

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

Issued by the Chief Inspector

Name of designated centre:	Ballina Residential
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 June 2024
Centre ID:	OSV-0007790
Fieldwork ID:	MON-0039732

About the designated centre

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

Ballina Residential is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provided a community residential service to two adults with a disability. The centre consist of two houses which are located within close proximity to one another in a town in Co. Tipperary. The first house is a first floor two bedroom apartment which comprised of an open-plan dining/kitchen/living room, one individual resident bedroom and a staff sleep over room/office. The second house is a detached bungalow which comprises of kitchen, living/dining room, sitting room, one individual resident bedroom, a staff sleep over room and office. The staff team consists of social care workers and care assistants. The staff team were supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 27 June 2024	10:00hrs to 16:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations. The inspector had the opportunity to meet the two residents across two units over the course of this inspection.

On the morning the inspector visited the first unit of the designated centre which was home to one adult. On arrival, the resident and staff team welcomed the inspector. The inspector had a cup of coffee and spoke with the resident about their life in the centre. The resident spoke of the people important in their life including family members. They noted they were currently fund raising for a charity important to them by undertaking a series of walks. The resident spoke of their keen interest in music and how they hosted a show on a local radio show every week. The resident also told the inspector about the movies and tv they enjoyed. Later in the morning the resident was observed leaving the apartment to attend work in a local hotel. Overall, the resident reported being content in their home and spoke positively about their staff team and the care and support they received.

The unit was a first floor two bedroom apartment which comprised of an open-plan dining/kitchen/living room, one individual resident bedroom and a staff sleep over room/office. The inspector completed a walk through the apartment accompanied by the resident. The apartment was decorated in a homely manner with photographs of people, activities and places important to the resident throughout the apartment. In addition, the resident enjoyed art and the inspector observed song titles important to the resident decorating the living areas of the centre. While, one area of cracked plaster which required attention was observed, the provider had plans in place to address same. Overall, the inspector found that the premises presented in a homely manner and were found to be well maintained.

In the afternoon, the inspector visited the second unit of the designated centre which were located a short distance away. On arrival, the inspector was warmly greeted by the resident who invited the inspector into their home. The inspector spent time in the dining room of the house with the resident who was enjoying watching TV. They highlighted their interest in sports and the inspector observed a flag of their GAA team was hanging in the sitting room. The resident was actively involved in the community including being a member of the local tidy towns and park run. The inspector was informed that the resident spent their time between staying in the centre and their family home. Later in the afternoon, the resident was observed leaving the centre to access the community. Overall, the resident appeared happy to be in the house and comfortable in the presence of the staff team and management.

The second unit was a bungalow which comprised of kitchen, living/dining room, sitting room, one individual resident bedroom, a staff sleep over room and office. Overall, the inspector found that the centre was visibly clean, homely and kept in a good state of repair. The resident's artwork was on display in the sitting room of the

centre. While there was repair work being completed to one bathroom this did not effect the resident's daily life and was in the process of being addressed by the provider.

In summary, the inspector found that the two residents were both receiving an individualised service. The two residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some minor improvement was required in the timeliness of refresher training.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents needs. The staffing arrangements in place were appropriate to the needs of the residents and the size and layout of the centre. However, some improvement was required in the timeliness of refresher training.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2023 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place which ensured continuity of care and support. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

From a review of training records, it was evident that the staff team in the centre had up-to-date training and supervision. This meant that the staff team had up-to-date skills and knowledge to support the residents with their identified support needs. Where refresher training was required this was identified and scheduled as required. However, some minor improvement was required in the timeliness of one refresher training as lone working was in use in the centre.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge was also responsible for two day services. The person in charge was supported in their role by an experienced staff member.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. At the time of the inspection the centre was operating with no vacancies and a regular relief panel was in place to manage annual or sick leave. This ensured continuity of care and support provided to residents.

The residents were supported on a one-to-one basis throughout the day and by sleepover staff at night. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding.

However, one protocol regarding self-administering of a short-term medication required the staff team to record same. This was not always possible due to refresher medication management training being overdue for one staff member. The refresher training had been identified and scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Regional Manger, who in turn reports to the Services Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2023 and six monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centre care and support to the residents in a homely environment.

The inspector reviewed the two residents personal files which comprised of an up to date comprehensive assessment of the resident's personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

There were suitable practices in place for the management of medication. Residents were assessed and supported to manage their own medication as appropriate.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. Regular fire drills were taking place in the centre to demonstrate evacuation plans were effective.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. The residents reported and were observed to appear comfortable and content in their home.

Regulation 12: Personal possessions

There were individualised systems in place for the management and oversight of residents' finances.

One resident retained control of their finances with some support from the staff team regarding their expenditure. The staff team and resident would review the resident's bank account weekly to ensure the resident was happy with their expenditure.

The second resident, who at the time of the inspection, was availing of the service on a part-time basis was supported by family members to manage their finances. For this resident, there was a clear and detailed system in place for the management of day-to-day spending which included daily finance checks and storage of receipts. The provider had self-identified the need to discuss the oversight arrangements with the resident and their representatives as their time in the centre increased.

Judgment: Compliant

Regulation 13: General welfare and development

Each resident was supported to make decisions about how they wish to live their life. Residents are actively supported and encouraged to maintain relationships with family and friends. The residents were active members in their community. For example, one resident worked in a local hotel and was a host on a local radio programme while the second resident was engaged in local tidy towns and park runs.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The two houses were decorated in a homely manner with the residents possessions and pictures of people important in their lives. The inspector found that the premises was well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place, reflected the control measures in place and were up to date.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

The previous inspection found fire drill arrangements required review. This was addressed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Notwithstanding the area for improvement in refresher medication training, there were systems in place for the administration, documentation and disposal of medicines. There were appropriate arrangements in place for the safe secure storage of medication. The inspector reviewed the medication records and found that for the sample reviewed that medication was administered as prescribed.

Self-medication assessments had been completed for the two residents to take responsibility for their own medication. On the day of inspection, one resident was self-administering their medication. Staff were completing regular stock checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the two residents' personal files. Each resident had a

comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs, supports and goals. Overall, the inspector found that the plans in place were up-to-date and suitable guided the staff team in supporting the residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professionals as required. For example, there was evidence of residents attending General Practitioners (GPs), opticians and dentists for routine appointments and attending appropriate health professionals for specific health care concerns/conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, the centre was a restraint free environment.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. For example, the person in charge carried out a quarterly review of incidents. The residents were observed to appear content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training and staff spoken to demonstrated good knowledge on the systems in place to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented in the operation of the centre and their support and care. The two residents were supported on a one-to-one basis and had the freedom to exercise choice and control over their daily life. In addition, the provider promoted a human rights based approach to care and support and supported the staff team to undertake training in human rights.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballina Residential OSV-0007790

Inspection ID: MON-0039732

Date of inspection: 27/06/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>Where a staff members training is not up to date, the person in charge will ensure that alternative arrangements are put in place, through the risk assessment process, to ensure that all support protocols and procedures can be adhered to appropriately.</p> <p>The person in charge will continue to oversee and manage the training matrix to ensure there are minimal incidents of staff not attending refresher training in time in the future.</p> <p>The Staff member who at the time of the inspections training was not up to date is scheduled to attend the next available training session in August 2024</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2024