



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

Issued by the Chief Inspector

Name of designated centre:	Belfry House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	25 June 2024
Centre ID:	OSV-0008157
Fieldwork ID:	MON-0035308

About the designated centre

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

This centre comprises of a large detached house in a tranquil rural setting in County Cavan. There are four stand alone apartments each consisting of a sitting room/living room and a large ensuite bedroom. The main part of the house consists of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom. To the rear of the property there is a games room/relaxation room/visitors room and a laundry facility. There are well maintained gardens to the front and rear of the property with adequate private care parking space. The centre is staffed by a person in charge, a team leader, two deputy team leaders and a large team of assistant support workers. Transport is provided to the residents for social outings, drives and trips to nearby towns and villages.

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 (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 25 June 2024	10:00hrs to 16:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached premises in Co. Cavan and, within that building there were four self-contained one bedroom apartments and a main house . The main part of the house consisted of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom. The inspector observed two of the residents in the centre over the course of the inspection and spoke with one of them in their apartment. Additionally, the inspector also spoke with one family member over the phone so as to get their feedback on the quality and safety of care provided to the residents.

On arrival to the centre the inspector observed that the premises were spacious, clean, and welcoming. There was a private parking area to the side of the property and large private well maintained grounds/gardens to the side and rear. The gardens had a basket ball net and a trampoline for residents to avail of in times of good weather. There was a activities/relaxation room available to the residents where they could engage in activities of their choosing such as karaoke and dancing. Additionally, there was a large separate utility facility to the rear of the property for residents to launder their clothes.

From reviewing the 2023 annual review of the service, the inspector observed that residents were being supported to achieve goals such as, attend family weddings, celebrate birthdays and attend concerts and music festivals. However, none of the residents attended a day service and staff informed the inspector that at times, the residents may decline to engage in community based activities or disengage with the process of achieving their goals. This issue was discussed later in the report under regulation 13: general welfare and development.

The inspector observed one resident speaking with a staff member in the garden area of the centre. The resident appeared in good form and was observed to be relaxed and comfortable in the company and presence of staff. Staff were also observed to be reassuring, kind and caring in their interactions with the resident. The inspector also observed that another resident was supported to engage in a community based activity of their choosing later in the day. Additionally, one resident chose to stay in their room for the day and did not engage with the inspector over the course of the inspection. The inspector observed however, that staff checked in with this resident on regular intervals throughout the day.

Residents had access to a number of allied healthcare professionals to include behavioural support and speech and language therapy (SLT). One resident who was non-verbal had an SLT assessment completed on their admission to the service and recommendation arising from that assessment were in place for this resident. For example, visual schedules were in place. Additionally, all staff had training in a specialised communication system which was used by this resident.

On the afternoon of the inspection, the inspector met and spoke with one resident.

They were relaxing in their apartment listening to country music and appeared in good form. They told the inspector that they liked Irish and country music and, had just completed a word search with staff and enjoyed this activity. They also said that they liked watching television (especially the soaps and wildlife programmes) and, they were hoping to get a new TV in their bedroom shortly. The resident said that they were happy in their apartment and would speak to staff if they had any issues or problems. They also said that they had recently celebrated their birthday spending time with their family (and the family pet dog) and really enjoyed their big day. They also had lunch out with this family member for their birthday.

The resident liked animals and said that they wanted to get pictures/stickers of animals so as they could hang them in their kitchen. The inspector noted that the apartment was decorated to the individualised style and preference of the resident. For example, they had a comfortable armchair for watching TV and, had pictures of animals on their sitting room walls. It was also observed that the resident appeared comfortable and relaxed in the company and presence of the staff members.

Additionally, a family representative spoken with by the inspector over the phone on the day of this inspection was generally positive about the quality and safety of care provided in the centre. The reported that they were happy with the quality and safety of care their relative received and, that there couldn't be any place better for them at this time. They said that their can be a lot of changes with the staff team and that their relative would like a pet however, they said that their relatives bedroom was lovely, their personal possessions were well looked after, they were kept up-to-date about their general welfare and what was happening in the service and, that they had no complaints at this time.

While minor issues were identified risk management and general welfare and development, the resident met with appeared happy and content in their home. Staff were observed to be kind and caring in their interactions with the residents and feedback from one family representative was generally positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

The one resident met with appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who was qualified social care professional. However, they were not available on the day of this inspection and the inspection process was facilitated by

the management team of the centre.

Three staff spoken with had a good knowledge of residents' individual care plans and assessed needs. Additionally, from reviewing the training records/matrix of three staff members, the inspector found that they were provided with both mandatory and bespoke training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector reviewed a sample of rosters from May 2024 and June 2024 and found that the staffing arrangements were as described by the person in charge.

Additionally, the provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out on May 20th, 2024.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

On review of a sample of rosters from May 13, 2024 to May 19th, 2024 and June 17th 2024 to June 23rd, 2024 the inspector observed that the staffing arrangements were as described by the person in charge.

For example,

- eight staff members were on duty each day from 8am to 8pm (a mixture of social care workers/shift lead managers and assistant support workers). Three residents were on 2:1 staff support throughout the day and the other two were on 1:1 staff support throughout the day
- in addition to these eight staff, an additional two staff members were available throughout the week to support residents with appointments and/or community-based activities. This meant that at times, there could be nine to ten staff on during the hours of 8am to 8pm on duty each day
- eight staff members worked 8pm to 8am providing waking night cover in the centre. As above, three residents were on 2:1 staff support throughout the night and the other two were on 1:1 staff support throughout the night.

The person in charge maintained planned and actual rosters in the centre clearly

showing what staff were on duty each day and night.

Two staff files containing the information as required under Schedule 2 of the Regulations were reviewed by the inspector and found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and three staff files as presented to the inspector on the day of this inspection, the inspector found that these three staff were provided with both mandatory and bespoke training to ensure they had the necessary skills to respond to the needs of the residents.

For example, these staff had undertaken training in the following areas:

- safe administration of medication (to include the administration of emergency medication and a practical exam)
- fire safety awareness
- manual handling
- safety intervention techniques
- fire marshal training
- basic first aid
- protection and welfare
- hand hygiene
- infection control
- autism awareness
- blood pressure
- donning and doffing of personal protective equipment
- safeguarding of vulnerable adults
- management of behaviour
- children's first.

Additionally, staff had bespoke training in:

- a communication strategy bespoke to one of the residents
- mental health awareness
- acquired brain injury

Three staff spoken with by inspector demonstrated a knowledge of the assessed needs of the residents they were supporting on the day of this inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced director of operations.

On the day of this inspection, the person in charge was not available and the inspection process was facilitated by the management team of the centre.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2023 along with an in depth six monthly unannounced visit to the centre on May 10th, 2024

Additionally, local audits of the centre were also being facilitated by the person in charge.

The overall auditing process was identifying any issues in the centre along with a plan of action to address those issues in a timely manner.

For example, the auditing processes identified the following:

- residents post consultation documentation was to be maintained in the centre
- some health management plans required review
- an intimate care plan required updating/review
- the annual review of the service for 2023 was to be discussed with the residents through key working sessions
- a lock was required for a medication fridge
- some fire signage was required to be put in place.

It was observed that all these issues had been identified, actioned and addressed by the time of this inspection.

It was also observed that some maintenance works were required to parts of the premises and this had been identified in the auditing of the centre. However, the management team were aware of these issues and, had a place in to address them.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The management team were aware of the legal requirement to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The designated centres was notifying the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and, systems were in place to meet their assessed health and social care needs. However, aspects of the risk management process required updating and, an additional review of the social, learning, and recreational activities on offer to the residents was required.

Residents' assessed needs were detailed in their individual plans and from two files viewed, the inspector observed that they were being supported to participate in social, learning and recreational activities of their choosing. However, the inspector also observed that residents could often decline to participate in their chosen activities and/or disengage from the process of achieving their goals and this required further review.

Residents preferred style of communication was in their individual plans and, they were being supported with their healthcare-related needs. For example, residents

had access to a range of allied healthcare professionals to include GP services, behavioural support services and mental health supports where required.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, an aspect of the risk management process required review.

The centre was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

While aspects of the risk management process required updating and the process of goal setting with the residents required review, this inspection found that the one resident spoken with as part of the inspection process appeared happy and content in their home.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal plans.

Residents had access to a number of allied healthcare professionals to include speech and language therapy (SLT). One resident who was non-verbal had an SLT assessment completed on their admission to the service and recommendations arising from that assessment were in place in the centre. For example, visual schedules were in place. Additionally, all staff had bespoke training in a specialised communication system which was used by this resident.

Residents also had access to a telephone and other media such as television and radio.

Where required, easy to read information was provided to the residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to access facilities for occupation and/or recreation which were based on their interests and developmental needs. For example, as part of their goals for 2023 residents were supported to:

- attend a family wedding

- build on independent living skills (doing own laundry)
- attend a music festival
- attend a Christmas ball
- maintain regular contact with family members.

However, the inspector observed that none of the residents attended a day service and could often refuse to engage in community based activities. Additionally, they could also disengage from the process of achieving their goals.

For example, some residents had expressed an interest in getting a part-time job and attending a college course. While staff had commenced the process of planning with the residents in order to support them to achieve these goals, the residents decided to disengage from the planning process prior to the goals being achieved or shortly after achieving them.

Taking into account that none of the residents attended a day service, a further review of this issues was required so as to better support residents to maintain links with their community and continue to engage in activities that they themselves had chosen and had an interest in.

Notwithstanding, from viewing two personal plans and speaking directly to one resident and one family representative, residents were being supported to maintain regular contact with the families.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and comprised of a large one story building in a tranquil and rural location. It was observed to be spacious, clean, and welcoming.

Within the building there were four self-contained one bedroom apartments. These were decorated to the individual style and preference of the residents.

The main part of the house consisted of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom.

There was a private parking area to the side of the property and large well maintained grounds/gardens to the side and rear. The gardens had a basket ball net and a trampoline for residents to avail of in time of good weather.

There was a activities/relaxation room available to the residents where they could engage in activities of their choosing such as karaoke and dancing. Additionally, there was a large separate utility facility to the rear of the property for residents to launder their clothes.

The premises were being well maintained in general. There were a few maintenance issue noted during this inspection however, the management team were aware of this and had a plan in place to address it.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents safety in the centre.

There was a policy on risk management available and each resident had a number of individual risk management plans on file so as to support their overall safety and well being.

As identified earlier in this report, three residents were on 2:1 staffing support on a 24/7 basis and the other two were on 1:1 staffing support on a 24/7 basis. This was to ensure that they were safe in the centre and safe when accessing community based amenities. Additional staff were also available to support community based outings for residents who were on 1:1 staff support.

It was observed however that aspects of the risk management process required further review. For example:

- a resident at high risks of fall (as indicated in their falls risk assessment) was required to see an occupational therapist (OT). While this referral had been made by the time of this inspection, the resident had yet to be reviewed by the OT and it was unclear as to when this appointment would be facilitated. (The inspector did observe however that an OT assessment of the residents environment has been facilitated previously by the service).
- a smoking facility used by one of the residents require review so as to ensure it did not pose any risk to this resident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example,

- the emergency lighting system was serviced by a fire consultancy company

on January 16, 2024 and again on May 29, 2024

- the fire alarm system was serviced by a fire consultancy company on January 16, 2024 and again on May 29, 2024
- additionally, the fire extinguishers had been serviced in May 2024

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files/training matrix, they also had training in fire safety awareness.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

A fire drill facilitated on May 06, 2024 with maximum occupancy in the house, informed that all residents and staff assembled at the fire assembly point within two minutes and 30 seconds with no issues being noted and no actions required.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included access to the following services:

- general practitioner (GP)
- occupational therapy
- speech and language therapy
- dentist
- physiotherapy
- optician
- dietitian.

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice. Two staff spoken with were aware of the healthcare needs of the residents. Hospital appointments were also facilitated as required.

Where or if required, residents had access to mental health/behavioural support services with some having multi-element behavioural support plans in place.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding plans active in the centre.

The inspector also noted the following:

- a family member spoken with over the phone was positive and complimentary about the quality and safety of care provided
- there were no complaints open about the service at the time of this inspection
- two staff member spoken with said they would have no issue reporting a safeguarding concern to the person in charge
- the concept of safeguarding and complaints was discussed at residents meetings
- safeguarding formed part of the standing agenda for staff meetings
- one resident said they would talk to staff if they had any issues
- information on safeguarding was readily available in the house

The team lead also reported that all safeguarding concerns and/or allegations were investigated as required, reported to the national safeguarding team where required, interim safeguarding plan were developed, reported to the Health Information and Quality Authority and where or/if required, to An Gardaí.

Additionally, from three files viewed on the centres training matrix, staff had training in the following:

- safeguarding of vulnerable adults
- children's first
- open disclosure

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Belfry House OSV-0008157

Inspection ID: MON-0035308

Date of inspection: 25/06/2024

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1. The Behavioural specialist and Person in Charge, will conduct a review of the support needs for Individual’s in the engagement in their community based activities and achieving outcomes. 2. Following the above review, a full review of the Personal Plan and outcomes will be completed by the Person in Charge and Individual’s residing in the Centre. 3. The Person in Charge, will communicate the updates to the Personal Plan and outcomes to the team at the next Monthly Team meeting. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. An Occupational therapy review will be completed on the Resident’s fall risk, any recommendations will be incorporated into their Personal Plan and Individual Risk Management Plan. 2. The Person in Charge and Director of Operations will conduct a review of the Resident’s smoking facility in line to ensure that all control measures required as per their Individual Risk Management Plan are in place and effective to mitigate the risk presented. 3. The above points will be discussed with the team at the next monthly team meeting. 	



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(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/07/2024
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	30/07/2024