



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

Issued by the Chief Inspector

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	24 August 2021
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0033198

About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two storey, five bedroom house, located in a rural location on the outskirts of a small town in county Westmeath. Each resident has their own large bedroom (all of which are en-suite) and are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/cum dining room, a utility room, a living room, a small conservatory, staff sleepover facilities, a downstairs bathroom and an open area TV space. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, a team leader, a deputy team leader, a team of social care workers and assistant support workers. Systems are in place to ensure the healthcare needs of the residents are supported and as required. Access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can attend day service placements and access community based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 24 August 2021	9:00 am to 5:00 pm	Catherine Glynn	Lead

What residents told us and what inspectors observed

Residents who lived in the centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in an office in the centre which was separate from residents' living spaces..

The inspector met with three residents who lived in this centre. Although these residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were sufficient staff in the centre to ensure that residents' support needs were met. A staff member worked with each resident to provide one-to-one support at all times while at the centre. There were sufficient staff on duty to increase this support level to two staff per resident if they were going out to do things elsewhere. This ensured that each resident had individualised support at all times and could take part in the activities that they enjoyed without impacting on the plans and preferences of others.

During the inspection residents spent much of the day away from the centre. For example, residents enjoyed long walks and eating out. While in the centre, the inspector observed a resident was enjoying watching television, while another spent time outdoors in the garden. The resident was clearly enjoying this activity and was laughing and smiling while interacting. Furthermore, the inspector was shown a music room in an outdoor facility where residents enjoyed spending time with support from staff.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. At a staff meeting, staff had discussed how the dining experience for residents could be improved. It was agreed that the preparation of communal meals for residents would be replaced with individual meal preparation for each resident based on their

food preferences. This was to ensure that each residents had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour schemes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms, including en-suite facilities attached to each bedroom.

Residents had their own bedrooms which were comfortably decorated, furnished and person-centred. Residents' bedrooms were very individualised with a very varied range of décor and themes in each room in accordance with residents' wishes. Some rooms were decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of the house there was a spacious garden. There were sets of picnic benches with seating, so that residents who chose to, could maintain their personal space outdoors while dining or playing.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. There were robust structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There was a strong management presence in the centre at all times. There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. A team leader and deputy team leader was on duty in the centre at all times, including at night time, to support both the person in charge and the wider staff team. The person in charge

worked closely with staff and the wider management team. Arrangements were also in place to ensure that staff could contact a senior manager at all times if required.

The person in charge held team meetings with the staff in the centre every month, at which a range of relevant information was discussed and shared. These included the ongoing care, support and progress of each resident, and the quality improvement plan and how it was progressing. Actions from previous staff meeting and COVID-19 were included at every staff meeting.

The person in charge and staff carried out audits, such as monthly audits of medication and finances, to review the quality and safety of the service. Staff also carried out an ongoing range of safety checks in the centre including reviews of fire safety, vehicles, first aid supplies, the carbon monoxide monitor and food safety. Unannounced audits were being carried out twice each year on behalf of the provider. Overall, audit records showed a high levels of compliance and any issues identified during audits were taken seriously. A quality improvement plan had been developed from audit findings which clearly stated any deficits identified, actions required, and time frames within which these would be addressed. Annual reviews of the quality and safety of care and support of residents were also being carried out. The annual review was informative and included the views of residents and their relatives. Residents views had been gathered by their key workers using communication techniques that suited the residents. Feedback from both residents and their families indicated a high level of satisfaction with the service.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. A staffing roster had been developed which was clearly stated and was accurate at the time of inspection. Records indicated and staff confirmed that, in the interim, the required staffing levels could be comfortably achieved at all times. The inspector found this to be the case on the day of inspection.

Staff had received extensive training relevant to their roles, such as training in medication management, first aid, autism care and communication, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date and informative.

Records viewed during the inspection, such as staff training records, personal plans, medication management records, COVID-19 and infection control, were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the management team. These were accurate at the time of inspection and indicated that these were the normal staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre. The inspector found that it contained all the required information as specified by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured a contract of insurance against injury was in place in the centre and was in-date as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Adverse events and incidents as listed in the regulations that occurred in the centre were reported within the prescribed period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans viewed during the inspection were clearly recorded and up to date.

The centre was located in a rural area which was close to a small town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The centre comprised a large two-story house. There was a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the house.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. While in the centre there was one staff member allocated to support each resident throughout the day and in the evenings. There were sufficient staff to allow for two staff to support residents in the community if required. This ensured that each resident could choose to do the things that they preferred and enjoyed, both in the centre and elsewhere, without impacting on each others activities. During the inspection, the inspector saw that residents were spending most of their time out and about doing things that they enjoyed in the local area. The provider also ensured that information of importance was made available to residents in a format that was easy for them to understand. Some of the techniques used included clear, pictorial activity plans, computerised devices and use of sensory items. Staff also spoke

clearly to residents in line with their communication plans.

The provider also ensured that information of importance was made available to residents in a format that was easy for them to understand. Some of the techniques used included clear, pictorial personal goals in residents' files, use of computerised devices and availability of a range of information in easy-to-read format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. In addition, the provider had developed a guide to the service which was also supplied to residents in an easy-to-read format. Staff spoke clearly to residents and gave residents time to respond.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included medical checks and appointments with healthcare professionals such as general practitioners (GPs), chiropodists, speech and language therapists and dentists, both routinely and as required. Residents were also supported to attend healthcare checks covered by national screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required. The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

Residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. staff had established residents' preferences through the personal planning process, house meetings, and ongoing discussion with residents. Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information was supplied to residents. Residents were also supported to keep in touch with family and friends. These visits and ongoing communication had been supported during the COVID-19 pandemic in line with public health guidance.

The provider had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare

professionals, and the development, implementation and frequent review of behaviour support plans.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in relation to the centre, which was available for residents in each house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review. There was evidence that residents were also supported with positive risk taking practices, including taking more control over their personal finances and

being supported to spend time alone in their residential service.
Judgment: Compliant
Regulation 27: Protection against infection
There were robust measures in place to control the risk of COVID-19 infection in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessments of resident's health, personal and social care needs had been carried out, and an individualised plan had been developed based on these assessed needs.
Judgment: Compliant
Regulation 6: Health care
The health needs of the residents was assessed and supported in the centre. The residents also had good access to a range of healthcare supports, such as GP and healthcare professionals.
Judgment: Compliant
Regulation 7: Positive behavioural support

Residents were appropriately supported with their emotional needs. behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a psychologist and a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs. Plans were personalised incorporating residents individual communication styles and preferences. The inspector spoke to one staff member who described some of the programme interventions in place for a resident.

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard resident's from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the resident's rights were supported and that they had freedom to exercise choice and control in their daily life.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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 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