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**Cullen House, OSV-0005046, 13 January 2022**

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# 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:	Unannounced
Date of inspection:	13 January 2022
Centre ID:	OSV-0005046
Fieldwork ID:	MON-0033293

## About the designated centre

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

This centre provides 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 County Kildare and within driving distance to a number of towns and villages. It consists of three en-suite bedrooms, two kitchen-dining areas, a utility room, sun room and sitting room. Each of the residents had their own bedroom which had been personalised to their individual style and preference. There were spacious well-maintained grounds surrounding the centre. The service is staffed day and night by a full time person in charge, two deputy team leaders and a team of 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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 January 2022	11:00hrs to 19:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunities to meet all three residents, speak with their direct support staff and review their contributions to both the operation of the designated centre and decisions made regarding their own care and support.

Overall residents were supported to pursue routines and activities based on their preferences and personal objectives, in the house and in the community. Each resident had specific staff allocation to support their needs and accompany them. This, combined with access to three cars for exclusive use by the designated centre, optimised residents' ability to come and go from the service as they wished without impacting upon others' routines. While residents had support staff allocated to them, they were also risk assessed to spend time alone in their personal space.

Each resident lived in a single private bedroom which was personalised to their preferences, and one resident was supported in a separated apartment space with its own kitchen area. The premises also featured large communal spaces, pleasant gardens and space for the residents to look after their pets. Appropriate pictorial signage was used to support navigation of the service and refer to activities and meals planned out for the week. The inspector found good examples of where restrictions such as locked or coded door, or safety features in the premises, were discontinued where the relevant assessed risk no longer required them.

The inspector observed a good rapport between the staff members and residents in a relaxed and respectful environment. The inspector found evidence of staff encouraging and praising the residents for engaging with staff if they were concerned or distressed about something in their life. The inspector found evidence of where staffing needs had been reviewed based on progress with support goals, including reducing direct staff supervision and access restrictions in the house and community where appropriate.

The inspector found that direct feedback and commentary from the residents comprised a sizable portion of the quality of service audits. Audits of the service also reflected commentary of residents raised through complaints, house meetings, keyworker discussions and surveys. The inspector found examples of where residents had made complaints regarding their home and their peers, and how the provider communicated directly with them to come to a satisfactory outcome or plan.

One resident did not wish to continue living in this designated centre and wished to move to a new location. The provider had also identified that, in light of the resident's changing support needs and socialisation options, the service was no longer ideal in supporting their needs. The provider was in the process of identifying suitable new accommodation for the resident and was supporting the resident with goals around independence in activities of daily life to prepare them for a transition in the near future. Another resident had recently transitioned into the service and

there had been a noted improvement in the resident's presentation and happiness at they settled into their new living space.

Residents were supported to pursue meaningful life development goals, including accessing suitable education and employment opportunities. Residents were supported by staff to maintain safe and healthy relationships with family, friends, and partners, and were supported to stay safe with their peers, in the community and when online.

The next two sections of the report present 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 service being delivered.

## Capacity and capability

The inspector found this to be a service in which the provider maintained effective oversight of the operation of the house and had suitable governance and reporting structures in place to be assured of ongoing matters in the house operation and the experiences of staff and residents.

At the time of the inspection, the provider was recruiting to fill two full-time support staffing posts. The person in charge was in attendance at the interviews for these roles to ensure that candidates not only met the requirements for the role, but were also deemed suitable for the needs and personalities of the residents being supported. Until these roles could be filled permanently, the provider used relief personnel allocated to the designated centre. The inspector found that for the most part, the relief personnel were consistent and sufficient to cover full-time hours affected by staff vacancies and leave, while mitigating the impact on staffing continuity. In the event of a larger staff depletion due to the ongoing health emergency, the provider had contingency plans to ensure that shifts were covered in the event that relief arrangements were not sufficient and may require backup arrangements such as the office-based management working in direct support roles.

The provider had published their annual report of the service in June 2021, and a six-monthly quality and safety review in November 2021. These reports were detailed and comprehensive in reflecting the achievements and challenges of the team and residents in the service, and identifying where the service was striving for further improvement or development in the year ahead. The reports collated and analysed trends in matters including complaints, safeguarding concerns, incident and accidents and medicine errors, and the provider's assurance that these had been responded to appropriately and resulted in ongoing learning for the service. The reports reflected direct commentary and feedback from the service users, what they wished to see changed in the service, or how they wished to pursue their own personal development opportunities going forward. Where these audits identified areas in need of improvement, a specific action plan was set out including who was

responsible for the completion of work and by when.

### Regulation 14: Persons in charge

The person in charge worked full-time and was suitably qualified and experienced for their role.

Judgment: Compliant

### Regulation 15: Staffing

The number of staff and their shift patterns were suitable to meet the assessed needs of the residents. Where relief personnel were covering shifts affected by staff vacancies, it was done in a way which retained continuity of support until the roles were permanently filled.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents containing the information required under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider retained oversight of the operation of the service and the quality and safety of resident support. Where areas for improvement had been identified, the provider set out specific and measurable actions along with times and persons responsible for their completion. There was a suitable reporting structure in place for residents and staff to bring matters of concern to the provider management.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and practices requiring notification had been submitted to the Chief Inspector of Social Services within their required time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints made in the service were appropriately recorded and reviewed, with communication to the complainant on the outcome or action resulting from their complaint.

Judgment: Compliant

## Quality and safety

The inspector found that this service had sustained a high level of regulatory compliance. Residents were supported in their daily lives and personal development by a team of staff using person-centred guidance for each resident. Residents were supported to have their voices heard in the service and to maintain safe and healthy social, relationship and life enhancement opportunities based on their assessed needs and preferences.

The inspector reviewed a sample of resident support plans which were developed based on a comprehensive assessment of health, social and personal support needs. These assessments, and the personal plans developed from them, evidenced input from the relevant healthcare professionals, as well as the resident and their representatives. Residents were involved in the regular review and evaluation of these plans. Plans were clear on the level of independence and positive risk taking the resident could safely pursue in their home and the community. Support plans related to sensitive matters such as finances, relationships, personal safety and intimate care were written in a manner which was dignified and reflected the preferences of each individual. The inspector identified where residents had made good progress with their objectives with the support of the staff team and keyworkers, and how this had had a measurable improvement on their safety in the service and community, and engagement with their staff when residents felt upset or anxious.

The premises of the designated centre was overall safe and suitable for the number and assessed needs of the residents. The inspector found examples of where

features had been added to the house and garden to facilitate safe navigation and reduce risk of injury. The service had been kept in a good state of internal and external maintenance. The inspector also found examples of environmental restrictive features which had been discontinued, such as code-locked doors which had been deactivated following risk assessment that they were no longer the least restrictive control measure effective at reducing their respective risks. Other restrictive measures had been retired to reflect where residents had made positive progress in risks related to aggression, self-injury or property damage.

Measures were in place to facilitate an efficient evacuation of residents and staff in an emergency. The provider had evidence that practice drills as well as a recent unexpected evacuation had been carried out without delay. Maps, signage and emergency lighting was available along all evacuation routes and all firefighting equipment was serviced. While all doors were equipped to close automatically to contain the spread of smoke and fire, the inspector found that one door leading from a bedroom to a kitchen was catching at multiple points on the floor and not effectively closing. This had not been identified in routine checks by staff. There was an area to the rear of the premises which contained items of potential fire risk such as outdoor wiring, tumble dryers, a barbecue kit and the emergency backup generator, and was not equipped to alert staff if fire or smoke originated here.

The premises was generally kept clean and surfaces facilitated effective sanitising of bathroom, kitchen and medicine preparation areas. Staff followed a routine checklist of areas to clean and how often to do so. Some items not identified on this list required attention such as ensuring ventilation fans, light fixtures and ceilings were clean of dust and spider webs, as well as ensuring that cleaning equipment such as mops and brooms were themselves clean when returned to their storage space to avoid risk of cross-contamination. Staff were observed following good hand hygiene procedures and encouraging the residents to do the same. The provider had kept their own policies and procedures up to date in response to national instruction and advice, and the inspector found examples of the outbreak procedures and contingency arrangements being modified to reflect the most recent guidance. The centre management was clear on how many staff the service could afford to have off-duty simultaneously before the regular and relief resources would no longer be sufficient to cover shifts. Updates and news related to the COVID-19 pandemic, and the associated social restrictions, were discussed regularly with residents. There was a high uptake of vaccination by staff and residents in the service.

Throughout the inspection, the inspector found good examples of staff practices and resident consultation methods which encouraged independence and positive risk-taking in the residents' home, in the community and online. The key working staff worked alongside each resident to support them to self-protect and engage with staff and with the concerns and complaints procedures if they felt unsafe or anxious for any reason. Where residents had reported feeling unsafe or unhappy, the staff and management encouraged and praised residents for speaking with them, and took prompt steps to investigate the matters raised and relay a response to the resident on what would happen next. The provider had notified external safeguarding authorities where safeguarding concerns required them to do so.

## Regulation 12: Personal possessions

Residents were supported to retain control over their belongings. Where money was retained by the service, it was subject to routine recording and auditing.

Judgment: Compliant

## Regulation 17: Premises

The physical premises were safe and suitable for the number and support needs of the residents and was kept in a good state of maintenance. The provider had added or removed features based on the changing supports and safety requirements of the service users.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had an outbreak management plan and policies and procedures relating to the ongoing COVID-19 pandemic which were being amended as national guidelines and restrictions changed and people received their vaccinations.

Some improvement was required in ensuring that areas of dust collection were included on the cleaning schedule, and that cleaning equipment was itself cleaned when stored away after use.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Records of regular fire checks by staff had not identified where a fire containment door could not effectively close in the event of an alarm. One area of the premises was not equipped to alert people to a potential fire original location.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Overall staff followed correct procedures for recording, administering and storing medicines prescribed to residents.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Resident support plans were informed by a comprehensive needs assessment with appropriate input from the resident, their representatives and the relevant healthcare professionals. Support plans were revised based on changing circumstances and reviews of their effectiveness.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Environmental restraint practices were kept under review and there was evidence of where measures were amended or discontinued when no longer assessed as the least restrictive option to respond to the respective risk.

Judgment: Compliant

## Regulation 8: Protection

Suspected and actual safeguarding risks were promptly reported and investigated in accordance with the provider's policies and procedures. Where necessary, safeguarding plans to keep residents safe were implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

Resident were supported to make choices and be consulted on matters related to their home, support structures and long-term life development decisions. Residents

were supported to protect their privacy and dignity in their home, their community and in their interpersonal relationships.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cullen House OSV-0005046

Inspection ID: MON-0033293

Date of inspection: 13/01/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge (PIC) shall ensure that the Centre's cleaning schedule is updated to reflect all high dusting and cleaning on a daily basis.</li> <li>2. The PIC will ensure that cleaning equipment is stored and sanitised appropriately by staff when returned to their storage space to avoid risk of cross-contamination.</li> <li>3. The PIC shall ensure that all staff wear appropriate PPE face masks as described and in line with the provider's RASOP and infection control guidelines.</li> <li>4. The above points will be discussed with the staff team at the next monthly team meeting by the PIC held on 25/02/2022.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge (PIC) shall ensure that on routine checks which are currently in place, all fire containment doors throughout the centre are closing effectively and in good working condition. PIC shall ensure that maintenance staff reviews all doors to ensure they do not catch on the floor and open and close properly. This work was completed on 01/02/2022.</li> <li>2. The PIC shall ensure that a fire alarm system is installed on the external sheds in the</li> </ol>	

premises where electrical appliances are stored to ensure people are alerted in case a fire or smoke originates.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	14/02/2022
Regulation 28(3)(b)	The registered provider shall make adequate	Substantially Compliant	Yellow	14/02/2022

	arrangements for giving warning of fires.			
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