



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

## Issued by the Chief Inspector

Name of designated centre:	Bailin
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	14 July 2020
Centre ID:	OSV-0003283
Fieldwork ID:	MON-0022947

## About the designated centre

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

The service is a seven day residential service and is available to adults who have been assessed as having an intellectual disability and who require a high level of support to meet their care and support needs. The designated centre is located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The house had vehicles which were used by residents and staff to access amenities in the town and in other towns. The house provided adequate private and communal space. Each resident had a private bedroom which was decorated in line with their preference. Some residents had private bathrooms and others shared bathroom facilities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Tuesday 14 July 2020	10:30hrs to 16:30hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to meet with all five residents on the day of inspection.

Residents had limited verbal communication skills, thus for staff, understanding the non verbal cues was an essential component to understanding residents wishes and needs. Staff appeared very in tune with such communications and the atmosphere in the house was one of calm. Those living in this house also had many medical needs and nursing care was an important element in assuring their holistic needs were met.

The inspector observed warm and meaningful interactions between staff and residents. Residents appeared comfortable in their home and were seen to be carrying out individual activities as well as chatting with each other. Despite the high level of need of this cohort of residents, every way was considered in how each resident could be as independent as possible. A power wheelchair facilitated one resident to move around independently. Another resident enjoyed the privacy and space of their own apartment which was an extension to the house. On arrival at the house, the inspector met one resident in the sitting room blow drying their hair. This was an activity the resident enjoyed doing independent of staff. Another resident was "reading" their photo album. Looking at family photos in this large book brought the resident much joy.

The making of jigsaws was a keen interest for one particular resident. The inspector noted how competent the resident was in the activity and how diligent and independent the resident was in tidying away the jigsaws once they were completed.

## Capacity and capability

Overall, this was a comfortable home for the five residents who lived in this well maintained house. There were management systems in place in the centre that ensured the service provided was safe, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and six monthly reviews carried out by the provider. In addition the person in charge undertook audits and where required, improvements were made. For example, following a six monthly review minutes of staff meetings were maintained

and management audit findings were reported on at staff meetings.

There were clear lines of accountability with the person in charge reporting to the Director of Services. The Director of Services in turn reported to a management board. The Board of Management were active participants in the operation of this centre and were structured in such a manner to maintain good oversight of finances, employment and future planning. The organisation had in place a compliance officer who was instrumental in ensuring Waterford Intellectual Disability Association (WIDA) complied with its statutory obligations, including health and safety matters.

A suitably qualified individual was appointed to the role of person in charge to the centre. This person was an experienced nurse manager and demonstrated the necessary skills, knowledge and enthusiasm to fulfil their governance role. This person was also person in charge in three other centres operated by WIDA and covered duty for another person in charge when they were absent. Some of those other centres were respite facilities and were temporarily closed. This centre, Bailín, had recently been added to the management remit of the person in charge. The inspector was aware that some of the person in charge's other duties, namely the respite centres, had reduced as a result of COVID-19 pandemic. However, once full respite services resumed, the capacity of one person to maintain an appropriate watchful brief of the day to day management of all centres was likely to be challenging. Some discussion had begun around ensuring that, into the future, staff would have the skills to run Bailín either instead or in tandem with the current person in charge. This showed forward planning and a commitment by the provider to ensure adequate governance arrangements were in place.

A staff supervision system was in operation. On review of the staff roster and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. The needs of this cohort of residents required significant nursing input. The person in charge was an experienced nurse as was another clinical nurse manager, who worked full time in the centre. The care needs of the residents was such that the likelihood was for the level of nursing care to rise. In addition, the expectation was that residents would be provided with end of life care in their home, when such a need would arise. The provider was aware of this and kept the staffing mix under review.

The risk of a medication error was assessed. The measures taken to mitigate against an error were biennial medication management refresher training for staff. In the sample of training records reviewed, one staff was recently overdue this medication management refresher training. Given that residents had significant medication needs and the responsibilities of non nursing staff included medication management, it was important to ensure timely updates of such courses.

As referenced earlier in this report, the residents living in this house had complex medical needs. Some had swallowing difficulties and the risk around choking had been assessed as high. Swallow management plans were in place for these residents and these plans were kept up to date. Some staff were qualified nurses, others had first aid training. However, some staff did not have specific training, in the

management of swallowing difficulties and the management of a choking event. Such training would be appropriate in the context of the needs of the residents and the skill set of the staff employed.

The inspector discussed with the person in charge, the contingency plan and systems in place to support staff to respond to an outbreak of COVID-19. The inspector was satisfied that these plans placed the ongoing care and welfare of the residents in a position of priority. For example, staff wore masks and changed their clothes at the beginning and end of each shift. The temperatures of staff and residents were checked daily, visitors to the centre were restricted and residents were supported to understand the measures to be taken to help prevent an outbreak of COVID-19. These measures minimised the risk of introduction of infection. Cohorting arrangements were planned for if the need arose in the event of an outbreak.

In general notifications required by regulations were submitted in a timely manner to the chief inspector. However, some quarterly notifications were outside the required time frames.

#### Registration Regulation 5: Application for registration or renewal of registration

The required documentation for the renewal of the centre's registration was submitted to the chief inspector..

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a suitably qualified and experienced person for the post.

Judgment: Compliant

#### Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

## Regulation 16: Training and staff development

Some staff did not have specific training in the management of swallowing difficulties and the management of a choking event. Such training would be appropriate in the context of the needs of the residents and the skill set of the staff employed.

One staff member was recently overdue medication management refresher training.

Judgment: Not compliant

## Regulation 22: Insurance

The provider submitted evidence of current insurance cover as part of their application to renew the centre's registration.

Judgment: Compliant

## Regulation 23: Governance and management

There were management systems in place in the centre that ensured the service provided was safe, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and six monthly reviews carried out by the provider. In addition the person in charge undertook audits and where required, improvements were made.

There were clear lines of accountability with the person in charge reporting to the Director of Services. The Director of Services in turn reported to a management board. The Board of Management were active participants in the operation of this centre and were structured in such as manner to maintain good oversight of finances, employment and future planning.

Judgment: Compliant

## Regulation 3: Statement of purpose

An up to date statement of purpose was submitted as part of the required documentation for renewal of registration. It was amended to reflect the

changes in management personnel.

Judgment: Compliant

### Regulation 31: Notification of incidents

In general notifications required by regulations were submitted in a timely manner to the chief inspector. However, some quarterly notifications were outside the required time frames.

Judgment: Substantially compliant

### Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans was updated at least annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, an apartment type arrangement was created for one resident whose needs were such that having their own space was important. The premises was spacious, homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available.

Staff were aware of residents underlying health care issues. Medical attention was

sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24 hour basis, either by the presence of a nurse on site or on an on call arrangement.

Individual risks were assessed and well managed. This included the risk to individuals of COVID-19. The infection controls in place were discussed throughout the duration of this inspection. Apart from COVID-19, where other risks to individual residents had been identified, measures had been taken to manage these risks. For example, staff assigned to this house did not work elsewhere; when a resident was at risk of developing a pressure sore, a pressure relieving mattress was put in place; where a resident was at risk of poor nutrition a daily food chart was maintained.

In addition to the individual risk assessments a general risk register was also maintained. This register needed to be reviewed. Some risks, such as the risk of choking, was risk rated in both the individual risk assessment and the general risk register, however, there was a significant difference in the risk rating applied. Similarly the risk level attributed in the general risk register to infection control needed review.

Residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, which needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

### Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation, albeit these had been curtailed due to COVID-19. Nonetheless, residents went for walks, enjoyed baking, and took part in table top activities. In particular, residents enjoyed the one to one time with staff. This was helped by the redeployment of day centre staff to the residents home. This resulted in a higher resident to staff ratio than there would be ordinarily.

Judgment: Compliant

### Regulation 26: Risk management procedures

Individual risks were assessed and well managed. This included the risk to individuals of COVID-19. Some risks, such as the risk of choking, was risk rated in both the individual risk assessment and the general risk register, however, there was a significant difference in the risk rating applied. Similarly the risk level attributed in the general risk register to infection control needed review.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

It was evident from discussions with the person in charge, that infection prevention and control measures were in place and that staff were requested to adhere to these. As discussed in the other regulations, there was access to the appropriate information, and training had been completed with staff. Staff were supplied with PPE and the inspector observed that staff were using these at the appropriate level. There was a uniform policy, a requirement (where possible) to physically distance and twice daily temperature screening of staff and residents. There were facilities for the management of clinical waste and the provider was confident that any above normal level of usage would be stored and managed appropriately. The person in charge, who is a nurse, was clear on cohorting guidance in the event of an outbreak.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at varied times of the day and night.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured comprehensive personal plans were in place for all residents. These plans reflected residents' health, personal and social care needs.

Judgment: Compliant

### Regulation 6: Health care

The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. This was completed while adhering to infection prevention and control measures. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24 hour basis.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The challenge posed to the implementation of recommended infection prevention and control measures was captured in the knowledge that staff had of residents' needs and in the assessments completed by staff. Practical measures were implemented such as the provision of extra nurse cover at weekends to support residents. There was a multidisciplinary approach to supporting residents in the management of their stress. Where medication was prescribed there was regular review with regards to its effectiveness.

Judgment: Compliant

### Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider facilitated residents to participate in and consent, with supports where necessary, to decisions about his or her care and support. Residents had the freedom to exercise choice and control in his or her daily life, in so far as this was practicable. There was evidence of respect for each person's dignity in the manner in which assessments were conducted and in the way they were written. Specific emphasis was placed on maintaining a resident privacy and dignity. Activities were incorporated in to the daily routine and residents reported to be content with their routines.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bailin OSV-0003283

Inspection ID: MON-0022947

Date of inspection: 14/07/2020

## 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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Refresher Medication Management training will be completed on a biennial basis as per our policy. Refresher Medication Management Training scheduled for September 2020.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Quarterly notifications will be submitted on time.Q3 submitted in July.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk registers and individual risk management plans both to be reviewed and updated to have same rating. Compliance office is also updating general risk register.	



## 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 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.	Not Compliant	Orange	30/09/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/08/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at	Substantially Compliant	Yellow	30/10/2020

	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.			
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