

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

Issued by the Chief Inspector

Name of designated centre:	Warrenkey
Name of provider:	Orchard Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	10 July 2024
Centre ID:	OSV-0008105
Fieldwork ID:	MON-0035164

About the designated centre

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

Warrenkey provides long-stay residential or shared care for two residents who have an intellectual disability and require support with their activities of daily living. The centre consists of a large bungalow and is located in a rural area on the edge of a large town. Warrenkey provides 24 hour care, 7 days a week and is staffed by social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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
Wednesday 10 July 2024	09:30hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

From arrival in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents were receiving a person-centred approach, having a good quality of life, had choices in their daily lives and were supported by staff to be involved in activities that they enjoyed both in their centre and in the local community. Throughout the inspection it was clear that the management team and staff prioritised the wellbeing and quality of life for residents.

On arrival to the centre, the inspector was met by the person in charge and staff completing a handover due to a change in the staffing shift. One resident was initially reluctant to meet the inspector and another resident was enjoying a leisurely sleep, so the opening meeting was completed and information and a plan for the day was established. Following this a walk around was completed in the centre and one resident was happy to chat and tell the inspector about their life, activities and favourite sporting club. The inspector found that this resident was very active in the local community, involved in a local community event and was delighted to tell the inspector they had been chosen as the narrator of a community show that was upcoming. In addition, this resident also enjoyed volunteer work with support from staff. The second resident was met after this and both residents were observed interacting in a leisurely manner and were noted to be comfortable and at ease with each other and staff at all times. Staff were observed interacting in a calm, respectful and dignified manner at all times with both residents during the inspection.

The centre was found to be comfortable throughout, and suitably decorated, and furnished to the tastes of all residents. The centre comprised of one single storey dwelling on the outskirts of a large town. Transport was provided for both residents to enable access to their local community or to access services in other areas of the county. From arrival into the centre, one resident was preparing to leave to complete a day service programme and another resident was completing a home-based activity before going home for a short break. The inspector found that activities were suitable, age-appropriate and very much the preference of the residents. At all times staff were heard speaking and interacting professionally and respectfully whilst offering choice and assistance.

The staffing arrangements in place were reviewed as part of the inspection, a planned an actual roster was in place and available for review. It showed an accurate account of staff present at the time of the inspection. The provider ensured that the number and skill-mix of staff met the assessed needs of residents and good consistency of care and support was provided and that staff were competent to carry out their role.

The annual review of the quality and safety of the service was completed and up to date. It was detailed and showed actions and dates for completion but also showed consultation with residents and their representatives. These documents were also

linked to the provider's overarching audit systems for the organisation. Six-monthly unannounced provider led audit was also recently completed and showed actions for improvement.

There were measures in place to ensure that residents' general welfare was supported. Residents' likes, dislikes, preferences and support needs were gathered through a personal planning process, by observation and from information supplied by the residents' families/representatives. This was used to personalise planning activity planning for each resident.

On review of training records, staff had access to training relevant to their role, This included behaviour support management, first aid, medication management, fire safety and infection control and a schedule of refreshers was also in place.

From discussions with staff and observations in the centre and a review of records, it was found that residents had a good quality of life, where they made choices about what to do and were supported to be active in their local community. The inspector also noted that the management team were very responsive to residents' support needs and that appropriate staffing was in place to further enhance residents' daily living. The provider had ensured that adequate staffing was in place at all times to support and assist residents appropriately.

Records reviewed during the inspection such as staff training records, staff files, personal plans, risk management documents, health and safety records and audit records were informative and up to date. There was also an informative statement of purpose which was available for review and was also available in an accessible format in the centre. This document gave a clear description of the services provided in Warrenkey and the person in charge completed a minor amendment to ensure that this document met the requirements of the regulations during the inspection.

In summary, the inspector found that residents' safety and social activities were fundamental to all systems and arrangements the provider had in place in this centre. Oversight systems were enhanced by the provider to ensure that the quality of care and service was maintained and sustained in this service, but also ensuring that residents were involved as much as possible in the running of their home.

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

Capacity and capability

Overall, the inspector found that this centre was well monitored and the management team had very effective oversight of this centre, which ensured that

the residents benefited from support and care in line with their assessed needs.

The staffing arrangements were viewed as part of the inspection. The inspector also noted that the skill-mix and number of staff met with the assessed needs of residents and also ensured good consistency of care and support was provided at all times. The inspector met with four staff during the inspection and they all showed good knowledge of the residents, and their support needs. The inspector reviewed three staff files, and found that the provider had ensured that the files met the requirements of regulations. This also safeguarded all residents through effective recruitment and screening of all staff employed in the service. Staff received regular supervision and support and the inspector saw that a schedule was in place to guide staff when this support was occurring. Staff could also access formal and informal support as managers were easily accessible and available. Regular staff meetings were occurring in the centre and a clear agenda set out items for discussion and other areas were added as required, for example residents' support needs or planned outings.

The provider had robust management arrangements in place and the person in charge was familiar and knowledgeable of the systems, residents and staffing in place in the centre, and was found to have very good knowledge and familiarity with the all residents' care and support needs but also ensured that all systems were monitored effectively. This included the completion of a suite of audits in the centre, such as, residents' finance management, medication management, personal plans, infection prevention and control, and health and safety in the centre. The provider had also ensured that two six monthly unannounced visits were completed in the centre and one report was provided to the inspector during the inspection.

These documents showed consultation with the residents, whilst reviewing the quality of care and support in place, actions were identified with times for completion specified. The annual review was also in date and completed with all relevant information as required by the regulations.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families or representatives, and this information guided the personal planning process in place in the organisation. This also ensured that activity planning was completed and all appropriate supports, and staffing was provided to enable residents to complete these activities.

The staff had received extensive training relevant to their roles, such as training in fire safety, medication management, first aid, communication, safeguarding and intimate care needs. Bespoke training was also relevant where required, such as epilepsy management, infection prevention and control, food safety, dietary support needs, and mobility needs. Additional training needs was also provided when identified by the management team. There was a range of policies in place to guide staff in the delivery of a safe and appropriate service to residents. Staff had also completed training in human rights and there was information displayed in the centre about the principles of residents' rights, such as the "FREDA" principles of

human rights. This ensured that staff were proactive in supporting residents in a rights based approach and confident in challenging any risk adverse approaches.

Records viewed during the inspection included, staff training records, personal plans, risk management documentation, management records and audits completed. The inspector found these documents were detailed, descriptive and up to date. The provider had also ensured that the statement of purpose was informative and gave a clear description of the service, facilities and as well as information required by the regulations. The provider had also ensured that information in the centre was also available in an accessible format where required. However, the inspector noted a minor improvement was required with appropriate evidence of the current managers oversight of these documents.

The inspector also reviewed the arrangements in place for the absence of the person in charge for specified periods of time. The inspector noted that there was a clear procedure in place for a short term or long term absence of the person in charge for the centre. This ensured that the centre, residents and staff were always supported, monitored and managed appropriately at all times as required by the regulations.

Overall, the inspector found that the governance and management arrangements in place in this centre were safe and effective. This led to very good outcomes for residents' quality of life and for the care provided.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted by the provider.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. This ensured that the residents received consistent care and support at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. This included fire, safeguarding, positive behaviour support, first aid and manual handling, as well as bespoke training, such as human rights, and epilepsy management for example.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector found that the directory of residents contained the information as specified in the regulations. The management team maintained this record to ensure that it was accurate and up to date.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had good systems in place for the review and management of records in this designated centre. This included the review of records such as personal plans, statement of purpose, staff files and residents' care plans.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust management team in the centre and this ensured that there was effective oversight and monitoring at all times. The annual review of the quality and safety of care was completed, and in date. A record and a copy of the most recent unannounced provider led visits were available and showed a comprehensive review of the service in place with actions clearly identified. The provider had addressed all actions from the previous inspection satisfactorily. In addition, the inspector found that the provider had addressed actions from a previous inspection but the person in charge completed minor amendments to documentation such as the statement of purpose, floor plans and directory of residents during the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose
The statement of purpose included all the required information and adequately described the service and was also available in an accessible format when required.
Judgment: Compliant
Regulation 30: Volunteers
At the time of the inspection, the provider did not utilise volunteers in this centre however, a policy and procedure was in place should they be required.
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had ensured that all relevant notifications were submitted as required to the Chief Inspector and within the specified timeframes.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of their obligation to alert the Chief Inspector should the person in charge become absent from the centre for short periods of time.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The inspector found that the provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements should the person in charge become absent from the centre.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided in this centre was paramount to the staff team, and was of a good quality, person-centred and also promoted residents' rights.

Review meetings took place annually, at which residents' support for the upcoming year was planned and discussed. This ensured that residents' social, health and development needs were identified and that appropriate supports were put in place to ensure these needs were met. From a review of two personal plans, the inspector found that these were up to date and clearly recorded.

Residents had access to the local community and were also involved in home based activities as well as community activities. At present the residents were enjoying their home based activities and day services but staff maintained consistent activities where required due to the assessed needs of the residents. There was also a variety of amenities and facilities in the surrounding areas and transport was available for all residents. Residential staff were available at all times day and night as well day programme staff where required. The management and staff team were supporting residents to enjoy and access activities they liked and preferred but also supported their developmental skills if required. During the inspection, the inspector noted that the residents were spending time away from the centre and accessing their local community.

In this centre, the inspector found that there were good systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Policies in risk management were in place and in date, and available for review and this included safety statements, that were up to date. Risk assessments for service level risks were identified and in place and each resident had a personal risk management plan which was reviewed regularly by the management team. Staff also received training and support in risk management.

Residents were supported to develop and realise meaningful goals relevant to their age, choice and preferences, and there was a regular review of the progress of these goals. On the day of the inspection, the inspector observed, and heard interacting and communicating in their preferred manner with staff.

The inspector noted that residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and were minimal at present, and there was evidence of regular reviews.

In summary, residents at this designated centre were provided with a good quality

service where their independence and autonomy were promoted. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. The inspector found that comprehensive assessments were in place to guide staff who supported residents. In addition, staff used photos, menu boards and objects of reference to communicate effectively with residents.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed in the centre and there was appropriate space to facilitate visitors.

Judgment: Compliant

Regulation 12: Personal possessions

On review of the management of residents' personal possessions in the centre, the inspector found that there were robust systems in place. This included, monthly receipt of financial statements, staff completed daily checks and the management team also completed reviews of residents' personal belongings and finances. The inspector was assured that residents had access to financial means to support their choices and preferences of activities outside of the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Information was made available to residents in a format accessible to

them.
Judgment: Compliant
Regulation 20: Information for residents
The provider ensured that information was provided about the centre and detailed the services and facilities available in the centre as well as other specified information required by the regulations. This document was available in an accessible format for residents living in the centre.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
At the time of the inspection, there was no record or requirement for an absence, transition, or discharge of residents from the centre. The provider had a policy and procedure in place when required, which was reviewed regularly.
Judgment: Compliant
Regulation 26: Risk management procedures
The inspector found that there were appropriate processes were in place to assess and mitigate identified risks in the centre, as well as personal risk management plans for residents with known risks identified. This was kept under review and monitored by the management team.
Judgment: Compliant
Regulation 27: Protection against infection
Effective infection prevention and control measures were in place, under current public health guidelines and actions from the previous inspection were now addressed. On review of training records, all staff were up to date with training in infection prevention and control were up to date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the effective management of medications in the centre. This included suitable storage facilities, and all staff had access to training and refreshers as required in medication management.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that appropriate systems were in place to respond to behaviours of concern. This included access to behaviour support specialists and staff received training in the management of behaviours of concern and refreshers as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant