



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

Issued by the Chief Inspector

Name of designated centre:	Belford House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	13 October 2021
Centre ID:	OSV-0002056
Fieldwork ID:	MON-0033840

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.

Number of residents on the date of inspection:	7
--	---

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
Wednesday 13 October 2021	10:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with seven residents living in the centre on the day of inspection. In general, the inspectors found that residents appeared very happy and comfortable living in the centre.

The inspection took place during the COVID -19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) during the inspection day, regular hand hygiene, ventilation and social distancing.

Despite COVID -19 restrictions, residents continued to enjoy some personalised activation schedules. Residents were all heading out to different activities on the day of inspection and a service vehicle was available to them for transport to their different activities. Residents' personal plans and notes demonstrated that residents regularly enjoyed day trips, social outings and meals and coffees out in the local community.

The centre consisted of a large bungalow on a stand alone site. The centre appeared warm and homely. Externally a patio and garden area was in place with a patio area, outdoor seating, and gazebo for residents to enjoy outside during nice weather. Internally, areas of the designated centre had recently been painted on the day of inspection. Residents all had their own rooms and one resident happily showed the inspector their bedroom which had been personalised and appeared clean and homely. There were two living areas available to residents in the centre.

In general, residents appeared compatible living together and were friends. The inspector observed residents returning home in the afternoon and this appeared to be a busy time of day in the centre with lots of chatting and different noises with people coming and going. One resident proudly sang the inspector a song and staff clapped their hands to this. Another resident showed the inspector their collection of DVD's. Although busy, it seemed to be a pleasant and comfortable environment for the residents.

The staff team consisted of support staff and staff nurses. The inspector noted respectful and meaningful interactions between staff and residents during the day. Residents enjoyed receiving support and care from a regular and familiar staff team. The staff and person in charge spoke knowledgeably of all residents who lived in the centre and they regularly consulted with residents themselves to ensure they had up to date information that would ensure the service was person centred.

As this was an announced inspection, questionnaires had been sent to the centre in advance to determine views from residents on what life in the centre was like. The inspector reviewed seven questionnaires that were completed by residents. Some residents had received support from staff to complete their questionnaire. All

complimented the service provided including the premises and food, and commented on the excellent care and support afforded in the centre to the residents. The residents forms noted that they enjoyed a variety of social activities in particular movie nights, beauty therapies, parties, zoom classes, gardening, the cinema and nights away. One resident noted in their response that they would like an en-suite room and three residents communicated that while they liked their rooms, they would prefer bigger bedrooms.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered. Overall, inspection findings were positive. Some improvements were required to ensure that the service provided was safe at all times. This was observed in areas including fire safety, supervision of staff and infection control.

Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence. This centre was home to seven residents on the day of inspection and resident appeared happy and well supported. This inspection found that the registered provider and the management team in place had ensured that each resident living in this designated centre received a good quality service.

There was a suitably qualified and experienced staff team and management team in place and the service provided was regularly audited and reviewed. Staffing and support levels in place ensured that appropriate levels of care and support were provided to the residents. Staff received regular training to ensure skill mixes were appropriate to residents needs.

It was evidenced that the registered provider and management team had regular oversight of the service and had good knowledge of the residents needs on the day of inspection. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents. Residents communicated satisfaction with the service to the inspector through verbal interactions on the day of inspection and through satisfaction questionnaires completed prior to the inspection day.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision. The provider had ensured that a full and complete application and registration pack had been submitted to the chief inspector within the requested time lines.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents. The staff team comprised of support workers and social care workers. A core group of consistent staff was employed in this centre. Residents were observed to be comfortable with the staff on duty and appeared to be well supported in their home and there were effective systems of communication between staff and managers in place to ensure consistency of care.

The centre maintained a staff rota which identified staff on duty during the day and night. A staff nurse was on duty in the centre at all times to ensure support for residents specific healthcare needs. The centre used a handover book to communicate important details with staff coming on duty such as schedules for the day and residents appointments. The inspector reviewed a sample staff personnel files and found that all Schedule 2 documents were in place including Garda vetting, references and staff qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Training provided was in line with the residents needs and included training in areas such as fire safety, manual handling, medication management, behaviour management, epilepsy care, child protection, first aid and safeguarding.

A policy was in place for staff to receive regular formal one to one supervision with their line manager. However, the inspector found that this had not been happening in line with the service policy since the centres most previous inspection. The provider communicated that this policy had been recently reviewed and changed and a schedule was now in place for this to take place regularly.

Judgment: Substantially compliant

Regulation 23: Governance and management

This was an announced inspection and its purpose was to inform a registration renewal decision. Overall, the inspector found that there were effective systems in place for the management of the designated centre. There were clear management structures and systems in place in the centre with lines of accountability and responsibility. There was a suitably qualified person in charge in place who was supported by a full time leader in the centre. There was evidence that the person in charge and team leader were in regular contact and formal meeting notes were maintained of any meetings which took place.

The service provided was regularly audited and reviewed. Six monthly unannounced inspections were completed by a person nominated by the provider. These reviewed the centres levels of compliance with the regulations and identified clear time lines and actions plans to address any areas of non compliance. There was also an annual review completed of the quality and safety of care and support provided for 2020.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents appeared happy and content living in their home. There was a clear complaints procedure in place which was available to residents and designated complaints officer nominated for the management of complaints. Weekly residents meetings were held where residents were regularly consulted about the service provided.

The inspector reviewed seven questionnaires that were completed by residents. Some residents had received support from staff to complete their questionnaire. All complimented the service provided including the premises and food, and commented on the excellent care and support afforded in the centre to the residents. The residents forms noted that they enjoyed a variety of social activities in particular movie nights, beauty therapies, parties, zoom classes, gardening, the cinema and nights away. One resident noted in their response that they would like an en-suite room and three residents communicated that while they liked their rooms, they would prefer bigger bedrooms.

Judgment: Compliant

Quality and safety

It was apparent to the inspector that the quality of life for residents and their overall safety of care was prioritised in a person centred manner in this centre. Emphasis was placed on residents choices and preferences and their social care needs were

promoted and encouraged. Residents were supported to attend a variety of person centred activities daily.

The inspector reviewed documentation pertinent to the residents care to determine the quality and safety of the service provided. This included a review of residents personal plans, safeguarding plans, risk management documentation, and fire safety documentation. In general, documentation in place appeared to reflect that safe care and support was provided to the residents. However, some improvements were required to ensure that fire safety systems in place were effective and safe, as detailed under regulation 28 of this report.

Residents all had individualised risk management documentation in place and personalised care plans which appeared to guide the care and support provided to them. Documentation was regularly reviewed and updated to reflect residents most current needs.

Regulation 26: Risk management procedures

Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which was regularly reviewed and included both clinical and environmental risks. Residents all had individual risk management plans in place for identified specific risks to them.

There was a system in place for recording and responding to accidents and incidents. Any adverse incidents were promptly reviewed by the person in charge. Any changes in levels of risks identified were responded to appropriately through referrals to multi-disciplinary services, updating mitigating risk measures and assessments or through the implementation of safeguarding plans.

Judgment: Compliant

Regulation 27: Protection against infection

The inspection took place during the COVID -19 pandemic and therefore COVID-19 and infection control had been a focus in the centre over the previous eighteen months. The centre had experienced an outbreak of COVID-19 and this appeared to have been managed well by staff and management. The service had appropriately sought help and advice from a specialist in relation to the management of the outbreak and had implemented a number of safety measures in the centre upon their recommendations. Regular daily symptom checks continued to be completed by staff and residents and enhanced cleaning schedules were being implemented to ensure high touch surfaces were regular cleaned.

An infection prevention and control audit tool was being implemented in the centre and this included the assessment of hand hygiene facilities, personal protective equipment, staff awareness and an assessment of the physical environment.

Some areas in the centre were observed as needing a deep clean on the day of inspection with visible dust observed on some skirting boards and behind equipment in the centres laundry room. Rusting taps and pipes and cracks in tiles and linoleum were observed in the centres bathroom which did not promote the deep cleaning of these areas. While the centres laundry room had some systems in place for the separation of clean and dirty, the inspector observed bags of dirty laundry touching baskets used for clean laundry on the morning of the inspection day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were a number of areas identified in need of improvement in the centre to ensure fire safety systems were safe and effective. The inspector completed a full walk around the centre and observed a number of issues. One main exit route in the centre was noted to have no emergency lighting in place. Furthermore, the position of an oxygen cylinder in the designated centre posed a potential fire safety hazard. The inspector reviewed a number of evacuation drill records completed by staff and residents and noted that these did not simulate night time conditions. One issue was also noted with fire containment measures on the day of inspection.

The person in charge communicated that the service were still reviewing updated guidance to ensure that the service was in compliance with fire safety recommendations. The person in charge contacted the inspector following the inspection and confirmed that issues with the containment systems and emergency lighting had been reviewed and addressed by the service fire specialist. The position of the oxygen cylinder was also addressed immediately on the day of inspection.

The inspector observed fire fighting equipment in place which was subject to regular servicing and review with a fire specialist. Residents had individualised fire risk assessments in place which were subject to review. Staff were completing a daily fire checklist which included a review of the detection system, equipment, lighting and exits. However these checks were not appropriately identifying issues noted by the inspector on the day of inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed systems in place for the storage of medicines in the centre. Storage systems were safe and secure and well maintained. Medications stock checks were regularly completed by staff and staff were suitably qualified to safely administer medications. Clear records of all medicines administered were maintained by staff in medication administration record sheets. Medications were regularly audited and reviewed. Residents with epilepsy had individual seizure management plans in place

The service communicated with the inspector at the beginning of the inspection day that there were issues with the signing of residents prescription kardex by the residents general practitioner (GP). The inspector reviewed a number of correspondence records with the residents GP and it was clear that many efforts had been made by the service to resolve this issue. The person in charge and staff nurses were transcribing prescription kardex's at times, to promote the safe administration of medicines in line with the ten rights of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that the centre was appropriate to meet the assessed needs of the residents. Residents all had personal plans in place which were reflective of their social and health needs. They were developed in consultation with them and were frequently reviewed and updated.

The centre had a key working system in place. Residents all had annual personal planning meetings where their plan of care was reviewed and goals were set out for the year ahead. Some residents had goals in place to partake in a healthy eating program and another resident hoped to resume some activities which had been delayed due to COVID-19. Residents normal daily activities continued to be affected by social restrictions and risks posed by COVID-19, however the service was facilitating and promoting person-centred daily activation for all residents where possible.

Residents were referred for multi-disciplinary support when required and plans were updated to reflect any recommendations made by allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident were supported to manage behaviours. Residents all had access to a behavioural specialist within the service who had regular input into the residents

plan of care and behavioural support plans. A recording system was in place for charting any behavioural incidents which included a review of antecedents, behaviours and consequences. There were some restrictive practices in place around the centre and these were secondary to identified risks and subject to review.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Residents appeared compatible living together and safeguarding incidents were minimal. There was a designated safeguarding officer in place in the service to manage any safeguarding concerns.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Systems for the protection of residents were proactive and responsive. Systems were in place to protect residents personal possessions. Any safeguarding concerns were treated seriously and notified appropriately to the chief inspector as required by regulation 31. Safeguarding plans were in place when required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives and residents rights were respected by the staff team. Weekly residents meetings were held in the centre and these were used as an opportunity to discuss the service with the resident and determine the resident choices of activities and meals for the week ahead. In general, residents were in receipt of person centred care and support.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Belford House OSV-0002056

Inspection ID: MON-0033840

Date of inspection: 13/10/2021

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>Supervision will be completed in line with service policy in 2022. There is a clear Supervision schedule for all staff for 2022</p>		
Regulation 27: Protection against infection	Substantially Compliant	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A review of cleaning schedules has taken place, this included specifically the Laundry room.</p> <p>A deep clean has been completed in this areas</p> <p>The house manager will continue to audit all areas to ensure that they are cleaned in line with cleaning schedules.</p> <p>The HSE maintenance department have advised they will review taps, Pipes and Flooring in Jan 2022 and will replace as necessary.</p> <p>There are separate baskets for clean and dirty Laundry. These baskets are clearly marked</p> <p>There is a COVID_19 infection control Audit in Place. We are currently developing a generalised infection control Audit for the Home.</p>		

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
<p>The HSE Fire specialist has come to review emergency lighting and the hot press and attic doors in relation to fire protection.</p> <p>They advised in November 2021 that these new doors have been ordered. They expect delivery in February 2022 as there is a wait time at present. These doors will be installed once they have been delivered.</p> <p>Two new emergency lights have been installed at the front door of the house in November 2021.</p> <p>A simulated night time evacuation was completed on the 13/12/2021. These will be carried out at least twice a year and more frequently if required.</p> <p>The fire check list is currently being updated.</p>	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	Dec 2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	March 2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre,	Substantially Compliant	Yellow	March 2022

	and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	Completed Nov 2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	March 2022