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Ballytobin Services, OSV-0003604, 03 June 2020

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

Issued by the Chief Inspector

Name of designated centre:	Ballytobin Services
Name of provider:	Health Service Executive
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0003604
Fieldwork ID:	MON-0029506

About the designated centre

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

Ballytobin services is located in a rural setting in Co. Kilkenny. It consists of five housing units offering residential care for ten persons. Three of the premises are co-located while the other two are co-located approximately one kilometre from the first three. Three premises offer single accommodation, one offers accommodation for three persons and one offers accommodation for four persons. Each premises contains a sitting room, dining room and kitchen, as well as single-occupancy bedrooms for each resident. Individual supports are offered with an aim of maximising resident's independence and developing their skills. The service operates 24 hours a day, every day. The service is designed to meet a range of needs, including high medical needs, behavioural challenges and increased anxiety. Regular support is available from a multi-disciplinary team. A range of activities are available on site, such as walking through the sensory garden. Staff qualifications and skill mixes vary in the five premises based on the needs of individual residents living in each premises. However the overall cohort of staff includes care assistants, social care workers, social care leaders and staff nurses. A clinical nurse manager (2) oversees the overall management of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

10

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 3 June 2020	08:00hrs to 14:00hrs	Tanya Brady	Lead
Wednesday 3 June 2020	08:00hrs to 14:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

The inspectors met with three residents during this inspection, and others were engaged in activities near their homes. As this inspection occurred during the Covid-19 pandemic the inspectors were happy to observe residents continuing to be offered the opportunity to participate in some activities of their choice.

Residents presented as very content and well cared for in their homes throughout this inspection. One resident was observed engaging positively with staff and frequently communicated with the inspector through non verbal communication. This resident moved freely through their home and surrounding gardens and was observed engaging in desk top activities and listening to music. Another resident was observed gardening and watering a rockery of shrubs and flowers recently planted. Both residents presented as well supported by their individual staff members whom the residents appeared very familiar and comfortable with.

One resident was seen to use their adapted bicycle to take exercise and stopped to chat with both the inspectors and also members of staff from a safe distance. They expressed their intent to continue along the driveway of their home and were seen to request help when getting caught on uneven surfaces. Staff were observed to use a manual signing system such as Lámh, or familiar individualised gesture to promote understanding of and use of language.

Inspectors observed positive staff engagement with residents and very good adherence to infection control guidelines and public health advice regarding the Covid pandemic. Good hand hygiene practices were observed with staff and residents as well as appropriate use of personal protective equipment (PPE).

Capacity and capability

This designated centre was previously operated by another registered provider who were issued a notice of decision to cancel the registration of the centre on 22 May 2017. In accordance with Section 64 of the Health Act, the Health Service Executive (HSE) assumed legal responsibility for the operation of this centre at this time. Subsequently, The Brothers of Charity, were charged by the HSE with operating this centre in September 2018 and as such the care and support of its residents. The Brothers of Charity applied to register this centre as intended registered provider in October 2018 and were inspected by HIQA in April 2019. However due to unforeseen delays in the submission of all of the required registration application documentation this second inspection was required.

All of the documentation required to register this centre has now been supplied by

the present provider. In addition, the current provider had ensured that outstanding groundwork associated with planning permission delays and site specific health and safety and fire safety works had all been completed in line with requirements.

Overall, the inspectors found that this was a very well managed centre and as such this was bringing about positive outcomes for the residents. There were effective and accountable governance systems and personnel in the centre. The person in charge, who reported directly to the Director of Service, had extensive senior management experience in the organisation and the necessary qualifications to manage this centre. They were supported in their role by experienced team leaders with defined areas of responsibilities and a risk management and behaviour support specialist.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative and these had been submitted to the inspectors in advance of the inspection. The inspectors found that learning and improvements were brought about as a result of the findings of these reviews and there was evidence that actions identified were being completed and reviewed. There were also audits completed by the person in charge or a person identified by them and evidence of follow up on actions from these audits was seen. Staff meetings had been held regularly prior to the onset of Covid-19 however arrangements were in place to ensure continued engagement with the staff team and there were minutes and records of these available for review.

Inspectors found that the skill mix, which included nursing care, and the numbers of staff identified, was suitable to meet the needs of the residents. There was a high staff ratio and waking night staff were present in all houses. Rosters were reviewed for all houses and were representative of the levels of staffing in place and those required to meet residents' needs as identified by the provider. There was a clear on-call process in place and the roster for this was reviewed by the inspectors. As part of the providers contingency planning during the Covid-19 pandemic recruitment of additional relief staff had been completed. From a review of a sample of personnel files inspectors found that personnel files contained the required documents such as Garda Vetting Disclosures, staff qualifications, training, relevant experience and reference checks.

The inspectors reviewed a number of residents' contracts of care and they contained all the information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. They had been signed by the resident or their representatives, the person in charge and the Director of Services.

Staff members who were observed by the inspectors, were seen to be warm, caring, kind and respectful in interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Staff had all completed mandatory training in line with residents' needs. Where refresher training was due this had been scheduled and while some training had been cancelled as a result of Covid-19 then this was identified and new dates proposed. Additional training, identified as required to manage the Covid-19 pandemic, such as, hand hygiene or infection prevention and

control had been completed by all staff.

A review of incidents in the centre indicated that while the person in charge was submitting all notifications to the Office of the Chief Inspector, one had not been submitted within the time frames as required by regulation.

Registration Regulation 5: Application for registration or renewal of registration

All of the documents required for the registration of the centre was forwarded in a timely manner and any further information required was also submitted.

Judgment: Compliant

Regulation 15: Staffing

Staff that met with the inspectors were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring and respectful manner throughout the inspection. Planned and actual rosters were maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that staff had the required competencies to manage and deliver person-centred, effective and safe care and support for residents. They had access to training in line with residents' needs and training had been provided to all in line with the recent guidelines on managing Covid-19. Where refresher training was required and had been postponed this was noted and prioritised for completion.

Judgment: Compliant

Regulation 23: Governance and management

The governance of this centre was found to be delivering a good quality of safe and well monitored care to residents. Local governance was found to be highly effective.

There was an annual review of care and support and six monthly visits by the provider with evidence of follow up on actions from these reviews. The person in charge, team leaders and behaviour support specialist were meeting regularly and recognising areas for improvement and putting plans in place to make these required improvements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspectors reviewed a sample of resident's written contract of care which outlined the care, welfare and support to be provided, the services to be provided and the fees to be charged including additional fees if required.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents in the centre indicated that while the person in charge was submitting notifications to the Office of the Chief Inspector not all were submitted within the time frames as required by regulation.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents lived in a caring environment and were observed, despite social distancing requirements to be well engaged and provided with good levels of support by a very caring and person centred staff team. As this inspection occurred during the Covid-19 pandemic it was not possible for inspectors to visit each of the houses within the centre and was acknowledged that residents activity schedules had been amended to reflect current circumstances.

Residents' had an assessment of need in place and a personal plan. The sample of documents reviewed by inspectors were found to be person-centred and residents had prior to the onset of Covid-19 been supported to develop and reach their goals. Some of these were on hold due to current circumstances. Residents' preferred activities were highlighted in their personal plans as were the supports

they required to engage in these activities. There was evidence of residents and their representatives input in the development and review of personal plans.

Overall, residents were being supported to enjoy best possible health. They had access to health and social care professionals in line with their assessed needs and staff were knowledgeable in relation to their care and support needs. There were clear protocols in place for specific interventions such as management of tube feeding, use of a suction machine and epilepsy care and these were detailed and guided staff practice. Additional protocols had been devised for use during the Covid-19 pandemic such as calling an ambulance and safe transfer of a resident to another setting if required.

The inspectors found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. All incidents were reviewed on a weekly basis and an audit every three months was completed to identify any learning outcomes and actions that might be necessary. The inspectors found that where there were restrictive practices in place they were regularly reviewed and there was evidence of reduction of these over time.

The inspectors found that the provider and person in charge were proactively protecting residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. From a review of resident files it was seen that detailed protection plans were in place and for situations where additional support may be necessary such as in a vehicle then clear protocols were in place to guide staff. Where residents required support in their personal care there were intimate care plans in place and these were detailed and seen to guide staff in supporting residents.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. Specific risk assessments had been completed in relation to Covid-19 and these had been reviewed and updated as guidance changed. There were also systems to identify, record, investigate and learn from adverse events in the centre.

The centre was found to operate in a manner that supported and assisted each resident to develop the knowledge, self-awareness, understanding and skills needed to promote their independence. Residents had freedom of choice and systems were in place to ensure residents were involved in the running of the centre. The inspectors reviewed copies of minutes from residents meetings and it was evident that items such as how to make a complaint, keeping safe or what to do if there was a fire were frequently repeated. In recent meetings residents had discussed and learnt about Covid-19, social distancing and hand washing. Where significant decisions were required, for residents health or well being, the provider reported

that systems were in place, to assess the level to which each individual could participate in or contribute to these decisions. In addition, for provider review of decisions by their human rights committee. Inspectors noted however, that these systems had not been followed where significant decisions regarding resuscitation and end of life care had been made for a resident.

Where clear procedures were in place to manage infection control these had been reviewed by the provider and person in charge and specific sections within the Covid-19 policy also referenced infection control. Each house within the centre had an individualised cleaning matrix and records and these were up to date on the day of inspection. Spot checks were occurring and any outstanding actions identified immediately responded to. Changes had been made to allow for the collection of clinical waste in addition to standard waste management and additional practices regarding management of clothing and laundry were in place. The administration areas, centre vehicles and resident equipment were included in the cleaning matrix and these were also deep cleaned regularly. The person in charge had secured sufficient supplies of personal protective equipment (PPE) and also cleaning and disinfecting supplies. Easy read guidance on infection control and prevention had been prepared for residents. Staff were seen to adhere to centre guidance on the wearing of PPE and in their hand hygiene practices and individual protocols were updated as required.

The centre had completed fire upgrade works with additional containment measures and works completed since the previous inspection. Inspectors observed appropriate fire detection systems and equipment that were in place and regularly serviced, emergency lighting systems, fire safety training, evacuation plans and emergency procedures. Management and staff articulated that the centre can be safely evacuated in the event of an emergency and had completed regular fire drills with staff and residents to evidence same.

The premises inspected found a large rural location with multiple buildings with different purposes and functions. Residents were observed to have ample communal and private living space both internally and externally in this centre. Residents bedrooms were decorated in accordance with personal preferences with murals painted on walls and ample space for personal belongings observed in a residents room. A resident was observed in a large open plan kitchen and living room area with ample space, furnishings, light and heat. Another residents home had been renovated since the previous inspection with a new conservatory area tastefully decorated for the resident to relax in. Any previous outstanding premises issues relating to planning permission requirements and septic tank had been addressed by the new intended provider. Premises were well ventilated with windows observed to be open throughout.

A recent serious incident (Road Traffic Accident) had occurred in the weeks previous to this inspection involving a staff member and resident. A thorough management response was found to have been completed by the provider and an ongoing Garda Investigation was also occurring. Inspectors reviewed all documentation available at the time of inspection pertaining to the management of this incident which found robust and responsive review systems in place. This demonstrated effective

governance and oversight on the part of the provider.

Regulation 17: Premises

The premises were found to be spacious, homely and more than ample to meet the residents assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents were protected by policies, procedures and practices in relation to infection control. Staff were aware of procedures to follow and were observed to adhere to them.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire precautions found to be in place within the designated centre with a programme of works and fire safety upgrades completed since the previous inspection. In addition a recent Health & Safety Officer had been recruited who would be responsible for the ongoing review of same.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and each resident had access to support with their personal plan. There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. While social goals were currently on hold residents were seen to be supported in engaging in activities.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had access to the support of relevant health and social care professionals and medical professionals in line with their needs within the context of Covid-19 currently but freely at other times. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Where restrictive practices were in place, these were assessed and guidance was available to staff on how to appropriately apply these.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and the person in charge had ensured that each resident, in accordance with their wishes, participated in decisions about their care and support. Residents also had the freedom to exercise choice and control in their daily lives. Where significant decisions were required for residents health or well being while the provider had systems were in place to assess the level to which each individual could participate in or contribute to these decisions and for review of these decisions they had not consistently been followed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Ballytobin Services OSV-0003604

Inspection ID: MON-0029506

Date of inspection: 03/06/2020

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none">• All three day notifications will be submitted within the three day timeframe from here on.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• A full review of this individual's rights in relation to resuscitation/end of life care will be carried out with the individual and other relevant persons within the coming few weeks.	

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 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Yellow	09/06/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	09/07/2020