



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

Issued by the Chief Inspector

Name of designated centre:	Belclare
Name of provider:	Orchard Community Care Limited
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	06 June 2024
Centre ID:	OSV-0008724
Fieldwork ID:	MON-0042921

About the designated centre

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

Belclare provides residential and/or shared care for two adults with an intellectual disability and autism. The designated centre is a large bungalow which is located in a rural location. It is within driving distance of local shops and community amenities, and transport is available at the centre. Care and support is provided by a team of social care workers and healthcare assistants. A sleep over night-time arrangement is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 6 June 2024	09:30hrs to 13:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was the first inspection of a newly registered centre. It was a short-notice announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day. From what the inspector observed, it was clear that the residents living at this centre were enjoying a good quality of life where their human rights were respected and they were supported to be active participants in the running of their home and to be involved in their community.

Belclare opened in February 2024. One resident was admitted at that time and is reported to have settled in well. A second resident began to stay in this designated centre in March 2024. They had a comprehensive transition plan, which was progressing at a pace suitable for the resident and their assessed needs and was working well at the time of inspection.

Belclare is a large bungalow, located in a rural area and within driving distance of shops and community amenities. There were two vehicles available for the residents' use. The property provided was renovated prior to registration. It was bright, spacious and accessible throughout. Each resident had their own bedroom and bathroom. There were two sitting rooms provided which meant that residents had a choice of areas where they could spend their time. There was a well-equipped kitchen and a large dining room. The house was nicely decorated. One resident had chosen the colours for their bedroom and picked their own bed linen. In addition, they had displayed pictures that they liked on the sitting room wall. Overall, the house was nicely decorated with further plans for decorative items and other soft furnishings in progress. There was a large garden at the front of the house with mature trees and ample parking space. The garden at the rear of the house was not used by the residents at the time of inspection. It was closed off by a fence. The inspector found that the ground here was uneven and there were four covered drain pipes in the lawn area. This will be expanded on later in this report.

On arrival at the centre, the inspector met with the person in charge. The residents were not at the centre that day. One was attending their day service and one was at home with their family. The person in charge told the inspector that both residents have good contact with their family members and that they visited and stayed with them regularly.

The inspector met with four staff members during the course of the inspection. They were observed completing the tasks required during the shift handover. They communicated clearly with each other in relation to the needs of the residents and the service, and actions were documented in a handover book. When asked, staff spoke with the inspector about using a human rights approach to their work. Most staff said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred and rights

based approach in their work. They spoke about treating residents with respect and supporting them to make decisions about their lives.

Overall, the inspector found that Belclare provided a welcoming and spacious home for the residents that had recently moved there. They were afforded time to slowly settle into the designated centre, while also maintaining contact with their family members and their home communities. The care and support provided was consistent, good quality and person-centred.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were strong governance and management arrangements in place in the centre. This ensured that the care delivered to the residents met their needs and was under ongoing review.

The inspector reviewed a sample of the policies and procedures held at the centre and found that they met with the requirements of Schedule 5 of the regulation. The statement of purpose was available for review and was in line with the requirements of Schedule 1 of the regulation.

Prior to admission, both residents and their families were supported with comprehensive transition plans. These were available in easy-to-read versions and were designed to suit the residents. The inspector found that these plans were effective and were working very well. In addition, the residents were provided with contracts of care which were available in writing and outlined the terms of the service provided.

The management structure consisted of a person in charge who reported to a provider representative. The person in charge had responsibility for the governance and oversight of two designated centres. Although these were located some distance from each other, due to the nature of the services, the person in charge reported that they had the capacity to have effective oversight of both at that time of inspection. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present that day. Residents living at this centre were provided with 1:1 staff support if required by a consistent and knowledgeable staff team. An on-call system was used, which was reported to work well.

Staff had access to training, including refresher training, as part of a continuous professional development programme. The person in charge had designed an effective staff training matrix which included details of when staff had attended training modules. All mandatory training was up to date. In addition, staff were provided with additional training such as epilepsy management if required.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. The good quality management systems used ensured that the service provided was streamlined, appropriate to the needs of the residents and effectively monitored. A review of the documentation systems found that they were well organised and the information was easily accessed. This meant that clear guidance was provided to the staff team. A range of audits were in use in this centre and the actions identified were documented on a governance and oversight report which was submitted to the provider on a monthly basis. The unannounced six monthly audit and annual review of care and support were not yet due.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and influenced the good standard of care provided.

Regulation 14: Persons in charge

The provider had appointed a person in charge who had oversight of two designated centres. They worked full-time and had the qualifications, skills and experience necessary to manage these services.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of the service. The rota was an accurate reflection of the staff team employed on the day of inspection. The staff team were consistently employed and the residents knew them. Where 1:1 staffing was required this was provided. Agency staff were not used, if additional staff were required, extra hours were worked by the core staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. Additional bespoke training was provided if required. A formal schedule of staff supervision and performance management was in place and meetings were up to date.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the service and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. An audit systems was in place which was working well. Actions identified were recorded on a governance and oversight report which was updated regularly and submitted to the quality co-ordinator on a monthly basis. The six monthly provider-led audit and the annual review were not yet due.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an up to date admissions policy and a comprehensive transition plans were available for review. Residents and their families were actively involved in the transition plan. They visited the service prior to admission and met with the staff members as required. A written contract of care was provided and agreed with the residents family members on admission to the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Belclare was good quality, person-centred and safe. There were good management systems in place which further compounded the quality of the service provided.

Residents here were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Access to facilities for occupation and recreation were provided. These included home and community based activities such as community day services, trips to the swimming pool and beach, trips to activity centres, the cinema and to coffee shops and restaurants. A comprehensive assessment of residents' health, personal and social needs were completed. They had personal-centred plans and assessments of need which were up to date. Goals were chosen by the residents and were appropriate for a time of transition to a new centre.

Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with the residents' needs. For example, a resident attended consultant-led neurological and mental health care. In addition, support of specialist nursing support and psychology was provided.

Access to a positive behaviour support specialist was provided if required and therapeutic interventions were planned and documented on risk management plans. The provider had a policy on positive behaviour support and staff training was up to date. In addition, staff spoken with were aware of the proactive strategies to use if needed. Restrictive practices were not used in this centre.

As outlined, this was a new service which was provided in a renovated premises. The property was designed to meet the assessed needs of the residents living there. It was of sound construction and in a good state of repair. It was clean and suitably decorated. However, the condition of the garden at the rear of the house and the external paint and decoration required review to ensure full compliance with the regulation.

The provider had adequate fire protection arrangements in place. These included

arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place. Residents had individual evacuation plans and all staff had completed fire training.

In summary, the residents at this designated centre were provided with a good quality and safe service, and their rights were respected. Their transition to the service was planned and implemented with appropriate attention and caution. Therefore, the plan was respectful of the residents' rights and wishes and was working well at the time of inspection. There were good governance and management arrangements in the centre which led to improved outcomes for resident's quality of life and care provided.

Regulation 13: General welfare and development

The provider and the person in charge ensured that residents living at Belclare were provided with appropriate care and support which was in line with their needs and wishes. As both residents had recently transitioned to the service, they were provided with additional assistance which was appropriate for this critical time of their lives. They were supported by staff to find opportunities to enrich their lives, to maximise their strengths and abilities, while enjoying the process of setting into a new home. Both residents attended different day services at different times. This was possible as each resident had access to a separate car. This meant that they could participate in activities together if they wished, or apart.

Judgment: Compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the needs of the resident. It was of sound construction and as it was recently renovated, it was in a good state of internal repair. The rooms were clean and tidy, and there was plenty of space provided for the residents living there. The external part of the property required further work in order to fully comply with the requirements of the regulation. For example,

- the garden at the rear of the house was deemed unsafe by the provider, and not accessible at the time of inspection
- the paint on the external part of the property was visibly dirty in places and flaking from the walls

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. Suitable fire equipment was provided, which was serviced recently. Escape routes were clear from obstruction and an easy to read evacuation procedure was prominently displayed in the hallway. Residents had individual evacuation plans, and where possible they were involved in fire drills. Staff training in fire safety was up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents living at this centre had comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. The inspector found that the service was working together with the residents and their families, to identify their individual likes and to plan corresponding life goals. These goals were chosen carefully to ensure that were in line with the residents' wishes at a time of transition. For example, one resident had a comprehensive colourful easy-to-read plan which was prepared in the style of a local newspaper that they liked. This outlined activities that they enjoyed, which were merged with overnight stays in Belclare and designed to maximise their enjoyment of the service, while building their independence in an age-appropriate way.

Judgment: Compliant

Regulation 6: Health care

Residents had access to healthcare support which was in line with their assessed needs. Both residents retained the support of their general practitioner (GP) in their home communities at the time of the inspection and visits could be facilitated by the staff team if required. In addition, residents had the support of allied health professionals such as speech and language therapy, occupational therapy, social work and psychology. Access to specialist nursing service appointments and consultant-led care at the local hospital was provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Both residents had access to a positive behaviour support specialist as required. Where required, therapeutic interventions were planned and documented on their risk management plans. The provider had a policy on positive behaviour support and staff training was up to date. In addition, staff spoken with were aware of the proactive strategies to use if required. Restrictive practices were not used in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Belclare OSV-0008724

Inspection ID: MON-0042921

Date of inspection: 06/06/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The building will be painted, and the garden will be made safe for service users to use. Soil will be bought to even out the surface. This will be completed by the 30.07.2024	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/07/2024