Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Belfry House |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Cavan |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 May 2026 |
| Centre ID: | OSV-0008157 |
| Fieldwork ID: | MON-0045819 |

## About the designated centre

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

This centre comprises of a large detached house in a tranquil rural setting in County Cavan. There are four stand alone apartments each consisting of a sitting room/living room and a large ensuite bedroom. The main part of the house consists of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom. To the rear of the property there is a games room/relaxation room/visitors room and a laundry facility. There are well maintained gardens to the front and rear of the property with adequate private care parking space. The centre is staffed by a person in charge, two shift lead managers and a large team of assistant support workers. Transport is provided to the residents for social outings, drives and trips to nearby towns and villages.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 5 |

## 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 |
|---|---|---|---|
| Thursday 14 May 2026 | 09:00hrs to 17:15hrs | Miranda Tully | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were five adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing.

On arrival to the centre, the inspector was greeted by the shift lead manager on duty and later the person in charge. The person in charge accompanied the inspector on a walk round of the centre and introduced the inspector to residents who were awake at the time. There were four stand alone apartments each consisting of a sitting room/living room and en suite bedroom. The main part of the house consisted a kitchen, staff office, a utility facility, a bathroom, sitting room and a double en suite bedroom.

The inspector met with four residents over the course of the inspection. The inspector met one resident on their return from horse riding. The resident was very excited and enjoyed sharing their experience with the inspector and person in charge. The resident asked staff to show photos of them horse riding and was proud to share how successful it had been. The resident expressed their gratitude to the person in charge and expressed how they were now engaging in activities which they enjoyed. Later in the evening the resident was going to attend a social club and was excited to see their friends. The resident also spoke about plans to commence social farming the next day. It was evident a range of activities were being explored for the resident to ensure they were engaged in a variety of social engagements. A second resident was resting in their apartment watching television, the resident spoke briefly with the inspector enquiring as to why they were in the centre and then communicated that they had enough. The resident's apartment was decorated to include their favourite characters with soft toys on display and murals on the fencing outside. The inspector met the third resident in the kitchen area and spent some time speaking with them. The resident advised they had not slept well the night previous and was feeling tired. They spoke about how they have their nails done and upcoming plans for a family event. The resident appeared to have a good raptor with staff and was seen positively engaging and smiling with staff. The Fourth resident was met with both in the morning and evening in their apartment. The resident acknowledged the inspector with a smile and appeared content to have the inspector present. The resident enjoyed watching a film and also using a bubble machine which brought great enjoyment to the resident.

There was evidence of effective oversight of the centre. There was a full-time person in charge who was supported by two shift lead managers. There were high levels of staffing on the day of inspection with residents' receiving 2:1 and 1:1 support as assessed. The inspector was informed that there was an overall staffing

deficit. The centre managed this through overtime, relief covering or if required, staff from neighbouring centres provided support.

In summary the inspector found throughout the inspection that residents appeared well cared for, happy, relaxed, comfortable and content. The residents were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall findings from this inspection were positive. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents.

There was a clear management structure in place and a regular management presence in the designated centre with a person in charge and two shift lead managers.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards.

The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

## Regulation 15: Staffing

A review of rosters between 27/04/26 and 03/05/26 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. In order to support the five residents, ten staff were on duty each day (where required, 2:1 and or 1:1 staffing support was provided for) . Eight staff worked overnight in the centre (live waking nights). The person in charge was full time in the centre and was supported by two shift lead managers.

While there were reported to be 2.7 whole time equivalent (WTE) vacancies in the staff team, this was being managed to ensure the assessed staffing requirements were provided for the residents. The person in charge utilised an internal relief panel or from other centres operated by the provider. Recruitment was in progress for the vacancies.

The inspector reviewed the centres contingency plan in the event of minimum staffing, the contingency plan reviewed noted a minimum of four staff could work on night duty however the person in charge advised this to be an error and updated the document to reflect a minimum of six staff on night duty. The contingency plan outlined how residents could be supported to access community and fulfil daily routines and plans if there was to a staff shortage, there was also means of escalation were this to be for an extended period of time.

On the day of the inspection, the inspector met with staff members on duty in addition to the person in charge . All staff were seen to be knowledgeable in their roles and residents appeared content in their presence.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix and a sample of training certificates , the inspector found that staff were provided with the required training to respond to the needs of the residents.

For example staff had training in:

fire safety
manual handling
positive behavioural support/safety intervention techniques
safeguarding
infection prevention and control (IPC)
basic first aid
food hygiene

monitoring blood pressure
safe administration of medication

Judgment: Compliant

## Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector found that the statement of purpose contained information that was accurate and reflective of the service provided within the designated centre. The document clearly described the aims, objectives and facilities available to residents and included information regarding the staffing arrangements and governance structures in place.

The registered provider ensured that the statement of purpose was reviewed and updated as changes occurred. The inspector observed that the information within the document was representative of the current layout and function of the centre.

Judgment: Compliant

## **Quality and safety**

Overall, inspection findings showed high levels of compliance indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided was

safe and effective to the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents care records and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents.

## Regulation 13: General welfare and development

Residents were found to be very well supported to be active and engage in meaningful activities.

The inspector spoke with residents and reviewed documentation and found that residents participated in a multitude of activities of their own choosing. Residents were supported by staff who ensured that a number of recreational and social activities were made available to them.

Residents engaged in activities such as:

- social farming
- horse riding
- sound therapy
- reiki
- internships
- day service hub
- sensory garden
- community social groups

Residents were also supported to keep in regular contact with their families and people important to them.

Judgment: Compliant

## Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight. The inspector reviewed a sample of incidents to date. The provider was responsive and reviewed control measures to mitigate risk.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Over the course of the inspection, the inspector reviewed the personal plans and associated care and support plans for a sample of residents. The review found that the plans were reflective of the current and evolving needs of the resident. The plans reviewed were informative and practical, providing clear guidance on how best to support each individual.

The inspector observed that staff members were familiar with the content of these plans and demonstrated a strong understanding of each resident's needs. Staff were seen responding appropriately to residents and were able to articulate their support strategies confidently during discussions with the inspector.

These findings indicate that the centre was delivering individualised and responsive care, underpinned by effective planning and staff awareness.

Judgment: Compliant

## Regulation 6: Health care

The health and wellbeing of the residents was promoted and supported in a variety of ways, including nutrition, recreation, exercise and physical activities. A review of residents personal plans indicated that health care plans were in place and appropriately guided staff. Residents had good access to a range of multi-disciplinary supports such as occupational therapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's). Health passports were used to support healthcare professionals to understand the needs of the residents in order to achieve improved health outcomes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Safeguarding concerns had been reported to the national safeguarding team and the Office of Chief Inspector and residents had access to a team of multi-disciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| **Quality and safety** | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | 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 |