



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

Name of designated centre:	Cullen House
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	22 January 2019
Centre ID:	OSV-0005046
Fieldwork ID:	MON-0024208

About the designated centre

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

This centre provides a residential services for a maximum of three adults over the age of 18 years. The centre is a bungalow situated in a rural area in Kildare County and within driving distance of the nearest town. It consists of three ensuite bedrooms, two kitchen come dining areas, utility room, sun room, sitting room. Each of the residents have their own bedroom which have been personalised to the individual residents taste. There are spacious grounds surrounding the centre. The last inspection in the centre had been completed in February 2018. At that time, compatibility issues were identified in relation to the three residents living in the centre. These issues were directly related to non compliances found with the regulation at that time. Since that inspection, two of the three residents had been discharged to more suitable settings. The remaining resident continued to live in the centre but a self contained living area had been established to specifically meet this resident's needs. An enclosed garden area specifically for the self contained living area has recently been developed. The purpose of this inspection was to monitor the providers compliance with the regulatory requirements.

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

To prepare for this inspection the inspector or 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
22 January 2019	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met and spent time with one of the two residents living in the centre. This resident had transitioned to the centre within the previous seven month period and appeared to be settling in well to their new home. He told the inspector of the many activities he engaged in as part of his day programme and how he enjoyed living in the centre and spending time with staff. He outlined that staff were all very kind to him. Although each of the residents lived separately in the centre, the resident spoke fondly of the other resident who he would engage with on occasions outside of the centre. The self contained area established for the other resident was being decorated on the day of this unannounced inspection and the resident had made plans outside of the centre for the day. Hence the inspector did not have an opportunity to meet with this resident.

Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. Each of the residents were engaged in some but limited activities in the community. There was evidence that a number of activities had been trialled for the residents but they had decided not to continue with the activity after a period. Examples included, horse riding, swimming and art therapy. Other activities residents appeared to enjoy included bowling, trips to cinema, shopping and meals out.

Staff spoken with outlined how they advocated on behalf of the residents and how they felt that each of the residents enjoyed living in the centre.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been in the position since October 2018 but had been deputy manager in the centre for three years prior to that. She was supported by a deputy manager and also an administrator who worked in the centre one day a week. She was found to meet the requirements of the regulations and to have a sound knowledge of the care and support requirements for each of the residents. She held a degree in social studies and had a certificate in management. She was in a full time post and was not responsible for any other centre. There was evidence that the person in charge had regular formal and informal contact with her

manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of operations who in turn reported to the director of service.

The provider had completed an annual review of the quality and safety of care in the centre in 2017 and a review for 2018 was in the final stages of being completed. Six monthly unannounced visits to assess the quality and safety of the service as required by the regulations had also been completed. A number of other audits were completed in the centre and there was evidence that appropriate actions had been taken to address issues identified.

The person in charge submitted a weekly governance matrix to the director of operations which included information on incidents, safeguarding concerns, restraints, staff turnaround and audit results. There was evidence that the operations manager visited the centre at regular intervals and completed a 'Bragg' report on a two weekly basis. This included a review of documentation such as resident's monthly outcomes, action plans, finance records, medication records, daily reports and planners, and health monitoring records. The persons in charge from designated centres operated by the provider in the area, the director of operations and operations manager met on a monthly basis to share learning between centres. Clinical meetings with members of the multidisciplinary team were held on a monthly basis for each of the residents.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. A staff communication book and staff handover sheets were completed on a daily basis. On-call arrangements were in place for staff.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been provided. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. A sample of supervision files reviewed showed that supervision undertaken was of a good quality and which supported staff to perform their duties to the best of their abilities.

There was a written statement of purpose. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required in Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and ensure it meets its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

Personal support plans were in place which reflected the assessed needs of the individual residents. Personal plans outlined the support required to maximise individual resident's personal development in accordance with their individual health, personal and social care needs and choices. Monthly outcomes and goals were recorded for each of the residents. Weekly activity planners were also recorded. There was evidence that progress in achieving identified goals were monitored. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. One of the residents engaged in a day service five days a week whilst the other resident only engaged in a day service one day a week. At the time of inspection, one of the residents was engaged in a limited amount of activity. There was evidence that a number of activities had been trialled with this resident but the resident had decided not to continue. Activities trialled included, art classes, horse riding and swimming. Activities that both residents appeared to enjoy included, walks within the local community and parks, cinema, meals out hairdressers and beautician visits. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion.

The centre was found to be suitable to meet the resident's individual needs in a comfortable and homely way. Each of the residents had their own bedroom which had been personalised to their tastes and choices. Since the last inspection, a self contained living area had been established for one of the residents which consisted of a small kitchen, living room area and ensuite bedroom. All areas of the centre were found to have a comfortable and homely feel.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the individual resident and their choices.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy. Environmental and individual risk assessments for each of the residents had been completed and detailed appropriate measures to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. A computerised incident reporting system was in

place and trend analysis reports were completed for incidents occurring. This promoted opportunities for learning to improve services and prevent incidences. A register of incidents was maintained in the centre and all incidents were reviewed by the director of operations on a two weekly basis.

There were systems in place to ensure the safe management and administration of medications. A medication management policy, dated January 2018, was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. Assessments had been completed to assess the ability of both of the residents to self manage and administer medications but had found that it was not suitable at this time for the individual residents to be responsible for their own medication. There were systems in place to review and monitor safe medication management practices.

Residents were provided with emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. Behaviour support plans had been put in place for residents identified to require same. Reactive and proactive strategies for dealing with challenging behaviour were clearly stated. These provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that the providers behaviour support specialist and psychology provided regular support for the residents and staff caring for them. All staff had received appropriate training to support them in dealing with behaviours that challenge in the centre. There was a regular review of all restraints used in the centre.

There were measures in place to keep residents safe and to protect them from abuse. At the time of the last inspection, compatibility issues between the residents living in the centre at that time, presented safeguarding concerns in the centre. Since that inspection, two of the residents had been discharged from the centre. A self contained living area had been established for the remaining resident. One new resident had been admitted to the centre in July 2018 and occupied the remaining area of the house. There were high levels of staffing supervision in the centre to support each of the residents. There had been a number of allegations or suspicions of abuse in the preceding period which had been appropriately reported and dealt with but no grounds for concern had been identified. Closed circuit television (CCTV) monitoring had been introduced in the living room area of one of the residents, as a safeguarding measure. Suitable procedures and safeguarding measures were in place regarding its usage. It was noted that recordings were not monitored and only reviewed on any occasion upon which an allegation was made by the resident concerned. It was proposed that the use of the CCTV would be subject to a formal review on a four weekly basis by the multi-disciplinary team. There was evidence that regular key working sessions were completed with each of the residents.

Regulation 17: Premises

<p>The centre was homely, spacious, accessible and promoted the privacy, dignity, individualised needs and safety of each resident. A self contained area had been established for one of the residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 18: Food and nutrition</p>
<p>Residents were provided with a nutritious, appetizing and varied diet.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>The health and safety of residents, visitors and staff were promoted and protected.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>Suitable fire safety arrangements were in place.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Personal support plans were in place which reflected the assessed needs</p>

of the individual residents.
Judgment: Compliant
Regulation 6: Health care
Residents' healthcare needs were being met in line with their personal plans and assessments.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were provided with appropriate emotional and behavioural support.
Judgment: Compliant
Regulation 8: Protection
There were measures in place to keep residents safe and to protect them from abuse.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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

