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Ballybrack D.C., OSV-0002884, 13 January 2023

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

Issued by the Chief Inspector

Name of designated centre:	Ballybrack D.C.
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 January 2023
Centre ID:	OSV-0002884
Fieldwork ID:	MON-0035376

About the designated centre

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

Ballybrack designated centre operated by St John of God Community Services Company Limited by Guarantee consisting of two residential community houses both located in South County Dublin. The designated centre intends to meet the specific care and support needs of adults with an intellectual disability. Residents in Ballybrack designated centre require low to medium assistance with their care and support needs. Residents health needs are monitored by a GP of their choice and they are supported by staff to attend medical check-ups as required. One residential house can accommodate up to six residents while the other residential house can accommodate up to four residents. One of the houses caters for males only, the other residence caters for both male and female residents. Residents are supported to travel independently and have access to transport provided by St John of God Services, either through sharing with other locations or with a vehicle assigned to the location. The centre is managed by a person in charge who is supported in their role by a social care leader. The staff team is made up of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Friday 13 January 2023	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life and to have meaningful roles and relationships in their local community. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre.

This inspection was carried out to monitor the levels of compliance in the centre. The inspector also took the opportunity to inspect a new extension which had been added to one of the premises and for which the provider had submitted an application to vary one of their registration conditions.

On the day of the inspection, the inspector was provided with the opportunity to meet and briefly speak with eight of the ten residents living in the centre. Conversations with the person in charge, staff and residents, a review of documents and records and observations throughout the course of the inspection were used to inform a judgment on residents' experience of living in the centre.

The designated centre comprised of two residential houses located in close proximity to each other in a South Dublin suburb. One of the residential houses accommodated four residents while the other house, which included an annex single occupancy apartment, was home to six residents.

The first house the inspector visited had a recent upgrade to the entire premise including changes to the layout and a new extension. The sitting room was converted into a new downstairs accessible bedroom and across the hallways a new large wet room with toilet and shower had been installed. In addition, a new kitchen had been installed which was bright and spacious and provided additional storage space than the previous kitchen. Renovations also included the upgrade of the dining room downstairs, toilet and utility room, included upgrades to the upstairs bathrooms. The inspector observed that the new extension provided a bright and airy new sitting room which led out into a small back garden.

During the renovations, residents were supported to temporarily moved to another designated centre. They had moved back in to the house in October 2022. Residents told the inspector that they were happy with the new layout and upgrade of their home. Two of the residents were keen to show their bedrooms to the inspector. The inspector observed that residents were supported to express themselves through their personalised living spaces. Residents bedrooms were personal to the residents and included furnishings, pictures and posters and memorabilia that was of interest and meaningful to them. For example, some residents had framed athletic jersey as a memory of their sporting achievements, some resident were provided with computers and music systems in their rooms and some, relaxing recycling chairs and televisions. Overall, the inspector observed that the residents appeared proud and

happy to show off the layout, design and items in their bedrooms.

During a walk around of the second premises of the centre, the inspector observed the centre to be clean and tidy however, a lot of upkeep and repair work was needed to a number of areas and fixtures and fittings in the house. In addition, some of the upkeep and repair that was identified on the last inspection, which was due to be completed, remained outstanding such as the timber flooring in the kitchen, sitting room and dining area which was in disrepair. (This is discussed further in the next two sections of the report).

The inspector observed that some of the repair work impacted on the infection prevention and control measures in the place and as a result the centre was not, at all times, conducive to a safe and hygienic environment. In addition, the disrepair meant that not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents.

The exterior of the house required upkeep and repair work. The last inspection had observed that areas of the garden were not accessible to residents. A raised decking area with steps leading up to it had been blocked off. In addition, a seating area at the rear of a grassy area to another part of the garden did not provide residents with the option to independently access it without the support of staff. Access to this area required residents to walk through the grassy area which was slightly sloped and uneven in areas. This had been identified during the last inspection, however, there had been no work or improvements made to these areas since.

Residents in both houses were attending day services in the community which was in line with their assessed needs, likes and preferences. Where appropriate, residents were driven and picked up from their day service on a daily basis. One resident was currently residing with family after an injury from a fall in their day service. The person in charge had put in place a transition plan, which included allied health professional input, to the support the resident return to the centre in a safe way and taking into account the resident's will and preference. On the afternoon of the inspection, the inspector met with the resident who told the inspector that they had dropped in to the centre to enjoy an evening visit and catch up with their housemates.

Families played an important part in the residents' lives and management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. A number of residents enjoyed weekend visits to their family homes and supports were put in place to ensure a safe transition between family, day service and the centre. For example, and where appropriate, there were systems in place that ensured the accurate and safe transfer of each resident's medication to and from the centre to their day service and/or family home.

Residents were encouraged and supported around active decision making and social inclusion. Residents were supported to be involved in decisions about their home and their lives through weekly resident meetings. At the meetings residents talked about and were provided information on the service and any new developments,

opportunities in the community, housekeeping and maintenance, the complaints procedure, infection prevention and control and any other business the residents wanted to discuss. The agenda and meeting minutes were printed in easy-read format and at the end of the minutes each resident's photograph was included with a symbol denoting if they agreed, or not, with the discussion and decisions made. However, on review of a sample of minutes, the inspector saw that this section of the minutes was not always completed and as such did not demonstrate if the residents had agreed to the decisions made.

Overall, the inspector observed that residents appeared content and relaxed in their environment and that there was an atmosphere of friendliness in the centre. The person in charge and staff were kind and respectful towards residents through positive, mindful and caring interactions. On speaking briefly with a number of staff, the inspector found that they were knowledgeable of the residents needs and the supports required to meet those needs.

In summary, through speaking with management, staff and residents and through observations and a review of documentation, it was evident that the management team and staff were striving to ensure that residents lived in a supportive and caring environment.

The inspector found that, for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support, however, improvements were needed to the upkeep of the internal and external areas of one house.

The next two sections 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 to each resident living in the centre.

Capacity and capability

The registered provider and person in charge were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a person participating in management, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support. The inspector found that since the last inspection, the provider had made a number of improvements to the premises of the designated centre which resulted in positive outcomes for residents. A renovation had been completed to one of the houses and included a new extension. However, the provider had not ensured that internal and external upkeep and repair work that was needed in the second house within the centre, was completed by their compliance plan completion date. This is discussed

in detail in the quality and safety section of the report.

The provider had put in place governance and management systems within the designated centre to ensure that the service provided to residents was safe, appropriate to their individual needs, consistent and effectively monitored. The provider and the person in charge had completed an annual report of the quality and safety of care and support in the designated centre during 2021 and were in the process of completing the 2022 annual report including a review of meaningful ways to include families in the consultation process.

Six-monthly unannounced visits to the centre were being carried out in line with the regulatory requirements which included a written report on the safety and quality of care and support provided in the centre and a plan to address any concerns regarding the standard of care and support provided to residents, had been put in place. In addition, peer to peer audits were being carried out by management of different designated centres within the organisation to review each other's centres and ensure quality of care and support was provided in the centre and to action any improvements needed.

There was a comprehensive local auditing system in place in the centre, (service management audits), to evaluate and improve the provision of service and to achieve better outcomes for residents. These were primarily completed by the supervisor with oversight of the person in charge. However, the role of supervisor was currently vacant and in the interim of the post being filled, the person in charge was endeavouring to complete a number of the supervisor's tasks, including local audits. The inspector found that while this vacancy was in place, it potentially impacted the systems in place that ensured the effective governance, operational management and administration of the designated centre, at all times.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. The provider was endeavouring to ensure that the centre was adequately resourced however, on the day of the inspection there was a number of vacancies which were impacting on other areas of service delivery. While the staffing arrangements (with the support of relief staff) included enough staff to meet the needs of the residents, they were not in line with the statement of purpose. Currently, there were three staff vacancies in the designated centre and cover was also required for two other vacancies where staff that were temporarily absent. As mentioned above, one of the vacancies included a supervisor (social care leader) who were part of the local governance and management team for this centre.

The person in charge was endeavouring to ensure continuity of care so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief staff were needed to cover gaps in the roster, the same small cohort of relief staff were employed. Overall, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19

when delivering care and support to the residents.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster identified the times staff members, as well as the person in charge worked each day. However, a review was needed to ensure that at all times, there was satisfactory documentation in place to clearly recorded when the person in charge and (and going forward, supervisors) were present in each house.

Staff were provided with the organisation's mandatory training in fire safety, positive behavioural supports training, safe medicine practices, infection prevention and control, manual handling and food hygiene but to mention a few. Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

The provider and person in charge were endeavouring to ensure that admission, transitions and referrals were at all times in line with the organisation's policy and procedures. To support an internal transition of a resident, the organisation's supports committee reviewed a number of documents and reports to ensure the centre met the resident's needs and the transition would not impact on the safety of residents who already lived in the centre. However, improvements were needed to ensure that the documentation to support the review, clearly demonstrated the full extent of the measures put in place and the procedures completed.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. Through conversations with the person in charge, the inspector found that they were knowledgeable of residents' different personalities and were mindful of each resident's uniqueness and different abilities.

Overall, the person in charge had a clear understanding and vision of the service to be provided and, supported by the senior management and the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

There was an actual and planned roster in place and overall, it was maintained appropriately. However, the days and times included on the roster for the person in charge did not clearly demonstrate how they divided their hours between the two designated centres they were responsible for. Overall, a review was needed to ensure that at all times, there was satisfactory documentation in place to clearly record when the person in charge was present in each of the houses within the designated centre.

There were two full-time and one part-time staff vacancies in the designed centre. In addition, there were two full-time and one part-time temporary staff absences. The person in charge was endeavouring to ensure continuity of care for residents while providing cover for these vacancies and absences. For example, where relief staff had been required, the roster demonstrated that the same five staff were employed.

One of the staff vacancies included a social care leader, who was part of the support system in place for the person in charge. While this vacancy was in place, the person in charge was covering some of the administration and auditing tasks associated with this role. The inspector was informed that the post had been offered with a new supervisor, (social care leader), due to commence in February 2023.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents.

The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. However, a small number of staff were due refresher courses in infection prevention and control, manual handling, dysphagia, epilepsy and food safety.

Staff were provided with performance management and one to one supervision meetings with local management and for the most part, meeting had been carried out in line with the schedule in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre.

The provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents.

The registered provider, person in charge and person performing in management, strived for excellence through shared learning and reflective practices and overall, Through systems such as quality enhancement plans, provider audits and review and peer to peer reviews, were proactive in continuous quality improvement to ensure better outcomes for residents.

The role of supervisor, which was a key role in supporting the person in charge with the the local governance and management systems in place was currently vacant. (This has been addressed in Regulation 15).

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The organisation's supports committee were responsible for reviewing admissions, transitions and referrals. On review of the documentation to support the committee's decision regarding a recent transition to the centre, the inspector found that further details were required so that it clearly demonstrated the procedures that had been followed to ensure all residents' safety regarding the transition.

During the period that the designated centre was undergoing a building upgrade, residents were staying at an interim location until the work was complete. Where a resident was transitioning into the centre, they were provided with a transition plan to move into the interim location, However, while this plan appropriately supported the resident's transition into the interim location, it had not included a plan for their transition into the newly renovated premises.

There was a written contract for the provision of services in place. However, some contracts in place did not fully outline the fees to be charged for the services provided. This had been identified during a previous inspection, and on the day of the inspection, the inspector was advised that the provider was in the process of rectifying the issue.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Quality and safety

The inspector found that the person in charge and staff were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. However, to ensure the safety and wellbeing of residents at all times, the inspector found that improvements were needed to the decorative and structural upkeep and repair of one of the premises within the centre. The inspector also found that improvements were needed to some of the practices relating to medication management so that they were effective and ensured the safety of residents at all times.

The previous inspection of the designated centre had identified that one of the premises within the centre required upkeep and repair and particular to flooring in parts of the house and to the garden area to the rear of the property. However, on the day of the inspection, these were observed not to have been completed. In addition, further upkeep and repair work was observed to be needed in the same premises, some of which impacted on the infection prevention and control measures in place in the centre. Senior management advised the inspector that the residents would have to move out of the house for the works to be completed. While other living arrangements had been explored, none had been secured to date and has resulted in a delay in the work being completed.

Notwithstanding the above, the other house within the designated centre had received a complete renovation which included a new extension, since the last inspection. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in this house. There was a new kitchen installed, new flooring throughout the house, a new accessible bathroom (wet room),- a new utility room, upgrades to downstairs and upstairs bathrooms, which overall, resulted in positive outcomes for the residents living in this house. The person in charge had identified a number of tasks that required further work in the renovated building and reported them to the appropriate departments within the

centre.

There were systems in place in the centre for the prevention and management of risks associated with COVID-19. Staff were provided with training relating to infection prevention and control. However, during a walk around of the centre, and primarily in one premises, the inspector observed a number of areas, including fixtures and fittings that require attention as their disrepair and poor upkeep were impacting on the some of the infection prevention and control measures in place in the centre.

Resident were provided with personal plans. Residents were consulted about and participated in the development and review of their personal plan supported by their keyworker, multidisciplinary team, family and where appropriate, their representative. Where resident had recently moved into the centre, they were provided with transition plans as a measure to ensure a safe and positive move to the centre.

Staff were provided with training in the safeguarding and protection of vulnerable adults. There was a safeguarding policy in the centre and it was available for staff to review. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. Overall, the inspector found that the residents were protected by practices that promoted their safety.

Residents' medication was administered by staff who were provided with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed and these were accurate and sufficiently detailed. There were documented checking systems in place that ensured the safe transfer of residents' medicines to and from their day service and where appropriate, weekend family breaks. However, improvements were needed to some of the practices in place and in particular, the recording and practice regarding stock-taking and storage of medicines. This was to ensure that the practices and systems in place were effective and ensured the safety of residents at all times.

Regulation 17: Premises

The provider had not ensured that upkeep and repair work was completed within the timeframe of the last inspection's compliance plan. For example the replacement of the flooring was due to be completed by November 2021 and there works on the garden area, to be completed by May 2022.

For example, the last inspection had identified that the garden area to the rear of the property did not provide residents with an entirely accessible space as some areas were blocked off due to a potential fall/trip hazard. A space in the rear garden with garden furniture was only accessible through an uneven grassy area and therefore residents could not independently access this without staff support. At the

time, the inspector was advised that the provider had put in place plans to replace the flooring in the house within the months following the inspection however, on the day of this inspection, this work or the work in the garden had not yet been completed. Senior management advised the inspector that the residents would need to move to another locations while the work was being completed and finding a suitable location had been challenging.

While the inspector acknowledged the difficulties in finding a location for residents to live in during the completion of the work, that would meet their assessed needs, overall, the timeliness to complete the work was not satisfactory and meant that residents were living in a home where some of the internal and external spaced were not to the optimal standard.

In addition, there were a number of other upkeep and repair works observed on the day however, as they impacted on some of the infection control measures in place and potentially increased the risk of spread of healthcare-associated infections in the centre, they have been addressed in Regulation 27.

Judgment: Not compliant

Regulation 27: Protection against infection

Not all areas of the designated centre were conducive to a safe and hygienic environment. This was primarily due to the required upkeep and repair to a number of areas in one of the houses, including fixtures and fittings. As a results, areas within one of the houses could not be cleaned effectively and potentially increased the risk of spread of healthcare-associated infections in the centre.

For example; in one house, in the downstairs toilet, there was no floor covering around the base of the toilet and the area was observed to be unclean. In the same room rust was observed on the handrail beside the toilet and in addition, the wall soap holder on the tiled shower area was rusty. In the upstairs shower room, a lot of rust was observed on radiator and the lid of a bin, which contained healthcare risk waste, was not closing properly due to overflow of waste items.

The kitchen recycling bin was observed to be unclean with used foodstuff lying at the bottom of it.

The carpet on the staircase was observed to be badly stained and one area badly damaged due to a previous water leak, with mould on the skirting area above this section of the carpet.

There was a lot of chipped and peeling paint in the hallway of the annex section of the house and the light switch in the same area was observed unclean.

In addition to the above, in both houses with the designated centre, most of the bathroom pedal bins included no bags. In the fridge in both houses, not all open

packets of fresh food had been sealed or labelled with the date of opening.

A review of the storage system mops in the newly renovated house was needed. For example, on the day of the inspection, two mop and buckets were observed to be stored in a very small utility room and one set outside the back of the house.

In the same house, the kitchen food cupboards were observed to have a number of packets of food items open and not appropriately sealed. As a result there were crumbs and food substances in the cupboards and overall observed to be unclean.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were supplied by a pharmacist and for the most part, there were clear administrative records in place. However, in one of the houses of the designated centre, a review of the weekly stock take documentation was needed. For example, where PRN medications (medicine taken as the need arises) required replacing, there was no clear evidence on the document of the pharmacy being contacted or of the medicine being re-ordered.

For the most part, there were suitable arrangements in place to ensure that medication was stored appropriately and administered as prescribed, however, in one house, not all medicines were found to be appropriately stored. The inspector found that some items of PRN medication were stored with just the residents' initial written on the boxes. While there were labels in the medicine cabinet for the medication, they had not been attached to the appropriate boxes. In addition, not all medical cream or ointments were stored in a location that ensured the appropriate storage temperature was in place.

Furthermore, in one house, there were a number of PRN medications found to be out of date, or where medication was due to expire within six months of opening, the medication had no label noting when the medicine had been opened.

Overall, a review of the medication stock take document was needed to ensure that it was effective and in particular, that it captured expiry dates, noted if stock was on order and if all medications were clearly labelled.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of need with associated personal plans in place to guide and direct staff in how to support the resident's

care. For example, residents' plans are supported by assessments relating to communication, food eating and drinking, health supports, personal care, life skills, sensory needs and transport but to mention a few.

Plans were reviewed through a "circle of friends" meeting in consultation with the resident and supported by their keyworker and where appropriate, a multidisciplinary team and family or representative.

Where a resident recently moved into the centre, they were supported with a transition plan which was regularly reviewed throughout the transition to ensure a safe and positive experience for the resident as well as the other residents living in the centre. Where improvements were needed to documents associated with the transition, these have been addressed in Regulation 34.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with training in safeguarding vulnerable adults to support them in their role and to ensure the safety of residents.

Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

There had been an increase in the submission of NF06s to HIQA from the designated centre during November 2022 however, in December there was a notable decrease and on the day of the inspection, no safeguarding incidents had been notified in January 2023. The person in charge ensured that, where appropriate, allied health professional were involved in the review of behavioural incidents and residents' support plans and provided guidance and recommendations in an effort to reduce the risk of the incidents reoccurring.

The inspector found that, where incidents had occurred, they had been follow up appropriately by the person in charge which included reviewing systems in place and finding appropriate ways to share the learning.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballybrack D.C. OSV-0002884

Inspection ID: MON-0035376

Date of inspection: 13/01/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The new SCL is currently being Inducted and will commence in the Role of SCL of Ballybrack D.C on Feb 20th 2023. 2. The vacancy in Brackenbush has been filled by the transfer of a SCW from the other D.C which the PIC has responsibility for. 3. Recruitment is taking place for the vacant post in Granville. 4. A Visitors book will replace the current sign in sheets in place at the entrance of Brackenbush and Granville, which will clearly outline the time of entry and exit of the PIC and SCL for evidence of attendance at the D.C and of governance. 5. The Rota will be reviewed with an aim to clearly demonstrate how the PIC divides time equally between the other D.Cs which she manages. 	
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>Staff who were due refresher training have been identified by the PIC and contact made with these staff.</p> <p>The PIC has booked training places for these refresher courses for these identified staff.</p> <p>Some have been facilitated to complete online training through HSELand and have submitted evidence of same to the PIC for recording and for forwarding to HR</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The learning from this Inspection re the Documentation currently in use to support the Transition process for Residents from one location to another, will be shared with the Residential Planning Committee.</p> <p>The Procedure that outlines all stages of the Transition Process will be amended and reviewed by the RPC.</p> <p>The aim is to clearly demonstrate all the measures which we put in place and ensure that</p>	

these are reflected in the documentation.

These changes will be brought to the attention of the PPPG for when the Procedures currently in use are being updated and approved by the organization's Support's Committee.

This will state the need for a Transition Plan for each move of location made by the Resident – clearly identifying each step from the start of the process.

The Contract of Care for the Provision of services is currently being reviewed by the Service Provider.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has been unable to locate a suitable premises for the Residents to relocate to (which would be compliant with Regulations). This has delayed the repair work identified in the last HIQA Inspection from being completed to date. Numerous meetings on site have taken place with the architect, planners and builders. In the meantime, the Housing Association has been asked to remove the saddle boards and replace the flooring in the identified location. The Residents already submitted their will and preference regarding the garden refurbishment as part of a survey, carried out by the Housing Association.	

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The timber flooring needs to be replaced in the identified location as it currently impacts on the ability to keep the environment safe and hygienic. Other areas that were noted by the Inspector to be in poor disrepair and upkeep have been recorded and requests submitted to the Maintenance Team for actions needed. The PIC has shared learning at the Staff Team meeting and with all Staff who may not have been in attendance. All identified actions will be added to the Quality Enhancement Plan. Food labelling practices need improvement in both locations and the airtight storage of foodstuffs. A review will take place of food storage in both locations. Household support hours have been increased. New mops, buckets have been ordered and new storage area agreed with the Staff Team. Maintenance has been advised of tasks to be completed. Chipped paint and carpet replacement will form part of the overall refurbishment plan.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A medication Audit has been completed since the date of Inspection and Actions from the Inspection have been completed. All out of date medications have been identified and returned to the Pharmacy.	

Learning from the Inspection will be shared with the new SCL in February 2023 who will liaise with the Pharmacy to enhance and improve the Tracking systems in place.

The PIC has met with the Staff Team and raised the issues noted during Inspection to promote improvements in the practices of the Staff Team.

Governance will be enhanced by the appointment of the SCL who will complete Medication Audits for review by the PIC.

Stock Taking and Storage of medicines will be part of this review and audit.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/02/2023
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	20/02/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/06/2024

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	06/06/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/07/2023
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	Substantially Compliant	Yellow	06/06/2023

	associated infections published by the Authority.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	06/03/2023
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation	Substantially Compliant	Yellow	06/03/2023

	or guidance.			
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