



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

Issued by the Chief Inspector

Name of designated centre:	Crosshaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	02 May 2024
Centre ID:	OSV-0005753
Fieldwork ID:	MON-0034136

About the designated centre

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

Crosshaven can provide long-stay residential and shared care services to three male and female residents who are diagnosed with autism and or with an intellectual disability, and who require a maximum or high level of support. The service can support individuals aged from 18 years upwards. The centre comprises of a detached house and gardens in a rural area. Residents at Crosshaven are supported by a staff team that includes a person in charge and residential care workers. Staff are based in the centre when residents are present, including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 2 May 2024	09:30hrs to 17:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

From what the inspector observed, speaking with staff, meeting the residents and reviewing information pre inspection and on inspection, the inspector found, that residents were supported to enjoy a good quality of life. Residents were supported by a consistent team of staff to pursue activities of their choice which included walking, swimming and going bowling. Within the house residents could relax, assist with kitchen chores and their laundry, watch videos, listen to music.

This announced inspection was undertaken to assess the suitability of this centre for renewal of registration. The inspector contacted the person in charge in advance of the inspection to discuss the arrangements that would best facilitate the residents on the day of inspection to ensure that as little disruption as possible to the daily routine of residents occurred. In preparation for this inspection the inspector reviewed all information that the authority has regarding this centre. This included previous inspection reports, notifications about certain events that had occurred in the centre that the provider and person charge have to submit as part of the regulatory process. The provider had reviewed the statement of purpose and submitted this and all other information required for re-registration of this service.

There were three residents living in the centre at the time of the inspection. The centre met the needs of residents and provided them with a pleasant homely spacious environment. The centre consists of a single detached bungalow, located in a rural area in close proximity to a village. The house comprises four bedrooms, a kitchen/dining room, two sitting rooms a staff bedroom/office .The centre was clean, bright, suitably furnished and decorated with adequate communal and private space for residents. Since the last inspection, the provider had personalised the communal areas which were now homely and personal to the residents. Photographs of the residents were displayed in the sitting room.

A large secure well maintained rear garden with mature trees, garden furniture, a large lawn area, raised vegetable and flower beds and a seated swing which was freely accessible from the kitchen was available. A smaller garden was available to the front of the property.

Staff had assisted residents to personalise their rooms according to their interests and wishes for example one residents liked to see his reflection and staff had lots of mirrors available to the resident in his bedroom. Another resident chose the colour of the paint for his bedroom. The inspector met with the three residents when they returned from day services. While residents were non verbal they were able to express their views with the use of communication aids including non verbal cue cards, objects of reference and photos. One resident brought the inspector to view his bedroom and also came to the sitting room with the inspector while the inspector was reviewing some documentation.

Staff described good contact with families and they supported and appreciated the

positive aspects of this for residents. All residents were facilitated to pursue activities of their choice in their local community by attending day services and activities for example attending local events and places, for example the seaside, having coffee in local cafés in house activities were also available for example relaxing in the sitting rooms, listening to music and spending time in the garden Staff supported residents to have maximum choice and control over their own lives. and All residents had gone together on holiday last year which staff described was very enjoyable and the person in charge told the inspector they were hoping to do this again this year

The next two sections of this 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 and support provided to the residents.

Capacity and capability

Overall this inspection found that the service was well managed and provided a good service to residents. However audits arrangements required some improvements to ensure their effectiveness. Additionally while there were written agreements for the provision of services in place for all residents the agreements required improvement as they did not accurately state what was, or was not, included in the service, for example any contribution that the residents and or their families had to fund or make a contribution towards for example leisure activities or transport costs.

The The person in charge reported to a local area manager who was freely available on the phone to the person in charge and met regularly with the person in charge The person in charge worked full-time and had responsibility for this centre and another centre some 10 minutes drive away.

The inspector spoke with the person in charge and two staff members. Staff displayed a good knowledge of the residents and could describe the residents likes and dislikes. Staff confirmed that they were provided with training to ensure that they had the skills and competencies to support residents with their assessed needs. Documentation reviewed supported that all staff had attended mandatory training and other training specific to the needs of the residents including safe administration of medication, first aid and epilepsy management . Supervision occurred regularly and staff spoken with said that they felt well supported. Team meetings occurred regularly and minutes were available of these meetings so that staff who could not attend were aware of any discussions undertaken. Topics discussed included residents current needs, active inclusion of residents, infection prevention and control and fire safety.

The provider's arrangements for monitoring the centre included six monthly unannounced visits. These were completed by the quality lead. An annual review was available dated 20 March 2024. A quality improvement plan had been

completed post this review, but it was difficult to track completion of these actions as while it was stated the action was completed, there was no narrative to support when this occurred or what action had been taken and by whom. The annual review included residents' views which were positive and an easy to read version was available.

Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post. An on-call system was in place to support and guide staff out of hours should any emergencies arise.

Judgment: Compliant

Regulation 15: Staffing

An established staff team was in place. The post of team leader was vacant at the time of inspection but the person in charge told the inspector that this post had been advertised and plans were in place to organise interviews. The inspector viewed the staff roster over a three week period and found that that the number and skill-mix of staff was appropriate for the needs of the residents.

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. All mandatory training was up to date. In addition, all staff had completed training in safe administration of

medication and first aid.
Judgment: Compliant
Regulation 22: Insurance
The provider had a valid contract of insurance in place that met with the requirements of the regulation.
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. The centre was adequately resourced to ensure the effective delivery of care and support to the residents.</p> <p>However audit arrangements required some improvements to ensure their effectiveness and to support improvement, for example the report cited that the appointment of a team leader to support the person in charge in the governance and management of the centre was required and the timescale allocated to this was the 30 May 2024 , there was no evidence available as to what work had been completed to date and why this had not occurred within the timeline allocated.</p> <p>Written agreements for the provision of services were in place for all residents, but the agreements required improvement as they did not state what was, or was not, included, for example any contribution that the residents and or their families had to fund or make towards for example leisure activities or transport costs.</p>
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
While there were written agreements relating to the service provided to residents these required improvement as they did not accurately state some aspects of the service agreed and what was, or was not, included and the costs residents were responsible for.
Judgment: Substantially 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 regulations. This gave a detailed outline of the service, facilities and care needs to be supported
Judgment: Compliant
Regulation 31: Notification of incidents
All incidents as required to be notified to the Chief Inspector had been submitted
Judgment: Compliant
Regulation 34: Complaints procedure
There was no complaints in process at the time of this inspection. A complaints policy was in place. An easy to read complaints guide was displayed
Judgment: Compliant
Regulation 4: Written policies and procedures
Written policies and procedures were prepared in writing and available in the centre. A sample of these were reviewed and these had been reviewed in the previous 3 years.
Judgment: Compliant
Quality and safety
Overall the inspector found that residents enjoyed a good quality of life and a good service was provided to them. Residents' healthcare needs were assessed and plans of care were developed to guide and manage these needs. Staff supported the

residents to attend specialist out patient appointments. Annual reviews were undertaken and goals in personal plans was detailed and were being achieved. Residents had access to multi-disciplinary supports such as behaviour therapy, psychology and a general practitioner.

There were no safeguarding concerns at the time of this inspection. The provider had a safeguarding and protection policy in place Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a safeguarding concern arise.

Each resident had their own bedroom and two sitting rooms. were available in the centre. This gave residents the choice to have quiet time and relax in privacy if they wished. Residents chose the décor of their bedrooms and staff supported them to decorate their bedroom. One resident painted his bedroom with the assistance of the person in charge. Another resident loved seeing his reflection and staff had erected lots of mirrors in his bedroom, the other resident had his room decorated with a character he idolised.

The inspector viewed all areas of the house accompanied by the person in charge and found that it provided a comfortable home to residents. The inspector observed a nice homely atmosphere in the kitchen/dining area on the afternoon of the inspection with staff observed to be doing some chores and chatting with residents about their day. A healthy home cooked meal was being prepared by staff. Residents were observed to be relaxed with staff chatting with them about their day and the meal. Staff clearly knew residents well and were aware of their dietary choices. All residents looked well cared for and were well dressed. To the rear of the centre there was a beautiful big secure, well maintained garden, which included a large grassed area, mature trees, good perimeter hedging which enhanced privacy , raised beds flowers, garden furniture and a seated swing. The external doors were open and residents had free access to the garden. Staff reported and the inspector observed that residents liked spending time outdoors and used the garden for outdoor dining, football, and relaxation. Some herbs and salads were in the process of being planted and it was planned to use these for cooking.

Staff were observed to be kind and caring towards residents and staff had received training to assist them in responding and communicating with residents. One resident had a musical tone box which assisted him with sleeping. While residents had complex needs there was an emphasis on promoting autonomy and independence.

The kitchen and sitting rooms and bedrooms were freely available to residents and residents could freely use the gardens. Staff had access to two separate vehicles to transport residents and there was adequate staff on duty to support residents to do individual activities and group activities for example, walking, swimming or relaxing. Staff members who spoke with the inspector were fully committed to ensuring the voice of the resident was encouraged and listened to. Staff explained how residents chose their meals. Residents had a take away meal on one weekend and the following week went out for Sunday lunch on the other week.

Information was available in an accessible format for residents for example a pictorial pain assessment chart was in place, this meant that residents could communicate if they had a pain and help them to communicate this to staff. Other examples of easy to read documentation included the residents guide and a social stories non verbal folder was available which included fire safety non verbal procedure, feeling angry, going to a birthday party, being in hospital and getting my hair cut.

Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and met with the aims and objectives of the service. The centre provided a pleasant environment for residents to live in and was warm, well furnished and personalised with appropriate furniture and fittings.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents which included easy to read versions of how to make a complaint, the residents guide, the annual review and staff on duty.

Judgment: 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. There were two exits, one to the back of the house and one to the front of the house. Fire extinguishes were serviced annually. All staff had training in fire safety. Personal emergency evacuation plans were in place and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time if required. Records of fire drills including night time drills were available for review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected these needs and was reviewed annually. These plans assisted staff in the delivery of safe quality person centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health care professionals according to their needs and were supported to attend hospital appointments by staff. A good non verbal pain chart was in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices that were in place related to safety and security measures for the residents. Staff spoken with and documentation reviewed supported that residents had good access to specialist behaviour support services. A policy on positive behaviour support was available. All restrictive practices had been sanctioned by the human rights committee.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place and staff spoken with were aware of what constitutes a safeguarding incident and how to report this if this occurred. Contact details of the local designated safeguarding officer were available in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that respected the rights of residents. Residents were able to make their views known and involved in choices about their day to day living, for example minutes of the residents meetings showed that one resident wished to go to the circus and this was facilitated. A folder on

Human rights information was available in the centre. Residents had access to advocacy services

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crosshaven OSV-0005753

Inspection ID: MON-0034136

Date of inspection: 02/05/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit systems will be updated and expanded to highlight follow-up in relation to actions identified. The contract for provision of services will be amended to make clearer for service Users in relation to fees charged.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The contract for provision of services will be amended to make clearer for service Users in relation to fees charged.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
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	30/06/2024