



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

Issued by the Chief Inspector

Name of designated centre:	Ballinvoher
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0001529
Fieldwork ID:	MON-0031006

About the designated centre

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

Ballinvoher consists of detached two storey house located in a housing estate on the outskirts of a city. This designated centre provides a residential neuro-rehabilitation service for four residents with an acquired brain injury. Those over the age of 18 of both genders can avail of the centre. Each resident in the centre has their own bedroom and other rooms throughout the centre include bathrooms, a kitchen, a dining room, a sitting room, a utility room and staff rooms. Residents are supported by the person in charge, a team leader and rehabilitation assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
Wednesday 14 April 2021	10:40hrs to 15:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The inspector had an opportunity to meet all four residents in this centre, speak to three staff members including the person in charge, review documents relating to residents' experience in the centre and observe practices and interactions. Together these indicated that residents were being well supported in a respectful manner while they lived in this designated centre.

This inspection took place during the COVID-19 pandemic with the inspector adhering to all national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used and the inspector's movement throughout the designated centre was restricted in so far as possible. On arriving at the centre the inspector was greeted by the person in charge who carried out a number of COVID-19 checks to ensure that the safety of all was maintained.

It was seen that the premises provided for residents was presented in a very homely manner with photos of residents and art work on display in communal areas. Some of the residents' bedrooms were seen and it was noted that they were well furnished, brightly coloured and contained various photos of residents' family members. To the rear of the premises was a well maintained garden area with flowers, plants and garden furniture. Residents sometimes availed of this area to eat outside and have barbecues during fine weather. Having such barbecues was something which was requested by residents.

During the inspection, a calm and relaxed environment was observed with some residents appearing very comfortable in their surrounds. One resident informed the inspector that they got on fine with the other people living in the centre and it was seen that residents were comfortable in each others' presence. For example, towards the end of the inspection three residents were seen to be seated together watching an episode of Coronation Street. From documentation reviewed in the centre, it was also seen that some residents did activities together such as go for walks.

Feedback that had been received from residents as part of the provider's annual report process for this centre for both 2019 and 2020 were reviewed. In the 2019 annual review three of the four residents living in the centre completed short questionnaires on living in the designated centre. The responses given indicated a high level of satisfaction regarding life in the centre with some residents commenting that "I don't want to leave" and "everyone is friendly".

For the 2020 annual review all four residents completed another questionnaire which focused on areas such as residents' rights, visitors, residents' home and staff support. As with the previous annual review, the responses given by residents again indicated a high level of satisfaction with the service. One resident was indicated as commenting that "I feel I am well looked after". A number of compliments were also

logged in the centre coming from both residents and family members which praised the centre and its staff on areas like visiting and support for residents.

The residents spoken with by the inspector also indicated that they were happy in the designated centre. One resident told the inspector that they liked living in the designated centre and the staff working there. Another resident indicated similar views to the inspector. While doing so this resident showed the inspector their tablet which they said they used for Facebook, WhatsApp and YouTube to watch music videos. This resident enjoyed music and was heard to sing during the inspection. They also had concert tickets booked for later in 2021 and hoped to go depending on COVID-19 restrictions.

During the ongoing pandemic residents had maintained contact with their family and friends. While visiting had been restricted and travel limited on account of wider National restrictions, residents had used telephone calls, video calls and WhatsApp to keep in touch with their loved ones. For residents who had family members living in close proximity to the centre, it was noted that these residents had met their family members in outdoor public places or gone for walks with them. Visits to the centre had also been facilitated in line with National guidance when allowable.

Information related to COVID-19 was on display in the centre while residents were also kept informed of developments in this area. For example, COVID-19 was a standing agenda item at residents' meetings. These meetings were facilitated by staff and occurred on a monthly basis. Residents were seen to be treated respectfully by staff during this inspection. Provider unannounced visits reports carried out by representatives of the provider during 2020 observed that all interactions between residents and staff as being respectful and comfortable for all parties. During a recent residents' meeting held in the centre, staff had shown residents a video made by HIQA about human rights. Other issues discussed during residents' meetings included food menus and activities.

Given the wider restrictions brought about by COVID-19, activities for residents were focused within the designated centre with residents supported to be involved in activities such as baking, beauty clubs and dancing. Each resident also had specific goals identified which were intended to promote their independence and aid their recovery from brain injuries. Such goals included helping out with household tasks, cooking and maintaining the garden. From documents reviewed it was indicated that residents were making progress with such goals.

In summary, the inspector found that each resident was well supported at the time of inspection. The centre was primarily focused on helping residents recover from their brain injuries in line with the overall ethos of the provider with progress being made in such areas. Where any residents' needs were changing, active efforts were being made to ensure that such residents would be adequately supported.

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

Capacity and capability

The provider had ensured that supporting the residents of this designated centre was given priority to help residents rehabilitate from their brain injuries. There was evidence that the management systems were operating to ensure a safe and quality service although the annual review did not clearly reflect family feedback.

This designated centre operated to support residents to rehabilitate from their brain injuries. The centre was last inspected by HIQA in October 2019 and was registered until July 2021. In line with the centre's registration and the requirements of the regulations, the provider had ensured that a statement of purpose was in place. This is an important governance document which should set out the services and supports to be provided to residents along with key information relating to the running of the centre such as details of the admission criteria for the centre and details of the staff support to be provided for residents.

The inspector was satisfied that the statement of purpose, which had been recently reviewed, contained all of the required information and accurately reflected the service that the provider was seeking to offer residents while they lived in this designated centre. For example, it was seen that, at the time of inspection, there was appropriate staffing arrangements in place to support residents although this would need to be kept under close review given the changing needs of some residents.

Staff members were observed to interact appropriately with residents during this inspection and it was seen that residents appeared very comfortable in staff members' presence. This was helped by a very strong consistency of staff who were working in the centre. This supported the development of professional relationships and a continuity of care. Such a consistency was highlighted by staff members met during the inspection and was also evident in staff rosters reviews. It was noted though that such rosters did not indicate when the person in charge was present and working in the centre. Training in various areas had been provided so that staff members had the necessary skills and knowledge to support residents.

The onset of the COVID-19 pandemic had limited the ability of the provider to offer face-to-face supervision to its staff but it had compensated for this for using telephone and video calls to carry out formal supervisions. With this the provider had ensured that all staff were supervised quarterly which is important to facilitate staff to raise any concerns they might have. The inspector was also informed that the process for staff team meetings had been altered due to COVID-19 pandemic but were also taking place.

In addition to staff supervision, the provider had management systems in place to monitor the quality and safety of care and support provided to residents. These included unannounced visits carried out by a representative of the provider. Such visits are a requirement of the regulations that must be carried out every 6 months

and reflected in a written report. Since the previous HIQA inspection it was seen that three of these visits had been carried with one carried out virtually due to COVID-19 restrictions.

The two most recent reports were reviewed by the inspector and it was seen that they focused on key areas relating to the services provided to residents including governance, health and safety, personal plans, staffing and residents' rights. Any areas for improvements were highlighted with an action plan put in place to address these. It was noted that such reports indicated an overall good level of compliance with residents being well supported. Such findings were also in evidence during this HIQA inspection. The provider had also carried out two annual reviews for this centre since the previous HIQA inspection but it was noted that, while these contained feedback from residents of this centre, they did not clearly indicate what family members' views on this specific centre were.

Regulation 15: Staffing

There was a very strong continuity of staff support in this designated centre. Staff rosters were maintained but it was noted that these rosters did not indicate when the the person in charge worked in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was provided to staff in various areas such as fire safety and first aid. Arrangements were in place to ensure that staff members underwent formal supervisions.

Judgment: Compliant

Regulation 23: Governance and management

The provider was carrying out key requirements of the regulations such as provider unannounced visits every 6 months and annual reviews. These helped to monitor the safety and quality of service provided to residents and it was found they focused on key areas relevant to residents' quality of life. It was noted though that annual reviews did not clearly reflect what family members' views on this centre were.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and included all of the information required by the regulations.

Judgment: Compliant

Quality and safety

This designated centre had responded to the challenges posed by COVID-19 and had ensured that residents were being supported in a safe environment. Some improvements were required relating to aspects of paperwork maintained in the centre.

Given the dangers posed by the COVID-19 pandemic generally the provider had taken a number of measures to reduce its impact and ensure that residents were protected by correct application of infection prevention and control measures. Relevant training had been provided to staff in infection control while ample supplies of PPE were in stock in the centre. On the day of inspection staff were observed to be using PPE in line with national guidance. There had also been an increased schedule of cleaning implemented. Such measures were in keeping with the COVID-19 outbreak self-assessment that had been completed by the person in charge for this centre.

A COVID-19 preparedness plan had also been developed for this centre which outlined how to respond to possible scenarios related to COVID-19. It was noted that this plan outlined how residents would self-isolate in their bedrooms if required but not provide guidance on the measures to be taken in the event that such self-isolation was not possible. It was also noted that COVID-19 risk assessments concerning the designated centre overall and individual residents were generic in nature. However, from speaking to the person in charge it was clear that the risks related to COVID-19 were being managed and additional options for isolation were available if needed. It was also noted that since the onset of the pandemic there had been no confirmed case of COVID-19 impacting any resident or staff in his centre.

Residents were also monitored for symptoms of COVID-19 on a daily basis with their consent and it was also seen that quarterly COVID-19 clinical reviews of residents were being carried out. This was in keeping with the measures to promote the health of all residents generally in the designated centre. When required, residents were supported to access a range of allied health professionals such general

practitioners, psychologists, psychiatrists, neurologists and speech and language therapists. It was also seen that where residents had identified health needs, a care plan was in place outlining the supports they needed in such areas.

These care plans were contained within residents' overall personal plans which are a key requirement of the regulations. Each resident had a personal plan and were supported in developing these plans by a specific staff member who was appointed as the resident's keyworker. Personal plans were subject to regular review and outlined the specific needs of residents, the supports they required and identified key goals for residents to achieve in order to help with their rehabilitation from brain injuries. Based on the overall findings of this inspection, arrangements were in place to adequately support residents' needs although it was noted that changes in needs for some resident meant that the model of care provided had been altered to meet residents' current needs with some consideration being given to transitioning involved residents to alternative settings.

Residents' personal plans contained guidance for staff when providing intimate personal care to residents if required. Such guidance is important to help ensure that residents' dignity was maintained and that they were safeguarded. When reviewing intimate personal care plans for residents, it was noted that some of these plans were brief in the guidance that they provided for staff. The provider had ensured that other safeguarding measures were in operation in the centre which included the provision of relevant training to staff and adherence to proper procedures where any concerns arose. Such measures helped ensure that the potential for residents to experience any form of abuse was reduced.

Regulation 13: General welfare and development

Residents were supported to maintain contact with their families and to accomplish goals which were intended to aid their recoveries from brain injuries

Judgment: Compliant

Regulation 20: Information for residents

Information relating to matters such as visiting, complaints and the terms and conditions of residency for the residents of this designated centre were outlined in the residents' guide that was in place.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was maintained in the designated centre along individual risk assessments. Such assessment outlined identified risks and how to respond to these. It was noted that risk assessments related to COVID-19 were generic in nature while a COVID-19 preparedness plan did not outline all isolation options available.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control measures were being followed in the centre. For example, there was regular cleaning, ample stocks of PPE and daily temperature checking of residents and staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which outlined their needs and the supports they required. Such plans were subject to review and each resident had a specific keyworker who helped them with these plans.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy the best possible health. Residents were facilitated to access allied health professional where required.

Judgment: Compliant

Regulation 8: Protection

Intimate care plans were in place for residents although it was noted that some of

these could provide more details to guide staff on the supports to be provided to residents in this area. Any safeguarding concerns that arose were responded to appropriately while all staff had been provided with safeguarding training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout the inspection. Residents were also consulted and given information on the running of the designated centre.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballinvoher OSV-0001529

Inspection ID: MON-0031006

Date of inspection: 14/04/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC's working hours have been added to the staff roster.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A local annual survey of residents families views about the service has been prepared and will be sent out to those families during May-July 2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Residents Covid 19 risk assessments have been reviewed and extended to include more information about visits and self isolation. The services Covid 19 Preparedness Plan has been reviewed and extended to include more information about the measures which could be taken in the event of difficulties	

arising when residents are requested to isolate in their rooms, should this situation arise.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The resident's Personal and Intimate Care Plans have been reviewed and expanded where required to provide more information about residents support needs and preferences.

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(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.	Substantially Compliant	Yellow	16/04/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/07/2021
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	Substantially Compliant	Yellow	16/04/2021

	responding to emergencies.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	16/04/2021