be reviewed by 31/7/2019</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  Personal plans will be reviewed at a minimum of once a year and goals will be monitored for effectiveness. 31/12/2019</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  A lock will be put on the door between the bathroom and the bedroom in 12A by 31/8/2019</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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/07/2019

	are clean and suitably decorated.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	05/07/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/12/2019
Regulation 09(3)	The registered	Substantially	Yellow	31/08/2019

	<p>provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>	<p>Compliant</p>		
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