



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

## Issued by the Chief Inspector

Name of designated centre:	Cullen House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0005046
Fieldwork ID:	MON-0030454

## 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 care and support for a maximum of three adults over the age of 18 years. The centre is a bungalow (inclusive of a one bedroom self-contained apartment) situated in a rural area in Kildare County and within driving distance to a number of towns and villages. It consists of three ensuite bedrooms, two kitchen come dining areas, a utility room, sun room and sitting room. Each of the residents have their own bedroom which have been personalised to the individual style and taste. There are spacious well maintained grounds surrounding the centre and the self-contained apartment has an enclosed private garden area. The service is staffed on a 24/7 basis by a full time person in charge, two deputy team leaders and a team social care staff. Systems are in place to meet the assessed healthcare needs of the residents and access to GP services and other allied healthcare support form part of the service provided.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 16 September 2020	09:00hrs to 15:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with and spoke with one of the residents over the course of the inspection to get their views and opinions on the service provided. Overall, residents appeared happy and content in their home and very much at ease in the company of staff. Staff were also seen to be attentive and respectful towards each resident. Residents made their own decisions about what activities to engage in and these decisions were respected by staff.

The one resident spoken with by the inspector reported that they were happy living in their home, got on well with the staff team and were also satisfied with the quality and safety of care provided. The resident liked shopping and had planned a trip to a nearby shopping outlet for the day with the support of the staff team.

The inspector spoke with one staff member who was very familiar with the assessed needs of each resident. The staff member in question had worked in the centre since it had opened and was able to inform the inspector about the residents care plans and how best to meet their support needs. Systems were in place to meet the healthcare needs of the residents and as required access to a range of allied healthcare professionals (to include GP services) formed part of the service provided.

The inspector observed that some residents had a keen interest in animals and one kept pet guinea pigs. The residents also liked to visit petting farms and this activity was supported by the staff team. Residents also liked to engage in other social activities such as swimming, go for drives and visit museums.

While some complaints had been received from residents about aspects of the service provided, these were followed up on promptly and to the satisfaction of the residents. Residents also had access to independent advocacy advice and support if required.

Overall, residents were generally positive about the service and one reported to the inspector that they were happy with the care and support provided by centre and staff team

## Capacity and capability

Residents appeared very happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents encouraged, supported and respected

their autonomy, choice and independence.

The centre has a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis with the organisation. The person in charge had three years supervisory experience and was aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). They had systems in place to ensure staff were supervised, trained and supported to meet the needs of the residents.

From a small sample of files viewed, the inspector observed that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety, manual handling, positive behavioural support and infection prevention control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

The person in charge was supported in their role by two deputy team leaders and the director of operations. They were found to be responsive to the inspection process and was aware of their legal remit to the regulations. For example, the person in charge was aware of their legal remit to notify the chief inspector in writing within three working days of any adverse incident occurring in the centre.

There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, a recent audit on the centre identified that aspects of the risk management process required review. This issue had been addressed by the time of this inspection.

There were systems in place to record, log and respond to complaints. The inspector observed that there were only four complaints on file since 2019 and all had been addressed to the satisfaction of the complainants. Residents also had access to independent advocacy support and advice as required.

Overall, residents appeared happy and content in their home and the management team had systems in place to ensure their assessed needs were met and provided for.

#### Regulation 14: Persons in charge

The person in charge was a qualified social care professional with three years experience of working in and supervising services for people with disabilities. The person in charge was found to be responsive to the inspection process and aware of their legal remit to the regulations.

Judgment: Compliant

### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

From a small sample of files viewed, the inspector observed that staff were provided with all the required training as required by the regulations . Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Infection Prevention Control.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Management systems were also in place to support and promote the delivery of safe, quality care services. There was an experienced person in charge in place who was supported by two deputy team leaders and the director of operations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector in writing within three working days of any adverse incident occurring in the centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were systems in place to record, log and respond to complaints. The inspector observed that there were only four complaints on file since 2019 and all had been addressed to the satisfaction of the complainants. Residents also had access to independent advocacy support and advice as required.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health, emotional and social care needs were being supported and provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals. Residents were also being supported to maintain and build on skills so as to maintain and promote their independence. For example, residents were being supported to develop independent living skills such as managing their own finances. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented community based amenities such as shopping complexes and local shop. Transport was also provided so as residents could avail of scenic drives and other social outings further afield.

Residents were also supported with their health care needs and as required access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had access to GP services, chiropodist, optician and dental services. Comprehensive care plans were also in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals. The inspector also observed that where a resident refused to attend a



medical appointment, this decision was respected by staff. Where a refusal occurred it was documented by staff, discussed with the resident and an alternative appointment was made.

Residents were also supported to enjoy best possible mental health and where required had regular access to psychiatry, psychology and psychotherapy support. Where required, residents had a multi-element behavioural support plan in place and staff had training in positive behavioural support techniques. This meant they had the knowledge required to support residents in a professional and calm manner if or when required.

Staff also had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. Where required, interim safeguarding plans were in place which were reviewed and updated on a regular basis. There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, they were provided with one-to-one staffing support so as to ensure the residents safety. Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines and staff/resident temperatures were being taken every four hours.

There were systems in place to ensure all fire fighting equipment was serviced as required by the regulations. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were being conducted on a quarterly basis and each resident had an up-to-date personal emergency evacuation plan in place.

Overall, residents reported to the inspector that there were very happy with the service, they felt adequately supported, their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for.

### Regulation 17: Premises

The premises were kept in a good state of repair and were designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines and staff/resident temperatures were being taken every four hours.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when

required. Residents also had regular to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a multi-element behavioural support plan in place, which was updated and reviewed on a regular basis. There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents health, safety and overall well being.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to ensure residents were safeguarded in the centre. From a sample of files viewed, staff had training in safeguarding of vulnerable adults and residents had access to support and advice from an independent advocate as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant