Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballytrim House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	11 October 2019
Centre ID:	OSV-0002523
Fieldwork ID:	MON-0027332

About the designated centre

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

Ballytrim House provides residential care and support to children and adults with a disability. The designated centre is clearly separated into an adults' area and a children's area, so that adults and children do not have contact with each other. The designated centre comprises a twelve bedded one-storey building located in a residential housing estate in a small town. Residents living at the centre have access to communal facilities such as sitting rooms, a sensory room, dining room, kitchen and outdoor children's play area. Each resident has their own bedroom with en-suite bathroom. The centre's design also includes additional communal bathroom and toilet facilities. Ballytrim House is located close to local amenities such as shops, public houses and cafes. There are three vehicles available which enable residents to access other amenities in the surrounding area such as swimming pools and other leisure facilities. Residents are supported night and day by a staff team of both nursing and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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
11 October 2019	08:30hrs to 14:30hrs	Julie Pryce	Lead
11 October 2019	08:30hrs to 14:30hrs	Gary Kiernan	Support

What residents told us and what inspectors observed

As the focus of this inspection was to assess the implementation of the actions agreed following the previous inspection, the inspectors did not have the opportunity to spend time with all residents on this occasion. The inspectors observed one resident preparing for an outing, and interactions with this resident were observed to be respectful and caring, and the resident was seen to have choices offered to them.

Improvements had been made in the residents' living environments. Children were now living in a separate section of the designated centre, and a separate play area to which only the children had access was made available, although it was not yet furnished with play equipment. The living areas had been refurbished and repainted, and there was now a homely feel to the centre, and a pleasant dining area was now available to residents.

There were now three vehicles for the use of residents, and all residents were either out at various activities, or on their way out during the inspection. Not all the rights of residents were upheld however, and where residents were clearly indicating dissatisfaction with living arrangements, this had not yet been addressed.

Capacity and capability

The provider had taken steps to address many of the negative findings identified on the previous inspection which took place in July 2019. These steps had resulted in a safer service which was better resourced and equipped to meet the needs of children and adults. There was now a clearly defined management structure in place and an appropriately qualified and experienced person in charge was now based in the centre on a full time basis. This, together with significantly improved governance processes had resulted in improved outcomes for residents. However, the centre was not suitable to meet the needs of the current population of residents.

Since the previous inspection significant improvements had been made in monitoring and oversight, and agreed actions in the quality improvement plan submitted by the provider had been implemented for the most part. There was evidence of a strong management presence in the centre and it was clear that the management arrangements were now responding in a timely way to issues which arose. The centre was better resourced, one resident had transitioned out of the centre to a new service and a move to a more suitable service was planned for a further resident. This meant that the centre was better equipped to support existing residents and staff reported a working environment which was quieter and calmer. However, ultimately the centre remained unsuitable for the current population of

residents. There were incompatibility issues and the risk of incidents of violence and aggression remained. The management response to address this was not adequate as it was resulting in care practices which were not person centred and which were not sustainable in the longer term. The impact of this is discussed further in the quality section of this report.

The provider had organised and resourced the centre to ensure residents were better protected from the risk of abuse. This was an area which had been identified as a significant concern at the previous inspection. Improved safeguarding arrangements had resulted in fewer incidents between residents. There were weekly multi-disciplinary meetings to oversee the effectiveness of these arrangements and the HSE's adult safeguarding team, the psychology team and staff from the centre all attended. There were, in addition. weekly visits to the centre by representatives of Tusla. The separation of living accommodation for children and adults had also improved safeguarding arrangements. While the number of incidents involving residents had reduced , there continued to be significant issues of incidents of violence and aggression directed at staff members. This had the potential to negatively impact residents who observed or heard these incidents.

The person in charge of the centre was now full time and supernumerary, and demonstrated clear oversight in the centre, and strong communication both with the staff team and with senior management. The person in charge was supported by senior management, both by an increased presence in the centre, and by weekly reviews of the quality improvement plan. This quality improvements plan documented all the actions which had been identified as necessary to bring the designated centre back into compliance, was monitored by the person in charge continually, and reviewed by senior management at the end of each week.

There was now a robust system of auditing whereby required actions were clearly outlined and the implementation was monitored. The audit programme included audits of safeguarding, person centred plans and medication management for example, and there was evidence of improvements in these areas. An audit of complaints had been undertaken, which demonstrated that the person in charge was tracking complaints, and including the learning from these into the actions required as a result of the quality improvement systems.

A review of staffing and skill mix of staff had been undertaken, and both the numbers of staff and the deployment of staff had been improved. Additional staff had been added to the roster so that there were sufficient numbers of staff to meet the social care needs of residents, and to improve the safeguarding of residents. There was a nurse on duty at all times, and two nurses during the day for the most part. In addition the person in charge had introduced a system of allocations so that staff were appropriately deployed throughout the day.

The person in charge had undertaken a review of staff training, and had developed a schedule of required training dates. While there was a significant improvement in the training available to staff, not all required training had yet been completed. In particular first aid training was to of date for all staff.

An audit of staff files had been undertaken, and the person in charge had ensured that all the requirements of Schedule 2 of the regulations were in place. The person in charge had introduced a schedule of staff supervisions, and these had commenced, however they had not all been competed in accordance within the agreed timeframe.

The provider now had more effective system in place to ensure all required statutory notifications were sent to HIQA. For the most part required notifications had been submitted to HIQA, including the multiple retrospective notifications which were outstanding following the previous inspection. However, not all restrictive practices had been notified on a quarterly basis as required.

Overall there had been significant improvements in governance and management, however the centre remains unsuitable to meet the needs of some residents and there are issues relating to compatibility which result in poor outcomes for residents.

Regulation 14: Persons in charge

There was an appropriately experienced and qualified person in charge who was engaged in governance and oversight in hte designated centre. The person in charge demonstrated leadership and practice development initiatives.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skills mix of staff was appropriate to meet the assessed needs of residents, including the provision of nursing care.All required information in respect to staff was in place.

Judgment: Compliant

Regulation 16: Training and staff development

A system of staff supervision had been implemented, but was not yet complete. A schedule of staff training had been introduced, but not all training was up to date.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance arrangements had improved since the last inspection and this had resulted in a better resourced and more effective service overall. There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place, and oversight by both the person in charge and by senior management. However, the centre remained unsuitable to meet the needs of some of the residents and the current management arrangements to address this were not suitable.

Judgment: Not compliant

Regulation 31: Notification of incidents

All retrospective notifications had been submitted to HIQA. All further notifications had been submitted within the required time frames, with the exception of the requirement to notify all restrictive practices.

Judgment: Substantially compliant

Quality and safety

Overall the provider had put systems in place to ensure that the quality of life for residents had improved, and that safeguarding for residents had improved. However, the centre remained an unsuitable environment for some.

Significant improvements had been made in the living arrangements for some residents, in particular children and adults were no longer sharing living space, and actions had been taken towards safeguarding of other residents. The living space in the designated centre had been divided so that children and adults were no longer sharing living space. Children now had their own separate section of the centre, including a play area that the adults did not have access to. The children were therefore safeguarded from any further incidents involving adult residents.

Significant improvements had been made in the identification and management of risks throughout the centre, although there remained a high number of incidents. There were detailed risk assessments in place for all identified risks throughout the centre, which included control measures and additional required control measures. These were monitored in the first instance by the person in charge, and overseen by senior management. The management of significant peer to peer risk and risk of self injury had resulted in the provider using day services away from the centre, in some

cases for up to 12 hours per day.

While this management plan had significantly reduced the number of incidents, it had not mitigated the risk altogether, and the strategy did not uphold the rights of residents to have a safe and comfortable living environment in accordance with their assessed needs and preferences. The respect for the rights of other residents however, had improved, in that parts of the living space had been refurbished, and were now pleasant and homely, and that a more meaningful day was now being supported.

There had been considerable improvement in the general welfare and development of residents in the centre for the most part, with the exceptions outlined above which had yet to be addressed. Residents now had the opportunity to attend activities outside the centre, and to engage in activities according to their needs and preferences. This had been facilitated by the increase in staff numbers, and the provision of vehicles to meet the needs of residents. Activities were recorded, and the record included information about the engagement of the residents in the activities. However, the provision of services for one of the residents was still largely based on safeguarding requirements and not necessarily based on preferences.

Oversight of safeguarding for residents now included weekly safeguarding meetings, attended by various members of the multi-disciplinary team, and there were detailed safeguarding plans in place. The provider demonstrated a good oversight of safeguarding issues, and this was reflected in the significant reduction in the frequency of incidents. However, there remained a high number of incidents, and frequent incidents towards staff members.

A new system of person centred plans had been implemented since the previous inspection, and each resident had been allocated allocated a key worker. There was a personal plan in place for each resident, and there were sections in the care plans for each of the assessed needs, including any short term or changing needs. Each section included clear and detailed guidance for staff. Some improvements were required in setting goals for residents in order to maximise their potential, but the significant improvement to date was in accordance with the agreed actions from the previous inspection, and the need to improve goal setting had been identified by the person in charge in the audit of personal plans.

Significant improvements had been made in behaviour support, and this improvement had been supported by the input of various members of the muti-disciplinary team. There were now detailed behaviour support plans in place which included guidance for staff based on a detailed assessment of needs. Guidance was available both in relation to reducing the prevalence of incidents of behaviours of concern, and in reacting to incidents.

Where restrictive practices were in place these were documented and kept under review. A restrictive practice register was in place, and restrictions had been signed off by the multi-disciplinary team. There was a protocol in place for each restrictive intervention, and a clear rationale for the use of each was in place, which included evidence that the least restrictive practice available to manage the risk was in place.

There was therefore evidence of assessment, recording and oversight of any restrictive practices.

Overall, while there had been demonstrable improvements in the quality of life for most residents, including increased access to activities, and a reduction in incidents of concern, the centre remained unsuitable to meet the needs of some residents and compatibility issues for some residents in the centre had not yet been appropriately addressed.

Regulation 7: Positive behavioural support

Positive behaviour support plans were in place, and were based on detailed assessments of need. Restricitive practices were monitored and recorded, and there was evidence that alternatives to their use had been considered.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans were in place for residents, and children were now safeguarded from any incidents involving adults. However, there were still a high number of incidents in the designated centre, and not all management plans were in accordance with the assessed needs of residents. There continued to be incidents of violence and aggression towards staff and this also had the potential to impact negatively on residents.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents had access to an improved quality of life for the most part. However, the provision of services for one of the residents was still largely based on safeguarding requirements.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were improved systems in place ot monitor and manage risk. All identified risks had been assessed, and were monitored both locally and at senior management level.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been recently developed in accordance with the assessed needs of residents. However, the designated centre was not suitable for the purpose of meeting the needs of each resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were being offered choice in some aspects of daily living, and residents' meetings were being held for those who wished to attend. However, residents rights to a living environment in accordance with their needs, to have a choice of living companions and to engage in activities based on their assessed needs and preferences were not being upheld.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballytrim House OSV-0002523

Inspection ID: MON-0027332

Date of inspection: 11/10/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In addition to the training plan currently in place to ensure that all staff are up to date with mandatory training and that training is planned in advance, the following actions will be taken: • 1 Staff requires fire training and this is scheduled for 18/12/2019 • 5 Staff require safeguarding refresher training and this is scheduled for 17/12/2019 • 8 Staff require open disclosure and this is scheduled for 04/12/2019 and 14/01/2019 • 20 Staff require CPR training and this is scheduled to be completed by 28/02/2019 In line with Regulation 16 (1) (b) a system of staff supervision is in place. In order to fully comply with this regulation, 10 staff will receive supervision and this is scheduled to be completed by 31/12/2019.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider Representative and Senior HSE management acknowledge the continuing incompatibility issues and risk of incidents of violence and aggression within Ballytrim. As part of the multi-disciplinary review of Ballytrim House and each of the residents, one resident has been identified as requiring a move to a more suitable community placement which will meet his needs fully. The following further actions have now been	

completed:
• Funding for a new placement has been confirmed
• The procurement process is underway to identify the most suitable placement. It is anticipated that this transition will be completed by 31/1/2020. However this is fully dependant on the identified provider's ability to support the needs of this resident in full. If there is any reason for this date to be varied, the Authority will be informed in advance.

Pending this placement, the agreed measures in place to minimize the risk of incidents of violence and aggression will be under constant review by the multi-disciplinary team with particular support from Psychology Services. The Safeguarding and Protection Committee which meet fortnightly will also review the effectiveness of measures in place and identify additional measures if required.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Outstanding notifications in relation to restrictive practices were submitted to HIQA on 31/10/2019. In order to ensure compliance with this regulation, for the next 2 quarterly notification submissions, the Provider Representative will conduct an onsite visit to verify the information prepared by the PIC in advance of submission of same.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
As previously outlined, to address the continuing incompatibility issues and risk of incidents of violence and aggression within Ballytrim, one resident has been identified as requiring to move to a more suitable community placement which will meet his needs fully. The following further actions have now been completed:
• Funding for a new placement has been confirmed
• The procurement process is underway to identify the most suitable placement. It is anticipated that this transition will be completed by 31/1/2020. However this is fully dependant on the identified provider's ability to support the needs of this resident in full. If there is any reason for this date to be varied, the Authority will be informed in advance.

Pending this placement, the agreed measures in place to minimise the risk of incidents of violence and aggression will be under constant review by the multi-disciplinary team with

particular support from Psychology Services. The Safeguarding and Protection Committee which meet fortnightly also will also review the effectiveness of measures in place and identify additional measures if required.

The above is informed by a debriefing process following serious incidents of aggression and violence. This comprises of two elements:
• Review of incident to identify what would minimise likelihood of reoccurrence
• Support for staff following assault

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
One service user is currently availing of a bespoke day programme incorporating social and recreational activities inclusive of community integration. Currently, the agreed measures in place to minimise the risk of incidents of violence and aggression within the centre influence the present programme in place. This is and will continue to be under constant review by the multi-disciplinary team with particular support from Psychology Services.

On transition of one resident to a more suitable community placement, this day programme will be reassessed to ensure the programme fully reflects this residents needs and goals.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Provider Representative and Senior HSE management acknowledge the current living arrangements and grouping of residents is not currently meeting the needs of each resident.

As part of ongoing multi-disciplinary review of Ballytrim House and each of the residents:

• suitability of the accommodation and the compatibility of residents within entire centre is constantly monitored
• one resident has been identified as requiring to move to a more suitable community

placement which will meet fully meet his needs.

In the interim, the agreed measures in place to minimise the risk of incidents of violence and aggression will be under constant review by the multi-disciplinary team with particular support from Psychology Services. The impact of measures in place and additional proposed measures are considered in the context of the rights of each resident, and their assessed needs and goals

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider Nominee and Senior HSE management acknowledge the current living arrangements and grouping of residents is impacting on resident rights.

As part of ongoing multi-disciplinary review of Ballytrim House and each of the residents:

• suitability of the accommodation and the compatibility of residents within entire centre is constantly monitored
• the bespoke day programme of one resident will continue to be under constant review

One resident has been identified as requiring a move to a more suitable community placement which will meet fully meet his needs. Pending this placement, the agreed measures in place to minimise the risk of incidents of violence and aggression will be under constant review by the multi-disciplinary team with particular support from Psychology Services. The impact of measures in place and additional proposed measures are considered in the context of the rights of each resident, and their assessed needs and goals.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/01/2020
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	28/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Substantially Compliant	Yellow	31/12/2019

	supervised.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/10/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2020
Regulation 08(2)	The registered provider shall	Not Compliant	Orange	31/01/2020

	protect residents from all forms of abuse.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/01/2020