



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

Name of designated centre:	Ballybrack
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 July 2018
Centre ID:	OSV-0002884
Fieldwork ID:	MON-0021731

About the designated centre

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

The aim of Ballybrack Designated Centre is to promote a Residential Service for adults with varied levels of intellectual disabilities. Ballybrack D.C aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. We aim to provide a living environment that as far as possible replicates residents' previous lifestyle; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Current registration end date:	29/11/2021
Number of residents on the date of inspection:	10

How we inspect

To prepare for this inspection the inspector or 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
03 July 2018	09:30hrs to 20:00hrs	Andrew Mooney	Lead
03 July 2018	09:30hrs to 20:00hrs	Sinead Whitely	Lead

Views of people who use the service

To ascertain the views of residents, inspectors met and engaged with 8 residents. Inspectors also read resident questionnaires, met with 2 family members and reviewed residents documentation.

Residents told inspectors they led busy lives, they engaged with their community and maintained very positive relationships with family and friends. Residents commented on how well they got on with staff and they said they were very happy in their home. Inspectors observed residents as being very comfortable in the presence of staff and they appeared very content in their home.

Capacity and capability

Overall, the centre had the capacity and capability to support residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes. However, some staff training had not been completed as required.

The inspectors found that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. Staff indicated they received supervision and this corresponded with supervision records. However, there was a heavy reliance on relief staff and this impacted on the continuity of staff available to support residents. Additionally, the staff roster did not reflect the working practices within the centre as not all shifts were recorded.

Training such as safeguarding vulnerable adults, medication, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, there were 2 staff who had not received training in the administration of epilepsy medication and a further 5 staff who had not received refresher training.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months. There was an annual review of the quality and safety of the centre, which provided for consultation with residents.

Each person's complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was a user friendly complaints procedure

displayed in a prominent position and staff and residents were knowledgeable about its use.

Residents had contracts of care but some were unsigned and they did not fully outline all the fees to be charged for services provided.

Regulation 15: Staffing

There were enough staff to meet the assessed needs of residents but the continuity of care and support was effected by the high levels of relief staff used. Additionally, the actual roster was not fully representative of the practice within the centre, as not all shifts were reflected on it.

Judgment: Not compliant

Regulation 16: Training and staff development

A training programme was in place for staff but some staff had not received adequate training or refresher training in the management of epilepsy and the administration of some medications.

Judgment: Not compliant

Regulation 22: Insurance

The centre is insured appropriately against accident or injury to residents

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specified roles, and detailed responsibility for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a written contract for the provision of services in place. However, some contracts were not signed by the resident or the residents representative. Furthermore, the contracts in place did not fully outline the fees to be charged for the services provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well-managed and brought about changes when required.

Judgment: Compliant

Quality and safety

Residents safety was negatively affected as a result of inadequate fire containment and parts of the centre not being adequately maintained. Residents were deemed to be safe but it was unclear if their assessed needs were consistently met as a result of inadequate documentation.

The centre had appropriate fire-fighting equipment, fire alarm, emergency lighting and fire safety checks in place. The centre carried out regular fire drills and followed up on any learning identified from these drills. However, during the inspection the inspectors were not assured that there was sufficient fire containment measures in place. Additionally, a side gate which was part of the fire evacuation route was locked. Inspectors requested that the provider took immediate action to ensure the fire evacuation route was kept clear and unlocked and this was done immediately.

The premises was decorated in line with the wishes of residents and the living environment was adapted to promote the independence of residents. However, not all bedrooms were equipped with adequate and secure storage for personal belongings. Additionally, a downstairs shower room appeared to have insufficient ventilation and this was leading to a strong smell throughout one part of the centre. Furthermore, despite the logging of maintenance requests, maintenance issues were not always resolved in a timely manner.

The practice relating to the ordering, receipt, prescribing, storing and administration of medicines was appropriate and staff had completed safe administration of medication training. However, as remarked upon previously, not all staff had the required training to administer epilepsy medication. Furthermore, there was insufficient guidance given to staff in the administration of some PRN medication.

Each resident had a comprehensive assessment of need and an appropriate personal plan. However, aspects of residents' personal plans were not documented effectively. In one instance, this led to a resident not having an adequate plan of care in line with their assessed health needs.

Risk was generally managed appropriately and there were policies and procedures in place to support this. The provider had initiated reasonable measures to prevent accidents. However, some adverse incidents that were occurring frequently were inappropriately risk rated.

All staff had received appropriate safeguarding training and all incidents were appropriately investigated.

Regulation 17: Premises

There was adequate private and communal accommodation. However, there was insufficient suitable storage in one of the bedrooms. Maintenance issues were not always dealt with in a timely manner.

Judgment: Not compliant

Regulation 26: Risk management procedures

While there was a risk management policy and appropriate practices in place, not all risks were appropriately assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions
There was suitable fire equipment in place which was serviced when required. However, it was unclear if there was suitable fire containment measures within the designated centre.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The practice relating to the administration of some PRN medicines (a medicine only taken as required) was not appropriate, as there was insufficient guidance available to staff on the administration of these PRN medicines.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
Safe care is being delivered by staff who are very familiar with the residents care needs. However, aspects of the personal planning documentation did accurately reflect residents' assessed needs.
Judgment: Substantially compliant
Regulation 6: Health care
Appropriate healthcare is made available for each resident, having regard to residents' personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate supports were in place for residents with behaviours that challenge or

residents who are at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider has initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballybrack OSV-0002884

Inspection ID: MON-0021731

Date of inspection: 03/07/2018

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The two part time posts will be merged and advertised as 1 WTE. HR has been advised of this vacancy and is currently recruiting. 31.08.18 A new staff will commence on Oct 2nd 2018</p> <p>The Roster will be amended to include the additional staffing support provided from 08.00 – 09.00 Mon - Fri </p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Out of the combined complement of staff 2 completed Epilepsy Training on July 12th 2018 and the SCL attended this day also. 4 are scheduled to attend training in Epilepsy on Aug 2nd & 3rd 2018</p> <p>This training will also provide for the administration of Buccal Midazolam medication. </p> <p>31.08.18 All Staff have completed Epilepsy training including Buccal Midazolam training</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	
Two Contracts of Care were unsigned by the residents family members The PIC contacted both family members concerned to request the return of same, signed	
The PIC will ensure that the Schedule of Fees is present in each Contract of Care.	
31.08.18 Outstanding Contracts of Care have been signed and returned	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
The Housing Association are planning upgrade works as well as other properties in the program of planned maintenance for 2019. The issues of additional storage and appropriate ventilation will be addressed during these works.	
31.08.18	
The date of completion of the scheduled Fire Safety works and ventilation works is now 30.06 2019	
The work on the additional storage remains 12.12.2019	
The Occupational Therapist visited the D.C on 11.07 2018. This report will be passed on to the SJOGHAL by the Supervisor by 10.08.2018	
Additional Maintenance Support is currently been advertised for by HR	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:	
All Risks from the previous year will be reviewed in order to identify trigger times for the identified resident. This information will be used to pre-empt and anticipate risks so that staff can respond accordingly.	
31.08.18 All Risks have since been reviewed and regraded	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
The service will engage the expertise of a Fire Safety expert to report on the D.C. This plan will include outline the plan of action to replace existing doors with fire doors. This report will be sent to SJOGHAL	
This assessment is arranged for the week of August 07 th -10 th 2018.	
31.08.18 Fire Safety Report completed	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and	

pharmaceutical services:

Each Kardex will be reviewed by the Supervisor and PIC by August 30th 2018.

The Medical Management plan for each resident will be reviewed to ensure that a separate protocol exists for each PRN prescribed. This will also be completed by August 30th 2018.

31.08.2018

All Kardexs were reviewed since with the Pharmaceutical supplier and individual PRN Protocols developed

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Care plan for the Resident who uses Compression stockings was put in place on 04.07.2018

All Care Plans will be reviewed by the Supervisor and PIC by August 30th 2018 |
31.08.18 Actions completed

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	03.10.2018
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	20.08.2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous	Not Compliant	Orange	30.09.2018

	professional development programme.			
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	12.12.2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	12.12.2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	28.09.2018
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.	Not Compliant	Orange	28.09.2018

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	30.08.2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/08/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/08/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	04/07/2018

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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