



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

Issued by the Chief Inspector

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| Name of designated centre: | Ballinamore Supported Accommodation |
| Name of provider: | The Rehab Group |
| Address of centre: | Leitrim |
| Type of inspection: | Unannounced |
| Date of inspection: | 18 January 2022 |
| Centre ID: | OSV-0002684 |
| Fieldwork ID: | MON-0031268 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 7 |
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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 |
|----------------------------|-------------------------|---------------|------|
| Tuesday 18 January 2022 | 09:30hrs to 14:45hrs | Úna McDermott | Lead |

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that residents in Ballinamore Supported Accommodation were enjoying a good quality life and were supported to be active participants in the running of the centre and be involved in their communities.

On the morning of inspection, the inspector met with residents while adhering to the public health guidance on mask wearing and social distancing. The inspector observed residents completing household chores. They were at ease in their home, were making choices about what to do and appeared relaxed with the staff support provided. One resident said that they felt 'happy' at their home. They told the inspector that they enjoyed doing the laundry and feeding the birds. They also said that they liked to go to the local town for coffee, to the shops and to the hairdressers. The inspector discussed 'staying safe' with the resident and found that they had a good awareness of what to do if they felt at risk.

This designated centre comprises two houses next door to each other. They are located in a residential area on the bounds of a busy town. One resident agreed to give the inspector a tour of the centre. There was a spacious sitting room downstairs and a combined kitchen and dining room which was freshly painted. The kitchen was well equipped and the inspector noted bowls of fresh fruit and vegetables for the residents use. There was a menu sheet on the fridge and the resident told the inspector what was for lunch that day. The resident's bedroom was warm, cosy and welcoming and there was a refurbished shower room on the landing. There was a small garden at the rear of the property which was nicely presented. The inspector noted a new shed with a ramp for ease of access. There were neatly trimmed trees with bird feeders hanging from the branches. Raised beds were available and the resident told the inspector that they plant onions, lettuce and cabbage in the summer. The bins were neat, tidy and suitably stored.

Residents were reported to have good contact with their families and local community. One resident told the inspector that they were planning a birthday party for later in the year. The person in charge told the inspector that they had a shared garden party with their neighbours the previous summer which was in line with public health guidelines at that time. This was reported to be very much enjoyed by the residents and their neighbours and the residents were planning a similar event this year.

From observations in the centre and information viewed during the inspection, it was evident that residents had a good quality of life, where their rights and choices were respected. Furthermore, it was clear that the person in charge and the staff present prioritised the wellbeing, safety, independence and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The inspector found that residents received care and support that was person-centred in nature and facilitated them to enjoy activities of their choice. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in infection prevention and control measures used which would improve the quality and safety of the service provided.

A staff roster was available and the inspector found that this provided an accurate description of the staff on duty on that day. Furthermore, the number and skill mix of staff available appeared sufficient to meet with the changing needs of the residents living at the centre. The person in charge told that inspector that as the residents were advancing in years; increased staffing levels were required during the daytime in order to provide adequate support with health and social care needs. On call arrangements were in place and the relief staff provided were familiar with the residents which ensured that consistency of care was provided. Staff meetings were taking place regularly and communication in the centre was reported to be open and supportive.

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and this was found to be up to date. Bespoke training relevant to specific care needs was provided if required. In addition, the person in charge ensured that regular staff supervision was taking place and minutes of these meetings were available.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation. An effective complaints procedure was in place and this was available in easy-to-read format at the entrance hall, along with information on access to the national advocacy service. The person in charge told the inspector that residents had a complaints box which they used if required. There were no active complaints on the day of inspection, however, a historical complaint was reviewed. This was resolved in accordance with the provider's complaints policy.

The inspector found that this designated centre was appropriately resourced to ensure the effectively delivery of care and support. There was a defined management structure in place with clear lines of authority identified. A keyworker system was used which showed that staff were aware of their individual support roles. There was a schedule of internal audits in place and evidence that these were

being completed. The annual review and the twice per year provider-led audit were available and were up to date.

Later in the day, the inspector met with a staff member. They told the inspector that they enjoyed working at Ballinamore Supported Accommodation. They said that the person in charge was very supportive, regularly available and that there was good communication systems in place which they found to be very helpful. They were knowledgeable about the care and support needs of the residents and about the importance of safeguarding, promoting choice and encouraging independence.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the

residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. Regular staff supervision was taking place and minutes of these meetings were available.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that this designated centre was appropriately resourced to ensure the effectively delivery of care and support. There was a defined management structure in place which clear lines of authority identified. The annual review and the twice per year provider-led audit were available and were up to date.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was available for residents in easy-to-read version. There was evidence that complaints were addressed in line with the providers policy.

Judgment: Compliant

Quality and safety

The inspector found that the wellbeing and welfare of the residents was promoted by the good standard of care and support provided. However, improvements in infection prevention and control measures used would further enhance the safety of the service.

The residents at this designated centre had a range of healthcare needs. Discussions with the person in charge along with a documentation review showed that these needs were provided for appropriately and consistently. Care plans were in place and these were up-to-date and regularly reviewed. Access to the multidisciplinary team was facilitated with evidence of advice and support from advanced nurse practitioners, occupational therapy and podiatry services. Furthermore, residents had an up-to-date assessment of their personal and social care needs. Residents were found to agree goals with their keyworkers and these were followed through, for example; one resident planned to buy a comfortable chair for their bedroom. This was documented, researched and the item of furniture was purchased by the resident.

The rights of the residents were found to be respected and their independence and autonomy was promoted. There was evidence of residents' involvement in decision making. For example, as it was a wet day, one resident had decided to clean out their wardrobe and were proceeding independently with this task. Later in the day, they were offered a hot meal. The resident said that they preferred to eat later, this was respected and the inspector noted the resident eating at the table at a later stage.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and individual risk assessments were completed if required.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. This designated centre was clean and in a good state of repair, however, improvements were required with regard to the provision of hand hygiene supplies and the storage of cleaning equipment.

Arrangements were in place for the ordering, receipt and administration of medicines in the designated centre. There was evidence of consultation and collaboration for example; one resident with a specific healthcare need had an enhanced medication plan in place which included input from the local pharmacy. Furthermore, the inspector found that medicines were stored correctly and the storage conditions were regularly reviewed. Residents that self administered their medication has risk assessments in place.

Overall, the inspector found that residents at this designated centre were supported with their individual needs and a good standard of care was provided. Improvements in the infection prevention and control measures used in the designated centre would improve the quality and safety of the service provided.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and individual risk assessments were completed if required.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and control of infection including systems in place for the prevention and management of the risks associated with COVID-19. However, improvements were required with regard to the provision of hand hygiene supplies and the storage of cleaning equipment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that there were appropriate practices in place relating to the ordering, receipt, prescribing, storing and administration of medicines. Residents that self administered their medication has risk assessments in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents had an up-to-date assessment of their health, personal and social care needs which was regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that residents had an up-to-date healthcare assessment and access to multi-disciplinary professionals in accordance with their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the designated centre was operated in a manner that respected the rights of the residents. Residents were found to have freedom to exercise control and choice in their daily lives.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Ballinamore Supported Accommodation OSV-0002684

Inspection ID: MON-0031268

Date of inspection: 18/01/2022

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 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• PIC has ensured that restocking the hand towel dispenser is part of the daily morning household duties. This has been added to the list of updated household chores/routines in service for staff support. Discussed at a staff meeting with the team on the 25.01.22.• The storage of mop buckets is currently in the boiler house, in doors at the rear of the building. Wall brackets will be installed to ensure that mop heads are hung up once washed and dried. This will be completed on the 15.02.22. | |

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 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 10/02/2022 |