



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

## Issued by the Chief Inspector

Name of designated centre:	Curlew Gardens
Name of provider:	Orchard Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	18 March 2025
Centre ID:	OSV-0008303
Fieldwork ID:	MON-0038076

## About the designated centre

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

Curlew Gardens can provide residential respite care for up to 3 residents at a time who present with intellectual disability and/or autism, and who require a high level of support. Support is offered on an individualised, needs assessed basis. Curlew Gardens operates on the social model of care. Residents are supported by a staff team of nurses, social care workers, and healthcare assistants, who are rostered to support residents both during the day and at night. Curlew Gardens is a bright and modern facility that's been laid out to meet the specific needs of the residents who avail of this service. The centre is accessible and some bedrooms are equipped with assistive equipment. The centre is in a rural area, but is close to a town where residents can avail of local amenities and activities. There is dedicated wheelchair accessible transport available at the centre.

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

Number of residents on the date of inspection:	3
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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
Tuesday 18 March 2025	09:55hrs to 16:15hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

During the course of the inspection, the inspector found that the quality of care and support provided to residents at Curlew Gardens was both to a high standard and person-centred in nature. A team of suitably qualified staff ensured that resident's rights were promoted through care and support practices which were respectful, dignified and choice driven.

The centre was located in a rural area, but was also only a short drive from a local town which offered facilities such as shops, cafes and other amenities. When staying at the centre for respite care, each resident had their own bedroom. Bedrooms were adapted to meet residents' needs, with two of the bedroom having overhead hoist tracking systems and en-suite walk-in shower rooms to support residents with mobility needs. Staff also told the inspector that these rooms had been adapted to cater for the future needs of residents accessing respite at the centre.

The two other bedrooms had access to the centre's communal shower and bathrooms which were large and disability friendly in design. Resident choice when accessing these two bedrooms was promoted through residents being able to have either a double or single bed during their stay as pull-down options for both were available in the rooms. Staff told the inspector that facility helped residents to feel more at home when at the centre as they could have a bed similar to the one they had at home. The inspector observe that the two residents currently staying at the centre had both opted for the single bed choice. The inspector also noted that since the last inspection, additional storage facilities had been provided in these two bedrooms for residents in order to keep items like bed linen, etc.

Bedrooms were spacious and light in decor and residents were supported to bring items from home to help them feel more comfortable during their stay. Staff also told the inspector that the residents at the centre on the day of inspection would the majority of time access respite stays together as they had been friends for many years and enjoyed coming to the centre together. This was apparent throughout the day, as the inspector observed the residents enjoying being in each other's company.

The centre also comprised of a living room and walk through kitchen/dining room space. The centre was kept to a very high standard of repair and decoration, and was homely in appearance and atmosphere. The inspector observed photos of the residents who used the centre in the communal rooms, as well as artwork in the entry corridor which comprised of a tree design with its leaves being made up of residents who came for respite care.

Residents also had access to a spacious garden both to the rear and front of the premises. The garden was well maintained and since the last inspection the provider had purchased wooden garden furniture, and staff spoke about how when the weather was good, they had used these for picnics and eating outside which

residents enjoyed.

Furthermore, on arrival at the centre, the centre's exterior was decorated with St. Patrick Day themed items including Irish flags, banners and green balloons. Staff told the inspector that the residents had started their respite stay on the 17 March, with two of the residents being collected from their family home by staff, and then attending a St. Patrick's Day parade in a neighbouring town which they enjoyed.

During the course of the inspection, the inspector had the opportunity to meet all three residents staying at the centre as well as five staff who were supporting them ; this included the person in charge , one nurse and three health care assistants. Residents were unable to speak to the inspector about their experiences at Curlew Gardens, but from observations and spending time in their company, it was apparent that they enjoyed coming to the centre and got on well with staff. Staff told the inspector that one of the residents referred to coming to the centre as 'going on holiday', and that they tried to make respite stays as enjoyable as possible to reduce any anxiety felt by residents from being away from their home and family.

Two of the residents sat around the kitchen table with staff, and were engaged in conversations which included laughing and jokes, as well as discussions on the previous day's parade. Residents also showed their agreement to proposed activity plans for the day suggested by staff, which included one resident going to the local town to purchase some personal items, and then all three residents going for a walk in a local forest/adventure centre including having lunch out there also. Staff told the inspector that usually all three residents would attend a day service in a neighbouring town, but due to the bank holiday this was closed.

The inspector also spent time with the third resident who was relaxing in the centre's sitting room. Staff were supporting the resident and engaging with them in conversation in a caring and respectful manner, talking to them about their plans for the day and introducing them to the inspector. The resident appeared relaxed and happy with the care they received, which was reflected through their vocalizations and facial expressions.

In addition to meeting the three residents, the inspector was also given three HIQA surveys which had been completed by residents' family members. A review of the three surveys showed that residents' representatives were happy with the care and support provided to their relatives, and were positive about the experiences their 'loved one' had when coming to the centre.

Later in the day, all three residents returned back from their trip to the local forest/adventure centre, and expressed excitement and happiness when staff told the inspector about the trip and that they had enjoyed sausages and chips for lunch. Throughout the inspection, staff interactions with residents were person-centred in nature and reflected staff knowledge of the needs of the residents at the centre. Discussions with staff reflected that they were supported by the provider through regular training and management initiatives to enhance their skills and knowledge in order to effectively meet the needs of the residents who came to centre for respite stays.

Overall, the inspector noted and observed that residents received a high standard of care and support, which was promoted and supported through effective governance and management arrangements at the centre.

## Capacity and capability

The provider had ensured that effective governance and oversight arrangements were in place at the centre which resulted in a high standard of care and support being provided to residents.

Management structures ensure that there was clear lines of accountability ensuring that issues were escalated to the person in charge and also to senior management as and where required. This was evidenced through an extensive system of audits which looked at all aspects of care provided and the day-to-day operations of the centre. Where improvements were identified, they were addressed in a timely manner and forwarded to senior management or other organisational departments for resolution if needed. Audits ensured the continual improvement in care and support practices was the overriding focus at the centre, with residents' needs at the centre of all actions undertaken.

Due to the diversity of resident needs, staff arrangements at the centre were fluid in nature and determined by which residents were coming into the centre at any time. The responsiveness of staffing rosters ensured that residents needs were supported at all times and a consistent approach to their care was maintained.

A focus on ensuring staff knowledge and thereby meeting residents' needs was also paramount at the centre, with staff accessing regular training and being updated on changes to resident care plans through team meetings and other management initiatives.

Governance and oversight arrangements at the centre ensured that the needs and preferences of residents was at the centre of the day-to-day operations of Curlew Gardens.

## Regulation 15: Staffing

Staffing arrangements at the centre were responsive in nature and ensured residents needs were consistently met.

Staffing rosters were reviewed from the 03 March 2025 to the 30 March 2025, and illustrated the different staffing arrangements in place to meet the range of support needs of residents accessing respite care at the centre. For example, on the day of inspection, increased staffing was in place to meet the medical needs of a resident

who required 24 hour nursing care, in addition two health care assistant were also available which ensured access to local community facilities both individually or as a group. The review also showed different staffing arrangements when residents accessed the centre with non-medical care needs or needs relating to behaviours that challenge. Overall, staffing arrangements ensured that residents' needs were supported effectively and in a responsive manner both at the centre and when accessing the local community.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider's training arrangements ensured that staff skills were up-to-date, reflected current developments in health and social care practices and ensured that residents' needs were consistently supported by the whole staff team.

A review of training records from January 2024 to March 2025 for all staff at the centre showed that they had completed a range of training such as for example fire safety, manual handling, infection control and human rights. Records showed that training was regularly refreshed in line with agreed organisational time frames. Staff also spoke about being able to request and access additional training to ensure they could meet the needs of residents effectively through the centre's management.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that suitable and up-to-date insurance arrangements were in place for the centre in accordance with the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements at the centre ensured that care and support practices were subject to regular monitoring to ensure their effectiveness in meeting the needs of residents accessing respite care.

Care practices at the centre were subject to regular review by the provider, person in charge or a nominated staff member through a range of audits. The inspector reviewed a sample of audits was reviewed including the Person in charge's monthly



audit which was completed on line and submitted to both senior management and the provider's quality team. Reviewed audits for January and February 2025 examined areas such as staffing, policies & procedures and risk management arrangements. Audits indicated a high level of compliance at the centre, and where improvements were identified, a clear action plan was in place to address them including expected completion dates and assigned persons responsible for their achievement.

The person in charge also ensured consistency of care for residents through support arrangements for staff which included regular three monthly supervision and monthly team meetings. Staff spoke about how supervision allowed them to seek clarity and raise concerns which further enhanced their practices. A review of team meetings records for the 31 January 2025 and 26 February 2025 illustrated how staff were updated on changes to residents' needs as well as changes to the provider's policies and the day-to-day operations of the centre.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The provider had ensured that clear written agreements were in place illustrating all charges and expenses to be met by residents when accessing respite care at the centre.

Following the centre's last inspection, written agreements had been developed and signed by the provider and the resident and/or their representative. The inspector reviewed three resident written agreements, which clearly highlighted whether or not a charge was due for respite care as well as informing residents that they would be required to meet the cost of social activities and personal spending during their stay.

Judgment: Compliant

#### Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was completed regarding the care and support provided at the centre. The statement of purpose was reviewed by the inspector and contained all information required by the regulations and was available at the centre for both residents and/or their representatives.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaint management arrangements at the centre ensured that received complaints and concerns were dealt with in a responsive and effective manner and were used also as an opportunity for learning.

The inspector reviewed the complaints records in the centre from January 2024 to March 2025, which showed that there were no active complaints on the day of inspection. However, records relating to a complaint received on the 28 February 2025 regarding medication management, showed that appropriate action had been taken to the satisfaction of the complainant. In addition, learning from the complaint was used to enhance staff practice in this area through being shared with staff at a subsequently team meeting.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Following the centre's last inspection, the inspector reviewed the policies required to be in place by the provider under the regulations. The provider had ensured that all required policies were available at the centre ensuring that staff knowledge was kept up-to-date and informed care and support practices.

Judgment: Compliant

## Quality and safety

Care and support practices employed at the centre to meet residents assessed needs ensured that a high quality service was provided with a focus on continued improvement.

Comprehensive personal planning arrangements ensured that residents needs were clearly identified and appropriate supports put in place and consistently provided by a committed and qualified staff team. Staff members were focused on providing a person-centred experience and the promotion of human rights for residents while accessing respite care. This focus was exemplified by observations of staff and resident interaction, a review of care plans and also activity records from both 2024 and 2025.

Resident safety was also promoted at the centre , through a range of safeguarding procedures to both identify and mitigate against any possible risks to resident well-

being.

### Regulation 13: General welfare and development

Staffing arrangements and residents' personal plans ensured that they had access to activities both at the centre and in the local community which related to their assessed needs, interests and personal preferences.

The inspector reviewed the daily activity logs for February and March 2025 that showed that residents were supported to access a range of activities in the local community such as walks in local parks, visits to shops, cinema trips and meals in local cafes. Residents were also supported by staff to maintain their attendance at their day services which they enjoyed and ensured they maintained relationships with friends.

Residents also showed the inspector a photo book associated with a recent trip to Dublin Zoo, and staff spoke about how staffing arrangements at the centre allowed for resident to access activities they enjoyed either individually or group if their chose too.

Judgment: Compliant

### Regulation 17: Premises

The centre was both decorated and maintained to a good standard and meet residents' needs.

The inspector observed that bedrooms and bathrooms at the centre were adapted to meet the needs of residents with facilities such as overhead hoists and adapted bathrooms. In addition in two bedrooms, residents had the choice of either a pull-down single or double bed which staff explained was available to reduce any anxiety residents may have felt from being away from home through offering a sense of familiarity.

Since the last inspection, further storage facilities had been added to bedrooms for items such as bed linen. The decoration of the centre also reflected the residents accessing respite care with photographs of residents and art work on the walls such as a tree with residents' names making up its leaves. Overall, the premises gave a sense of homeliness and was bright, warm and welcoming.

Judgment: Compliant

## Regulation 18: Food and nutrition

The nutritional needs of residents were well managed at the centre

A review of personal plans for two residents at the centre included review of their eating and drinking care plans, which clearly indicated whether or not they were on a recommended modified diet or not, as well as other nutritional advice such as healthy eating options.

Discussions with staff at the centre illustrated that the eating and drinking care plans ensured their knowledge in this area was kept updated and ensured a consistent approach was provided to meet residents' needs. Discussions with staff and reviewed records also showed that care plans in this area were subject to regular review by a speech and language therapist, with any updated recommendations included in the care plan and shared with staff through team meeting arrangements.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had ensured that residents and their representatives had access to a resident guide in accordance with the regulations clearly informing them of the care and support they would receive. The inspector reviewed the centre's resident guide and found that it included all regulatory requirements including residents right to make a complaint, be involved in the day-to-day running of the centre and how to access inspection reports about the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management arrangements in place at the centre ensured that risks were identified, acted upon and safeguarded residents from harm.

The inspector reviewed the risk register for the centre and found that it was subject to regular review with the most recent being on the 13 March 2025, and incorporated identified risks associated with residents' needs such as absconding, medication and epileptic seizures. Following a risk's identification, clear and comprehensive control measures had been implemented which reflected discussions with staff and illustrated a consistent approach to safeguarding residents from harm

and meeting their individual needs.

A review of accident and incident records maintained at the centre from 01 January 2025 to 18 March 2025 clearly showed details of any incidents and the associated response to safeguard residents from harm, with recommendations and learning being reflected in updated risk assessments, resident care plans and minutes of team meetings, again ensuring a consistency of approach by staff to meet residents' needs effectively.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents were safeguarded from the risk of infection through the implementation of comprehensive infection, prevention and control measures.

The inspector observed supplies of personal protective equipment such as latex gloves and aprons at key points such as bathrooms around the centre as well as comprehensive policies to inform staff practices on how to both protect themselves and residents from the risk and spread of infection. In addition, a review of training records for all staff from 2024 and 2025 showed that they had attended relevant training opportunities in this area ensuring their knowledge and practice was up-to-date which was further overseen by the provider's quarterly infection control audit.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety measures ensured that residents were safeguarded from the risk of an outbreak of fire at the centre.

The inspector observed a range of fire safety measures throughout the centre such as a fire alarm, fire extinguishers, fire call points, emergency lighting and appropriate related signage. Fire drill records were reviewed from the 10 August 2024 and clearly showed where practice evacuation drills had been undertaken under a range of circumstances to ensure their effectiveness. Drills were undertaken based on the occupancy and staff levels at the centre as well as both day and simulated night-time evacuations. Following the last inspection, fire drill records had been updated to ensure that any learning from a drill was captured and shared, therefore informing the effectiveness of subsequent drills. In addition, after the last inspection a risk assessment had been completed on the location of laundry equipment, which had resulted in the installation of a smoke detector to ensure

resident and staff safety.

A review of four resident 'personal emergency evacuation plans' reflected the assessed needs of the residents and included information on staff supports and equipment needed to ensure they were safely evacuated from the premises in the event of a fire. Furthermore, discussions with staff reflected information on how individual residents were to be safely evacuated and training records for 2024 and 2025 showed that staff received up-to-date training in this area.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider ensured that effective arrangements were in place for the storage, administering and disposal of medication and to ensure residents received their medication in a timely manner and as prescribed.

The inspector observed that all medication was safely stored in a locked facility at the centre, and in the case of controlled medication additional security and protocols for its storage and use were in place.

Where specific medication protocols were in place for incidents such as refusal of medication by a resident, clear and comprehensive strategies were in place to ensure the resident's health was safeguarded. All staff at the centre were responsible for the administering of resident medication with up-to-date training in the safe administration of medication and quarterly medication audits ensuring staff practice was consistent and effective. The inspector also noted that a medication error had occurred on the 28 February 2025, with records illustrating how this was subsequently investigated and learning shared across the staff team to mitigate against possible future re-occurrence.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plan assessments ensured that residents' needs were clearly identified and supports were in place to ensure a consistency of care was provided.

The inspector reviewed three resident personal plans, finding them to be comprehensive in nature and reflecting residents needs in all areas of their care such as those relating to healthcare, social activities, behaviours that challenge and personal care needs. Personal plans were subject to regular update following recommendations from multi-disciplinary professionals involved in the care and

support of the resident.

Annual reviews had been undertaken to review the effectiveness of the personal plans for each of the three residents in conjunction with the residents' representatives, designated centre and day service staff and associated multi-disciplinary professionals. Discussions with staff at the centre further illustrated that the regular review and updating of personal plans ensured their knowledge was up-to-date and consistent care was provided to meet residents' needs when receiving respite care at the centre.

Judgment: Compliant

### Regulation 6: Health care

Care and support arrangements in place at the centre ensured that residents' healthcare needs were met.

The inspector reviewed three resident personal plans which included clear and comprehensive information on how residents health needs were to be supported while at the centre for respite care. Protocols were in place to ensure the effective management of specific medical conditions such as epilepsy including the administering of emergency rescue medication. Healthcare plans and protocols were subject to regular review and where required were updated following medical professionals' recommendations. Staff knowledge on how to support residents' individual healthcare needs were further supported through access to specific health condition training. Information was also available through residents individual 'Hospital passports' to ensure that in the event of admission to hospital while at the centre, their needs would be consistently supported by medical staff.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Comprehensive and detailed behaviour support plans and the regular review of recommended restrictive practices ensured that residents assessed needs were consistently supported at the centre.

The inspector reviewed three behaviour support plans and associated protocols for residents who came to the centre for respite care. Support plans were developed in conjunction with a behaviour specialist and clearly identified the behaviours to be supported and strategies to be used by staff both proactively and following an incident. Support plans were subject to regular review and discussion in team meetings to ensure they were effective and staff practices were consistent.

Due to the support needs of individual residents receiving respite care at the centre a range of restrictive practices were recommended and in place such as vehicle perspex screens , door locks and gates into the centre's rear garden. The inspector reviewed Records reviewed showed that each practice was reviewed both in light of its effectiveness to meet the needs of the resident and to ensure it did not have a negative impact on other residents who may be staying at the centre at the same time. Records showed that the restrictive practice used was the least restrictive in nature and used for the shortest time necessary. For example, the use of a video monitor due to the risk of epileptic seizures for one resident was used due to other methods leading to the resident being disturbed and risk of subsequent agitation. Records showed the monitor was only used when the resident was sleeping and was taken out of the room and locked in a cupboard once they were awake.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding arrangements in place at the centre ensured that residents were protected from the risk of abuse.

The inspector reviewed previous incidents relating to safeguarding from abuse at the centre as on the day of inspection there were no active issues of this nature. Records relating to a previous safeguarding incident in March 2024 clearly showed that the incident was reported to both senior management, the Chief Inspector and the local safeguarding team. A comprehensive interim safeguarding plan was implemented which was subject to review to ensure its effectiveness, and correspondence was received from the aforementioned local safeguarding team reflecting their assurance with measures implemented by the provider.

Residents were further supported in this area through regular staff training as reflected in records reviewed from 2024 and 2025 which ensured that staff had up-to-date knowledge on how to both identify and report different types of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to exercise their rights at the centre.

Staff at the centre had in 2024 and 2025 completed human rights training which from discussions with staff had resulted in both increased knowledge and enhanced awareness across the staff team. This was evident through observations of staff's interactions with residents at the centre which were respectful, dignified and



focused on providing day-to-day choices such as activities for the day.

In addition, residents based on their abilities and preferred communication style were supported to attend weekly resident meetings at the centre where records in 2024 and 2025 showed they were updated on changes at the centre, their right to make a complaint and operational issues such as fire safety protocols. Residents were also supported through care plans in all aspects of their needs to make choices and express personal preferences where possible . Following the last inspection at the centre , assessments had been undertaken to assess residents' ability to manage their own money while at the centre and confirm the level of support they needed.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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