



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

Name of designated centre:	Belford House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	14 August 2018
Centre ID:	OSV-0002056
Fieldwork ID:	MON-0021645

About the designated centre

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

Belford House is a purpose built, single storey building located in an urban setting which includes two sitting rooms, a kitchen/dining area, bedrooms, bathroom facilities and a rear courtyard. The centre provides residential services and caters for residents over the age of 18 years, both male and female, with an intellectual disability and autism. Residents may also have high medical/physical needs and/or behaviours that challenge. The centre can accommodate a total of eight residents. Staff support is provided by nurses and care staff. The centre does not provide emergency admissions and all residents avail of separate day care service facilities..

The following information outlines some additional data on this centre.

Current registration end date:	11/01/2019
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or 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
14 August 2018	10:30hrs to 18:55hrs	Conor Dennehy	Lead
15 August 2018	08:00hrs to 16:30hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met the eight residents who were living in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, five residents spoke to the inspector while all residents were observed in their environments and in their interactions with staff.

Two residents indicated to the inspector that they liked living in the centre while another said that they were sometimes happy living in the centre. Another resident informed the inspector that while they liked support given by staff, they wanted to move to a different living arrangement. All residents appeared comfortable with staff members present and were observed engaging with them in a positive manner throughout the inspection.

Four residents also completed questionnaires, with the assistance of staff members, describing their views of the centre they lived in. All questionnaires contained positive views regarding the centre which indicated a high level of satisfaction with many aspects of life in the centre such as activities, bedrooms, meals and the staff who supported them.

Capacity and capability

The provider had ensured that, overall, this was a well run centre which was meeting the residents' individual needs. This was reflected by a good compliance level across most of the regulations inspected against. Throughout this inspection the inspector observed and saw evidence that residents were treated respectfully and in a caring manner. It was noted though that, while overall good arrangements were made for management and staffing of the centre, some improvement was required in relation to the provision of refresher training and the unannounced visits carried out by the provider.

The provider had ensured that a statement of purpose, which is a key governance document for the centre, was in place and was reflective of the service provided. It was noted that this document was on display at the entrance to centre while each resident was provided with an accessible version. The inspector was satisfied that the statement of purpose reflected the day-to-day operation of the centre and accurately described the model of care and support provided.

As outlined in the statement of purpose, a clear organisational structure was in place within the designated centre where roles and responsibilities were clearly set out.

The centre was well led. A suitable person in charge was in place who was responsible for four designated centres in total. Given the person in charge's remit the provider had put in place structures to support them in their role which included a day-to-day management presence in the centre. This helped to ensure that the person in charge was actively involved in the running of the centre and was fully aware of the needs of residents.

To provide oversight of the centre, the provider had been carrying out, annual reviews and six monthly unannounced visits for this designated centre as required by the regulations. Such requirements are important in order review the quality and safety of care and support that is provided to residents. Since the previous inspection of this centre in July 2017, two unannounced visits had been carried out by the provider. Such visits were focused on the quality and safety of the service provided. However, the provider did not always use the information effectively to promote improvements of the service. For example, it was noted that the most recent unannounced visit did not reference a prominent issue in the centre while the supporting action plan required some improvement to ensure that some issues identified were followed up in a timely manner.

As part of the overall running of the centre, the provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting a continuity of care. Residents appeared comfortable in the presence of staff members on duty during the inspection. The inspector also observed staff members engaging with residents in a positive, respectful manner and providing appropriate support where required.

Staff members spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. It was seen that staff were provided with training in a wide range of areas such as fire safety and safeguarding although some refresher training was due in areas such as manual handling. It was also noted that the provider was looking to provide additional training to staff to promote positive behaviour amongst residents. This provided assurance that provider was committed to developing their staff and ensuring that they were suitably trained to provide a person centred service.

Regulation 14: Persons in charge

The person in charge was responsible for four designated centres in total at the time of this inspection. Based on the compliance levels of this inspection, this arrangement was not found to have a negative impact on the service provided to residents.

Judgment: Compliant

Regulation 15: Staffing

An appropriate skill mix of consistent staff was provided to support residents. Nursing staff was available in line with the provider's statement of purpose while planned and actual rosters were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive both formal and informal supervision. There was also a day-to-day management presence in the centre which ensured that staff practice could also be supervised. Training was provided in a range of areas but some refresher training was overdue in areas such as manual handling.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place which included all of the required information.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place along with oversight and auditing arrangements which were effective in many areas.

However the provider was not always using audit and review information effectively. Unannounced visits were being carried out but some improvement was required for the supporting action plan and to ensure that the unannounced visit report addressed prominent issues relating to the quality and safety of the service provided. Annual reviews were being carried out but while the 2017 annual review did focus on issues related to residents' quality of life and safety, it did not include consultation with residents and their representatives. Such consultation is an important part of the review process which helps ensure that residents have a say in driving improvements in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been no admissions to the centre since the previous inspection but the provider had policies and practices in place in this area.

All residents had been provided with a contract for the provision of services. This is a key document in setting out the services that residents are to be provided with and the fees they must pay. A sample of these were reviewed. Some were not clear about what residents could expect. Contracts therefore required review to ensure that the services provided were clearly indicated.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which contained all of the required and accurately described the nature of the service provided. This was noted to have been recently reviewed, was on display at the entrance to the centre and was provided to residents in an accessible format.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and practices were in place relating to complaints. A complaints officer was in place and systems were in place for complaints to be recorded and followed up on. A complaints log was seen on inspection which indicated that complaints were taken seriously and addressed.

Judgment: Compliant

Quality and safety

Residents were treated in a respectful and caring manner while living in the centre. The provider was making active efforts to ensure that the needs of all residents

were met and was listening to and acting on the concerns raised by residents.

The needs of each resident were set out in individual personal plans which outlined the supports to be provided to residents to care for them. It was noted, in a sample of personal plans read, that these plans were informed by relevant assessments and had been developed with the input of residents and their families. Copies of residents' personal plans were also available in an accessible format so that residents could participate in the process.

At the outset of the inspection, the inspector was informed that the environment had recently been assessed as not being suitable to meet the particular needs of one resident. While acknowledged by staff and management that this posed a challenge, evidence was seen on inspection that the provider was making considerable efforts to ensure the needs of all residents were being met while also actively seeking to provide a more suitable environment.

It was noted that residents were supported to enjoy the best possible health. Residents had annual assessments carried out and where necessary health care plans were put in place outlining the supports needed for residents. Staff spoken to were aware of the health care needs of residents and how best to support them. Residents had access to allied health care professionals and appointments with such professionals were facilitated. Some inconsistency was observed though in the monitoring of some residents' weight and this required improvement to ensure that nutritional issues could be monitored effectively.

Where required residents had positive behaviour support plans in place. The inspector reviewed a sample of these plans and found them to outline guidance for staff on promoting positive behaviour. The supports that were outlined in the support plans were known to staff members spoken to. This provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre. It was noted though that the content of one plan require review to ensure it reflected recent recommendations from an allied health professional.

Throughout both days of this inspection, residents were seen to be treated in a respectful manner by staff members. Residents were supported to engage in various activities such as concerts, shopping and overnight stays away. All residents were supported to engage in day services Monday to Friday while vehicles were available to the centre to facilitate activities in the evenings and weekends. Visitors were welcomed to the designated centre and facilities were available for residents to receive visitors in private. This provided assurances that residents were being supported to integrate into the wider community and maintain personal relationships.

Arrangements were in place to ensure that residents were provided with information on the running of the centre and were given an opportunity to highlight issues which were important to them during regular one to one meetings and wider house meetings. The inspector also saw evidence that choice was offered to residents in their daily life such as the food they ate and the activities they engaged in.

One resident informed the inspector that they wanted to live in a different living arrangement going forward. The resident had also expressed this to the provider. While this different living arrangement was not in place at the time of this inspection, the provider had made considerable efforts to provide for the resident's choice. As part of this, the resident had been provided with an advocate while new skills training were being actively encouraged.

Training records reviewed indicated that all staff had received relevant safeguarding training and staff members spoken to demonstrated a good understanding of how to respond to any safeguarding concerns if they arose. Staff were also observed to follow any safeguarding plans that were in place. Evidence was seen that where any possible safeguarding concerns arose, the person in charge ensured that all reasonable and proportionate interim measures were taken to ensure residents were in protected pending the outcome of relevant investigations.

It was also seen that systems were also in place to ensure that residents' finances were appropriately safeguarded. Such findings indicated that appropriate procedures were in place to ensure that each resident living in the centre was protected from all forms of abuse although some improvement was required to ensure that some intimate care plans accurately outlined residents' preferences in this area.

Regulation 10: Communication

Staff members present on inspection were observed to be aware of the communication needs of residents. Residents also had access to media such as newspapers, television and the internet.

Judgment: Compliant

Regulation 11: Visits

Visitors to the centre were actively encouraged while residents were also facilitated to make visits away from the centre. Suitable communal facilities and private areas to receive visitors were available in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Arrangements were in place for residents to maintain control over their personal belongings. For example, residents had storage facilities provided in their bedrooms

while lists of their personal property were also maintained. Residents were also encouraged to manage their laundry if they wished to do so.

Judgment: Compliant

Regulation 13: General welfare and development

Facilities were available for residents to engage in occupation and recreation. Residents were supported to engage in various activities and develop relations and links with the wider community. Residents were encouraged to develop independence skills if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was observed to meet the requirements of the regulations at the time of inspection. For example it provided appropriate facilities, such as toilets, communal areas and storage, while also promoting accessibility. The premises provided was observed to be in a good state of repair and was presently in a clean manner on the days of the inspection. Efforts had been made to give the centre a homely feel, for example rooms were brightly decorated while personal photos were on display throughout.

Judgment: Compliant

Regulation 18: Food and nutrition

Adequate provision was available for residents to store food. Adequate quantities of food and drink were provided to residents which allowed for choice. Appropriate support was given to residents during mealtimes if required and staff members spoken to were aware of any dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was in place in an accessible format which contained all of the

required information such as the procedure respecting complaints and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy in was place which outlined the measures and actions to control specified risks. A centre wide risk register was in place along with risk assessments relating to individual residents. Such risk assessments were noted to have been recently reviewed while staff present in the centre demonstrated a good understanding of any risks present in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Guidance provided to staff on the administration of as required (PRN) medication did not support safe and consistent practice. Two versions of a protocol for the use of PRN (as required) medicine for the same resident contained conflicting information. Such protocols are important to guide staff when administering such medicine and it was also noted that neither version provided guidance on when some additional doses were to be given.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place. Such plans had been informed by relevant assessments and set out the needs of residents and how to meet these. Staff present in the centre demonstrated a good understanding of residents' needs and were seen to provide support in line with the information contained in residents' personal plans. One resident had been assessed as requiring an alternative environment to better suit their needs and the provider was seen to be responding to this and making efforts to meet their needs in so far as possible within their available resources.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these. The health of residents was regularly monitored although it was noted that the consistency of weight monitoring for some residents required improvement.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

All staff had been provided with training in de-escalation and intervention. Residents were also provided with behaviour support plans where required and staff members present on inspection demonstrated a good understanding of these to promote positive behaviour. It was noted though that the content of one plan required updating to reflect the practice followed by staff in line with a recommendation from an allied health professional. Systems were in place for the review of restrictive practices and since the previous inspection a restraint register had been introduced.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training, while staff present on inspection were seen to be aware of and implementing any safeguarding plans where required. Appropriate systems were in place relating to the investigation of and response to, any safeguarding concerns if they arose. Information relating to residents' intimate care was contained within the residents' personal plans but it was observed that these required review to ensure that they provided adequate information relating to residents' preferences in this area .

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout inspection. The provider was making considerable efforts to ensure that residents could

exercise choice and control in their daily lives. Access to advocacy services was encouraged and facilitated where required. Regular house meetings were taken place while residents were also given an opportunity to discuss matters on a one to one basis if required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Belford House OSV-0002056

Inspection ID: MON-0021645

Date of inspection: 14 and 15 August 2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Manual handling training was completed by staff members who were due training. This training took place on the 12th and 27th of September 2018.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The unannounced inspection report going forward will highlight specifically any prominent issues relating to the quality and safety of the service provided. There will also be a review of the current report structure.</p> <p>The structure of the Annual review report will be looked at and will include details on the consultation with residents and their families. This will be reflected in the 2018 Annual review report completed in January 2019.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>An amendment has been made to the resident's contracts to ensure residents are clear on the supports and care facilities that are provided at the designated centre.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The reference to the PRN management plan in the behavior support has now been amended. This is now in keeping with both the PRN management plan and residents Drug Kardex.</p> <p>Psychiatrist to give guidance regarding timing for 3rd and 4th dose of PRN medication for one resident. PRN management Plan will be amended in line with this guidance</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>As per residents care plans, all residents will be weighed monthly</p> <p>Same will be highlighted at next staff meeting. Spot checks will be carried out by CNM to ensure this is being carried out going forward.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The reference to the PRN management plan in the behavior support has now been amended. This is now in keeping with both the PRN management plan and residents Drug Kardex.

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Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

All residents individual support plans will be reviewed and updated. There will be a specific focus on detailed intimate care plans which will clearly outline resident's preferences in relation to how they wish to be supported with their intimate care.

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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.	Substantially Compliant	Yellow	27/09/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	31/01/2019

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the	Substantially Compliant	Yellow	16/11/2018

	resident for whom it is prescribed and to no other resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/12/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	15/08/2018
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	28/02/2019