



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

Issued by the Chief Inspector

Name of designated centre:	Ballymacool Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2020
Centre ID:	OSV-0002517
Fieldwork ID:	MON-0029671

About the designated centre

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

Ballymacool is a large detached two storey house located in Co. Donegal providing short-term respite breaks to both children and adults with disabilities. The centre comprises of 5 bedrooms (2 en-suite), a fully equipped kitchen, a dining room and a sitting room on the ground floor and a large games room on the first floor. There are also bathroom and showering facilities on both floors. There is a large garden to the back of the property with a well equipped playground area for the children and a well maintained garden area to the front. Private parking is also available in the centre. The centre is in close proximity to a nearby town however, transport is provided for residents to go on social outings and drives. The centre is staffed with a full-time person in charge, a team of staff nurses and healthcare assistants. The staffing numbers and arrangements are flexible, based on the number of residents availing of report at any given time and on their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 July 2020	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met briefly with one resident over the course of the inspection and spoke with a family representative over the phone so as to get their feedback on the service provided. Staff interactions with the resident were observed to be person centred at all times and the resident was observed to be happy and very much at home in the centre.

The inspector observed staff working with the resident during this inspection and observed that they knew the residents needs very well and were respectful of their preferred style of communication at all times. The resident liked to engage in a number of activities such as drives, walks and shopping and on the day of this inspection, staff were observed to support the resident in such activities. The resident also liked to self-determine the times they wished to engage in such activities and staff were supportive and respectful of same.

The inspector also spoke with one family representative over the phone. The family representative was extremely positive about the service provided to their loved one. They informed that inspector that they trusted staff and management in the centre to look after their family member and that their family member loved their respite breaks in the house. They also said that the quality and safety of service provided in the respite house was to a very good standard and they had no complaints whatsoever about any aspect of the service provided.

Systems were in place to ensure that while residents were on their respite breaks in the house, access to on-call GP services were provided for. Other therapies and allied health care professionals were also available to residents if required. Systems were also in place to support residents to engage in meaningful activities based on their likes, interests and preferences. For example, some residents liked to engage in community based activities, go for drives, walks and shopping trips while others, liked to relax during their short breaks in the house.

It was observed that some parts of the premises required repair, updating and modernising. For example, some flooring needed to be replaced, some bathrooms required remedial work and some parts of the first floor in the building required repair. While the provider representative was aware of these issues and a plan of action was in place to address them, they remained ongoing at the time of this inspection.

Overall, the one resident that was availing of respite on the day of this inspection appeared very happy and contented in the house. Staff were observe to be person centred in their approach to the resident and feedback from one family representative on the quality and safety of care provided to their loved one was very positive.

Capacity and capability

The one resident met with as part of this inspection process appeared content and happy on their short respite break in the house and feedback from one family representative spoken with was very complimentary about the management, staff and service provided. However, parts of the premises required repair and updating and the provider had failed to address some of these premises related issues in a timely manner.

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinical nurse manager II (CNM II). The person in charge worked on a full-time basis in this centre and was supported in their role by an area coordinator. The person in charge was aware of her legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and was found to be responsive to the inspection process.

The person in charge also ensured staff were provided with relevant training to assist them in supporting and meeting the residents assessed needs. Training provided included Children's First, safeguarding of vulnerable adults, fire training, manual handling and positive behavioural support. The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. For example, all staff had received training in infection control to include hand hygiene. Some gaps were noted with regard to aspects of refresher training including positive behavioural support, however; this was due to the current COVID-19 pandemic and the person in charge had a plan in place to address this issue in a timely manner.

At the time of this inspection there was only one resident availing of the service and it was observed that the person in charge had ensured there was sufficient staff in place to meet their assessed needs. Of the staff observed and spoken with as part of this inspection, the inspector was assured that they had the experience and knowledge required to support the resident in an effective way and based on their assessed needs. They reported to the inspector that they felt supported by the person in charge and knew the needs of the residents very well. The resident also appeared at ease and relaxed in the company of staff members. However, while not impacting on the quality and safety of care provided to the residents, it was observed that the centre was operating with a shortfall of one full-time nursing post at the time of this inspection.

Systems were in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Some of these audits were observed to be bringing about positive changes to practices in the service. For example, recent audits of the centre identified that some care plans were not as accessible to residents as they could be and the training matrix required updating. This issues had been addressed (or were in the process of being addressed) by the

time of this inspection. The person in charge has also ensured that where appropriate, care plans were presented in pictorial format to suit the communication needs of some residents.

An in-depth environmental audit had also been carried out on the centre in June 2020 that identified a number of issues in the centre. For example, remedial works were required to parts of the premises and one bathtub was out of order. Some of these issues had already been identified in previous audits of the centre in 2019 and the provider had not made arrangements to address them in a timely manner. It was also observed that a floor in one of the bedrooms required replacing and some of the windows on the first floor required repairing. These issues are discussed in greater detail in section two of this report: Quality and Safety.

The inspector observed that there was a mechanism in place to record, log and respond to complaints. Information on how to access an independent advocate was also available in the centre. It was observed that one complaint was made about the service in January 2020 however, it had been resolved in a timely manner and to the satisfaction of the complainant. One family representative spoken with as part of this inspection process also informed the inspector that they had no complaints whatsoever about any aspect of the service provided.

Overall, the one resident met with as part of this inspection process appeared happy in the service, the provider had put systems in place to ensure their assessed needs were provided for and feedback from one family member on the service provided was positive.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents. However, due to the current COVID-19 pandemic, the service was not operating at full capacity (there was only one resident availing of respite on the day of this inspection) and it was observed that

centre was operating with a shortfall on one nursing staff member.
Judgment: Substantially compliant
Regulation 16: Training and staff development
Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Positive Behavioural Support, Fire Safety and Children's First. Some gaps were observed in refresher training (due to the current COVID-19 pandemic) however, the person in charge was aware of this and had a plan of action in place to address it.
Judgment: Compliant
Regulation 23: Governance and management
The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents. However, the auditing process had identified a number of the issues with the premises in 2019 and again in 2020 and the provider had not made arrangements to address these issues in a timely manner.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Each resident had a contract of care in place that detailed the service to be provided and charges incurred (if any). The issue concerning the detail of charges as found in the previous inspection had been addressed.
Judgment: Compliant
Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any notifiable incident occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record, respond and manage complaints. It was also observed that information was available on how to access independent advocacy and a confidential recipient services if required. One family member spoken with as part of this inspection process was very complimentary of the service overall and had no complaints.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed needs were being provided for. However, issues were identified with the upkeep and maintenance of the premises which are discussed in more detail later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that when on short respite breaks in the centre, residents were being supported to enjoy those breaks taking into account their wishes and expressed preferences. For example, some residents liked active breaks and availed of trips, social outings and shopping in the local community with the support of staff. Other residents preferred more relaxed respite breaks opting for a takeaway and watching TV. The centre was also equipped with a

number of recreational resources based on the residents age and interests. For example, a large fully equipped playground area was provided for younger residents in the back garden. The first floor of the premises provided a games areas for older residents to include a full size table tennis table, computer games and a TV area.

Systems were also in place to ensure that where required, residents had access to GP services. Residents also had access to psychology/behavioural support and other allied healthcare professionals as required. Residents who required them, had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques. This meant that they had the skills required to support residents in a professional and calm manner if or when required. Of the staff spoken with, the inspector was assured that they had the knowledge required to support residents in a low arousal and person centred manner.

Systems were also in place to safeguard the residents. however; at the time of this inspection, there were no safeguarding concerns on record. Notwithstanding, the centre had access to a safeguarding team and information was publicly available on how to contact an independent advocate and confidential recipient. From a sample of files viewed, staff had training in safeguarding of vulnerable adults and Children's First. Systems were also in place to safeguard residents finances while availing of respite in the centre.

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre. The premises were observed to be clean on the day of this inspection, there was sufficient access to hand sanitising gels and hand-washing facilities and staff had access to personal protective equipment (PPE) if required. The inspector observed that at times, one resident did not like PPE or staff using same. The person in charge informed the inspector that this had been discussed with Infection Prevention Control and the centre were taking all precautions possible to minimise the risk of infection. For example, an individual Risk Assessment had been compiled to mitigate the risk of infection, the resident only availed of respite services on their own and staff working with the resident were taking extra precautions to include additional hand hygiene and indirect contact was being promoted. In order to further mitigate the risk of infection, staff also had up-to-date training in infection control, staff temperatures were taken prior to commencing work and residents temperatures taken twice daily. The inspector's temperature was also taken at commencement of the inspection process.

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk in the community, 2:1 staffing support could be provided for so as to ensure the resident could continue to engage in community based activities in a safe manner

While the premises were observed to be clean on the day of this inspection, some parts of the building required repair and updating. The centre had self identified this through an auditing process and had put together a business plan to address these

issues. However, the provider representative had not made adequate arrangements to have some of these issues addressed in a timely manner and at the time of this inspection, repairs were required to some of the bathrooms, parts of the first floor required remedial work and the flooring in one bedroom needed to be replaced as a matter of urgency. It was also observed that these issues had not been assessed as a potential infection control issue.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed needs were being provided for. A family member spoken with as part of this inspection process were complimentary of the quality and safety of care provided to their loved one and the one resident met with appeared happy and contented on their short break in the centre.

Regulation 17: Premises

Some parts of the building required repair and updating and at the time of this inspection repairs were required to some of the bathrooms, parts of the first floor required remedial work and flooring one of the bedrooms needed to be replaced.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

Control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and staff had access to personal protective equipment (PPE) if required. Staff also had up-to-date training in infection control.

However, part of the premises required repairing and one floor in particular required replacing. Some of these issues had not been assessed as a potential infection

control issue.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. Residents were being supported to enjoy their short term respite breaks based on their preferred wishes and interests.

Judgment: Compliant

Regulation 6: Health care

Although residents only availed of this service for short-term respite breaks, systems were also in place to ensure that where required, they had access to GP services. Residents also had access psychology/behavioural support and other allied healthcare professionals if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required them, had a positive behavioural support plan in place and it

was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

Systems were also in place to safeguard the residents however, at the time of this inspection there were no safeguarding concerns on record. The centre had access to a safeguarding team and information was publicly available on how to contact an independent advocate and confidential recipient. From a sample of files viewed, staff had training in safeguarding of vulnerable adults and Children's First. Systems were also in place to safeguard residents finances while availing of respite in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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

Compliance Plan for Ballymacool Respite House OSV-0002517

Inspection ID: MON-0029671

Date of inspection: 13/07/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. Approval has been received to fill this post and the recruitment process has been commenced. This post should be filled by 30/11/2020	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The maintenance manager to review the works required and provide a schedule of works – 11/08/2020 2. The provider has approved the funding for the schedule of works – 14/08/2020 3. The provider has made arrangements for the windows on the first floor to be repaired – 31/08/2020 4. The provider has made arrangements for the floor in one of the bedrooms to be repaired – 30/09/2020	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

1. The maintenance manager to review the works required and provide a schedule of works – 11/08/2020
2. The provider has made arrangements for the works to be completed in the identified bathrooms by 30/11/2020
3. First floor remedial work/ additional storage will be completed by 30/11/2020
4. The flooring in one bedroom will be repaired by 30/09/2020

Regulation 27: Protection against infection	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1. The maintenance manager to review the works required and provide a schedule of works – 11/08/2020
 2. The provider has made arrangements for the works to be completed in the identified bathrooms by 30/11/2020
 3. First floor remedial work/ additional storage will be completed by 30/11/2020
 4. The flooring in one bedroom will be repaired by 30/09/2020
 5. The PIC will ensure that staff are aware of all issues that would classed as infection control issues – 31/08/2020

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	30/11/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/09/2020

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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	30/11/2020