

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Ballytrim House
Centre ID:	OSV-0002523
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 August 2016 18:30	30 August 2016 20:30
31 August 2016 10:30	31 August 2016 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the Inspection:

This was a follow up inspection carried out to monitor compliance with the regulations and standards, to assess progress in addressing issues identified during an inspection in April 2016, and to inform a registration decision. Twelve of the 18 outcomes were examined at this inspection and the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as health and social care files, and health and safety documentation. The inspector met and interacted with eight residents during the inspection, in addition to seven staff and the person in charge. Residents who met with the inspector appeared to be happy and comfortable in their interaction with staff.

Description of the service:

The centre comprised of a large house in a small rural town, which provided residential accommodation for 12 adults and children with intellectual disabilities ranging from mild/moderate to severe. Some of the residents availed of respite accommodation. Both male and female residents were accommodated in the service.

Overall judgment of our findings:

Overall, the inspector found that the provider had not put sufficient systems in place to ensure that the regulations were being met. This resulted in poor experiences for residents in some case, the details of which are described in the report. During the inspection, the inspector found a high level of non-compliance with the regulations. Nine of the outcomes reviewed were assessed as being moderately non-compliant and three outcomes were judged as substantially compliant.

The inspector found that the lack of effective governance and management systems had resulted in:

- no access to computer technology as communication aid (outcome 2)
- service contracts not agreed with residents (outcome 4)
- required improvement in social goals (outcome 5)
- institutional premises (outcome 6)
- risks identified in fire safety (outcome 7 and outcome 14)
- inadequate knowledge of Children First legislation (outcome 8 and outcome 14)
- healthcare arrangements resulting in residents not being assisted or facilitated to achieve best possible nutrition (outcome 11 and outcome 14)
- compliance with regulations not ensured (outcome 14)
- delivery of care not being suitably supervised (outcome 18 and outcome 14)

Substantial compliance was identified in these areas :

- rights, dignity and consultation (outcome 1)
- statement of purpose (outcome 13)
- required records were generally being maintained (outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in April 2016, the inspector found that improvement in supporting residents' personal and civil rights was required. During this inspection these had been partially addressed and further actions were in progress.

At the time of the last inspection, no residents were registered to vote, and had not been assessed to establish residents' wishes in this regard. To address this, the person in charge was including voting on the agenda for each resident's annual review meeting. Two of these meetings had taken place, voting had been discussed and decisions had been made by residents' families on their behalf. One resident, who had recently turned 18, was in the process of registering on the electoral register.

During the last inspection staff confirmed that residents were not encouraged to enter the kitchen and had no involvement in preparing their meals or in any other domestic chores in the kitchen. This impacted on residents' rights to participate in the preparation of their own meals and snacks if they so wished. During this inspection, this was found to have been addressed. While most of the residents did not have the capacity to prepare and cook their own food, some residents came to the kitchen to see what food was available and to choose their own snacks, drinks and fruit. One resident told the inspector that she prepared some of her own food in the kitchen, and that staff assisted her when she needed help.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined in full at this inspection. During the last inspection in April 2016, it was found that there were measures in place, such as communication passports, cues and pictures to support communication with residents. However, it was found on this inspection that some improvement was required to assessments for the use of technology to support communication.

During this inspection, the inspector found that internet access was only supplied to the staff computer and was not available to residents. This impacted on residents' ability to use beneficial communication techniques through computerised systems. In addition, the inspector found that the use of assistive technology and appliances, to promote residents' full capabilities, had not been explored.

There was a television in the main sitting room although the choice of programmes and visibility of the television by residents required improvement. At times during the inspection, residents were seated in this room while the television was on, although none of the residents appeared to be looking at it. Staff confirmed that the content at this time had not been chosen based on residents' preferences. Staff knew what residents like to watch on television and at other times of the day their choices had been met. In addition, the inspector noted that the television was small and residents were not seated close to it. As the room was large, this presented a possibility that some residents may not have been able to see the television clearly. A staff member confirmed that residents moved their seats closer to the television when there was something on that they wanted to watch.

There was a sensory room in the centre, although it was out of use at the time of inspection due to some repair work in progress.

Since the last inspection, a staff member had developed a plan to assist residents to know which staff were on duty at all times. He had introduced a clear, colourful wall chart, with colour photographs of staff on duty both during the day and at night time.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Contracts for the provision of services had not been agreed with residents. This had been identified at the last inspection in April 2016. The provider's response indicated that this would be addressed by 31 August 2016, but it had not been achieved within this time scale.

The person in charge stated that no service contracts had yet been agreed with residents. A service contract document had been developed, and the person in charge stated that this would be supplied to residents and/or their representatives for agreement in September 2016. The inspector read a copy of the proposed service contract and found that it was informative and included the required information.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in April 2016, the inspector found that improvement was required to personal planning for developmental goals. On this inspection, the inspector found that this had not been suitably addressed.

The inspector read some of the goal planning that had been completed in residents' personal plans and found that improvement was required. Some of the goals identified did not represent new experiences, and arrangements as to how they would be implemented in practice had not been recorded in some instances.

It was also found that start dates had not been consistently identified; therefore progress in achieving goals could not be accurately monitored. There had been no review or evaluation of one resident's goals and there were no goals identified for another resident in a file viewed. Some of the goals viewed were not developmental or aspirational but reflected residents' basic rights, such as, to remain happy and settled in the centre.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in April 2016, there were issues identified in relation to the decor of some bedrooms, external signage, and locking of windows which eliminated natural ventilation in bedrooms. On this inspection, the inspector found that these had been addressed in relation to ventilation, were being explored in relation to decor and had not been addressed in relation to signage.

The centre was a large house which was occupied by both adults and children with disabilities. Due to the placing of external signage in the area, the centre was clearly identified as a residential setting which was not in keeping with the ethos of promoting discreet, domestic settings for people with disabilities which are integrated into the community.

All bedrooms were for single occupancy and each bedroom had en suite toilet, shower and hand washing facilities and there were sufficient additional bathrooms and showers. Many of the bedrooms were bright, well furnished and personalised with residents' personal belongings.

Some bedrooms, however, were sparsely furnished and decorated. There were no decorative features or personal items in these rooms and only essential furnishing was provided. The person in charge and staff had stated that this was to eliminate risks associated with behaviour that is challenging. During this inspection, staff explained that interventions were tried to introduce more decorative features to these rooms to increase the level of comfort and enjoyment for residents and they explained why these interventions had not been successful. The person in charge and staff also outlined a plan to work with a resident to introduce personalisation to the resident's bedroom.

Since the last inspection, windows had been fitted with restrictors. This allowed windows to be opened for ventilation, while eliminating the risks of injury to residents.

Residents' access to the kitchen had improved as discussed in outcome 1.

Residents had free access to an enclosed garden adjoining the house. There was some garden furniture and some leisure equipment such as swings and a sunken trampoline in this area. Most of the area was paved with rubberised material which provided safe footing for residents. Several residents were using the garden during the inspection. The person in charge outlined a plan to develop a separate flower garden for summer 2017.

Overall, the inspector found that the accommodation was institutional, and was not laid out and maintained in a domestic and home-like nature. The person in charge acknowledged that the house was not ideal, and stated that the organisation was seeking alternative suitable accommodation in the area.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

During the last inspection in April 2016, the inspector found that, while there were some health and safety systems in place, improvement was required to risk management and fire evacuation drills. On this inspection, these had been addressed in relation the

emergency plan, risk identification and fire drills. However, an additional risk in relation to the fire evacuation process was identified during this inspection.

The inspector viewed the risk management policy, which had been revised since the last inspection to include control measures for all the risks specifically mentioned in the regulations.

During the last inspection in April 2016, a significant fire safety risk had not been recorded in the risk register. This risk related to internal fire doors which were often wedged open when residents were present in the building to allow residents to walk around the building without obstruction. This presented a risk to the safety of residents in the event of fire. Since the last inspection, the person in charge had taken measures to reduce this risk. She had updated the risk register to reflect immediate action to be taken by staff in the event of hearing the fire alarm. She and some staff nurses had attend risk management training.

While all doors were fire doors and were fitted with self closing devices, these doors were not activated to close by the fire alarm. The person in charge had requested from the organisation that an upgraded closing system be supplied in the centre.

Staff who spoke with the inspector were clear on the immediate action required to secure fire doors in the event of a fire emergency.

Fire evacuation drills from the centre took place approximately every three months. Since the last inspection, recording of fire drills had improved. Comprehensive information was being recorded including overall evacuation time, names of staff and residents participating in the evacuation, and comments for learning on any issues arising from the drills. An evacuation drill had been undertaken when residents were sleeping and the inspector read the outcomes of this drill. Although all the evacuations had been completed in a timely manner and safe practices were used, some evacuations had not been undertaken in line with the guidance in the centre's evacuation plan. This presented a risk that all staff may not follow a consistent plan in the event of an emergency. The person in charge stated that the emergency plan was being reviewed for consistency and to ensure that best fire safety practice was being used.

Internal fire safety checks were being carried out in line with organisational systems. For example, there were records to indicate that checks of fire alarms and emergency lighting were undertaken weekly, fire doors were checked monthly, and there were daily checks to ensure that external doors were not obstructed.

There was an emergency plan in place for the centre. The person in charge had updated the emergency plan to include guidance for staff in the event of other emergencies not requiring immediate evacuation such as loss of power, water or heat.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in April 2016, there were generally good measures in place to safeguard residents from being harmed or abused. However, a designated liaison person for children as required by Children First had not been identified, and the practice of keeping all bedroom windows locked had constituted a restrictive practice. This had been partially addressed in relation to the designated liaison person, and the issue around locked windows had been satisfactorily addressed. The use of furniture and decor in some rooms as a form of behaviour management was also identified at the last inspection, and work to address this was in progress.

During the last inspection the person in charge and staff in the centre were not aware of the designated liaison person for Children First legislation. Since the last inspection, the designated liaison person for Children First and contact details for this person had been made known to the person in charge. However, the person in charge confirmed that this information had not been made known to other staff in the centre.

During the last inspection, all windows in the centre were locked at all times, to prevent residents leaving the centre, which had impacted on residents' ability to open their windows for fresh air. Since the last inspection, window restrictors had been fitted to enable residents to open their windows safely. This is also discussed in outcome 6. There were no residents who used bed rails, lap belts or any other form of physical restraint.

While most residents occupied well furnished, person centred bedrooms, a small number of residents had rooms which were furnished with minimal furnishing, and without decorative or personal items. Staff had explained that this was a means of managing behaviours that are challenging. During this inspection, staff told the inspector of measures that had been taken to create more personalised rooms for these residents and explained why these measures had not been successful. The person in charge and staff had commenced exploring more measures to address this and had begun to personalise one resident's room on a trial basis.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents' health care needs were generally well met and they had access to appropriate medical and health care services. However, nutritional management and improvement to documentation of residents' plans of care had been identified as areas for improvement at the last inspection and these had not been suitably addressed.

Residents had access to psychiatry, chiropody, optical and dental services. Limited availability of some health care services including speech and language therapy, occupational therapy and psychology services had been identified as a problem during the inspection. The person in charge confirmed that since the last inspection, these services had been made available to residents as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve good quality health care. The plans viewed contained information around residents' health care needs, assessments, medical history and any treatment received and also health care support required from staff.

Although the files were generally informative, some of the information recorded was not sufficient to guide staff. For example, there was no specific guidance on the food required for a resident with low weight who required a nutritious diet. Absence of relevant information presented a risk that care may not be consistently delivered in line with residents' assessed requirements.

Management of residents' nutritional needs required improvement to ensure that suitable outcomes were consistently achieved. While there was a nutrition care plan for a resident who was assessed as being obese, the plan did not include sufficient detail to guide care. Meals served to residents were not individualised to suit each resident's specific needs. For example, there was an informative care plan developed for a resident to help prevent constipation. However, this guidance was not being implemented and the recommended foods were not being supplied to the resident.

The inspector found that the provision of some meals was not in line with the principles of healthy eating. Although the main meals served to residents during the inspection appeared to be healthy and balanced and comprised of a protein source, carbohydrate and vegetables, two other daily meals consisted mainly of breakfast cereals or toast. There was no evidence provided to state that these meals were nutritious and balanced.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a statement of purpose but it required improvement as it did not include all the information required by Schedule 1 of the regulations. Since the last inspection, the person in charge had updated the statement of purpose. The inspector read the revised statement and found that it reflected the service and included most of the required information. However, some of the required information, such as the organisational structure and the number of residents to be accommodated, was not clear.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

During the last inspection in April 2016, the inspector found that the provider had not established a satisfactory management structure to ensure consistent delivery of suitable care and support to residents. During this inspection, the inspector found that improvement was required to staff supervision and governance. Since the last inspection an annual report on the quality and safety of care in the centre had been prepared and six-monthly auditing of the service on behalf of the provider had begun.

The provider nominee had prepared a schedule of unannounced visits to the centre at least once every six months as required by the regulations. These audits had not yet been completed for this service, but the first was taking place in the centre on the day of the HIQA inspection. An annual report on the quality and safety of care in the designated centre had been prepared. This report consisted of a detailed audit, in which several aspects of care were examined, deficiencies were identified and plans to address these were recorded. However, while this report generated useful information and findings, it did not reflect the overall quality of service in the past year and did not identify improvements, or otherwise, to the service.

Monthly reviews of incidents had commenced in 2016 and details of all incidents and the times they occurred were being recorded. All incidents in the centre were escalated to the organisation's risk management department for further review.

The provider and person in charge did not ensure that the service was consistently managed to ensure compliance with the regulations. While some of the issues identified at the last inspection in April 2016 had been addressed, some had not been addressed, while others were in progress but had not been completed within the agreed time frame.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that numbers and skill mix of staff were appropriate to meet the assessed needs of the residents. During the last inspection in April 2016, improvements were required to recruitment documentation, staff supervision and the representation of the person in charge in the planned staff roster. These were in progress in respect of recruitment and staff supervision, and had been addressed in respect of the staff roster.

There was a sufficient number of staff on duty in the centre to meet the needs of residents. Nursing and care staff were employed to deliver care to residents. In addition, the person in charge ensured that both male and female staff were rostered for duty at all times to ensure that the personal needs of all residents could be appropriately met. Staff who met with the inspector demonstrated a good knowledge of the clinical and care needs of residents living in the centre.

Staff recruitment files were not reviewed at this inspection. Some of the recruitment files were retained in another location in the organisation. However, the person in charge was arranging for all staff recruitment files to be kept in the centre and she expected that this would be done in the near future.

Some, but not all, staff had received supervision. The inspector found that the supervision process was not being implemented for all staff working in the centre. A small number of nursing staff had had supervision meetings with the person in charge. Supervision for care staff had not taken place and the person in charge stated that further training was required before this would be fully implemented.

During the last inspection in April 2016, the governance hours of the person in charge in the centre were not reflected in the roster, and on this inspection this had been addressed. The staffing roster now stated the planned working times of all staff, including the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was not examined in full at this inspection, but the areas that required improvement during the inspection in April 2016 were reviewed and were found to have improved.

Overall, the inspector found that the records required by the regulations were maintained in the centre.

During the inspection in April 2016, there were no records being kept of meals served to residents as required by the regulations. On this inspection the inspector found that all meals provided for each resident were being recorded. However, these records did not include sufficient information to indicate if each resident's specific and individualised dietary needs were being met.

The storage and retrieval of documents had improved and records requested during this inspection were provided in a timely manner.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ballytrim House
Centre ID:	OSV-0002523
Date of Inspection:	30 August 2016
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents had not been assessed to establish if they wished to exercise their rights to vote.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure all residents are assessed to establish if they wish to exercise their rights to vote.

Proposed Timescale: 31/10/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Internet access was not available to residents.

Television content was not always chosen based on residents' preferences.

The television was small, which presented a possibility that some residents may not be able to see it clearly.

2. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:

1. One resident now has internet access and two residents have their own mobile phones, radio and newspapers are available in the centre.

2. The PIC will source a TP link to provide internet access throughout the building – residents' access to this will be risk assessed on an individual basis. 14th November 2016.

3. The PIC will ensure that residents are consulted at the weekly residents meeting as to their preference of television programmes. 21/10/2016

4. A picture booklet will be developed to aid selection of programmes and explain how to use the television. 30th November 2016

5. The PIC will discuss the importance of promoting and facilitating residents' choice at the next staff meeting. 31st October 2016

6. The PIC will purchase a bigger television for the sitting room and ensure seating is arranged to facilitate viewing. 31/10/2016

Proposed Timescale: 30/11/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents had not been assessed for the use of assistive technology and appliances to promote their full capabilities.

3. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

Please state the actions you have taken or are planning to take:

1. The PIC will liaise with families to gain consent to access existing Speech & Language assessments for residents from their respective schools. 14th November 2016.
2. Information from existing Speech & Language assessments will be incorporated in to each residents care plan. 30th November 2016.
3. The Person in Charge will complete a referral to Speech & Language Therapy for each resident who has not been assessed for the use of assistive technology and appliances to promote their full capabilities. 30th November 2016.

Proposed Timescale: 30/11/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Agreements for the provision of services had not been agreed with residents.

4. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure agreements for the provision of services are agreed with residents or family representatives.

Proposed Timescale: 31/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some goals identified did not represent new experiences and aspirations for residents. Arrangements for implementation of goals, commencement date and evaluations or reviews were not recorded in some instances. There were no goals identified for one resident in a file viewed.

5. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:

The Person in charge will put the following arrangements in place to meet the assessed needs of each resident;

1. Named Nurses will commence a review of each resident's care in conjunction with the resident, families and MDT. This will involve identifying specific goals and aspirations and agreeing specific timeframes for the completion, review and evaluation of same. Named Nurses will ensure that the goals set follow the SMARTER framework. 30th November 2016
2. A schedule for quarterly review of residents care plans by each named nurse is in place. 07/10/2016
3. The PIC will develop a schedule to complete a monthly audit of two care plans per month. 14/10/2016
4. The first audit to be completed by 31/10/2016.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design and layout of the centre was not fully suited to the needs of all residents. The accommodation was institutional and was not laid out and maintained in a domestic and home-like nature.

6. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:

1. The Named Nurses will liaise with residents and/or their families for their input in relation to making the residents personal space and communal areas more home like.

30th November 2016

2. The Person in Charge will appoint a staff member to have responsibility for the actions required to address this taking the residents needs and wishes into consideration. 30th November 2016

3. The Person in Charge will discuss this with all staff at the next staff meeting. 31st October 2016

Proposed Timescale: 30/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency plan did not reflect the evacuation procedures in use in the centre.

7. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure the emergency plan reflects the evacuation procedures in use in the centre and will communicated to all staff to ensure consistency in fire safety practices.

Proposed Timescale: 14/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some fire doors which were required to be kept open at times, to meet the needs of residents, were not fitted with suitable self closing devices.

8. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:

1. A competent fire safety contractor has been commissioned to survey fire doors on the 12th of October 2016.

2. Recommended remedial works will be carried out in accordance with procurement regulations by 14th of December 2016.

Proposed Timescale: 14/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff were not made aware of the designated person as required under the Children First legislation.

9. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

Please state the actions you have taken or are planning to take:

The Person in Charge has made staff aware of the designated person as required under the Children First legislation.

Proposed Timescale: 20/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of information in residents' health care files was not sufficient to guide staff.

10. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

1. The Person in Charge will meet with individual Named Nurses to ensure that the content of each residents care plan is clear and sufficiently guides staff in the delivery of care. 31st October 2016
2. The Person in Charge will discuss this at the next staff meeting to ensure that all staff are clear on the specific care needs of each resident. Staff will have the opportunity to give feedback in relation to the clarity/comprehension of the care plans and each Named Nurse will be responsible for addressing areas for improvement. 31st October 2016
3. The Provider Nominee has put a standardised agenda in place for bi monthly staff meetings which includes personal planning for residents. 30th September 2016.

Proposed Timescale: 31/10/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The provision of some meals was not consistently in line with the principles of healthy eating.

11. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

Please state the actions you have taken or are planning to take:

The Person in charge discussed this in April 2016 with the community dietician who was happy that the nutritional requirements of all residents are being met.

1. The Person in Charge will ask the dietician to review the meal records for individual residents to ensure that the principles of healthy eating are being promoted. 31st October 2016
2. The Person in Charge in consultation with the staff team and residents will develop a recipe booklet for the meals that are cooked in the centre ensuring they are nutritious and have same available in the kitchen area for all staff to follow when preparing meals. 30th November 2016
3. The person in Charge will discuss the principles of healthy eating and dietary requirements for all residents at the next staff meeting. 31st October 2016
4. Staff will continue to offer residents choice and variety in relation to the range of meals provided and encourage residents to try new foods. Dietary intake will be recorded in each resident's individual food record. 7th October 2016

Proposed Timescale: 30/11/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Meals guidance to address a resident's specific medical need was not being implemented.

12. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:

1. The person in Charge will ensure the Named Nurse responsible for the residents' individual dietary needs has clearly communicated this to all staff .10/10/2016
2. The Nurse in Charge on duty will on a daily basis ensure that each resident's daily dietary needs are met. 10/10/2016

Proposed Timescale: 10/10/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not include all the information required by schedule 1 of the regulations.

13. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Person in Charge will update the statement of purpose to include all the information required by schedule 1 of the regulations.

Proposed Timescale: 31/10/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The person in charge did not ensure that the service was consistently managed to ensure compliance with the regulations.

14. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

1. A six monthly Provider visit was carried out on 30/09/2016; a report and action plan has been completed and sent to the Person in Charge.

2. A new management structure has commenced in the centre as follows;

A Person in Charge was appointed solely to the centre on the 19.09.16 and will be rostered Monday to Friday to ensure the centre is consistently managed to ensure compliance with the regulations.

A Person Participating in Management was also identified on the 19.09.16 to oversee the management of the centre.

3. The Provider Nominee has a schedule to complete an annual review of the quality and safety of care and support in the designated centre which will identify areas for improvement.

Proposed Timescale: 31/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff were not being suitably supervised.

15. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

1. The Person in Charge and the PPIM will commence personal development planning with all staff whilst awaiting the training on supervision; the planned schedule is one staff member per week until all staff have a personal development plan in place. To commence 17th October 2016.
2. The Person in Charge will commence formal supervision with staff 30th November 2016.

Proposed Timescale: 30/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records of meals served to residents did not include sufficient information to indicate if each resident's specific and individualised dietary needs were being met.

16. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:

The Person in Charge will maintain and make available for Inspection by the chief Inspector, detailed records of meals served to residents which will include sufficient information to indicate each resident's specific and individualised dietary needs are being met.

Proposed Timescale: 31/10/2016