



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

Issued by the Chief Inspector

Name of designated centre:	Cull Water Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	10 February 2021
Centre ID:	OSV-0007821
Fieldwork ID:	MON-0031740

About the designated centre

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

Cull Water Lodge is a residential service providing care and support on a 24/7 basis to four individuals with Autism and/or Intellectual Disabilities and Mental Health issues. The centre comprises of a large detached two storey house in a rural setting in Co. Louth. Each resident has their own ensuite bedroom and communal facilities include a large fully equipped kitchen cum dining room, two sitting rooms, a utility facility, a communal bathroom and large garden areas to the front and rear of the property. There is also adequate private parking space available and residents have access to transport for social and community based outings. The centre is staffed on a 24/7 basis by a person in charge, (who works full-time with the organisation), two deputy team leaders, a team of social care workers and assistant support workers.

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
Wednesday 10 February 2021	10:30hrs to 17:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The centre was observed to be welcoming and the inspector observed that residents appeared relaxed in their environment and comfortable in the presence of staff. Staff were also seen to interact with the residents in a friendly, caring and professional manner.

The inspector met three of the residents, spoke with one of them and with one family representative so as to get their feedback on the service provided.

The family member spoken with as part of this inspection reported they felt the service was very good and the needs of their relative were very well provided for. They said that they had no complaints about any aspect of the quality and safety of care provided in the centre and informed the inspector that staff were caring and facilitating.

Some residents said they were fond of animals and informed the inspector that they kept pet cats and rabbits in their home. Prior to the COVID-19 pandemic, residents had also set themselves goals to volunteer in a local animal welfare shelter and undertake accredited courses in a local nearby college. Residents were looking forward to following up on these activities once the lock down was over. Residents were also supported to go for walks, engage in exercise programmes and go for scenic drives. Some residents liked arts and crafts and the inspector observed a number of their paintings were hanging on the kitchen wall.

The resident spoken with reported that they had only moved into the service in late 2020 and were still settling into their new home. They said that they liked their room (which was en-suite) and in particular liked having their own private space. They also said that the staff team were lovely and everyone was very nice. The resident reported that the current lock down (due to COVID-19) could be stressful at times however, they could speak with a staff member at any time if they had any concerns.

The inspector observe there were a significant level of restrictive practices in place. These restrictions were impacting on some residents' freedom to exercise choice and control over their daily lives and one resident explicitly stated to the inspector that they found this situation frustrating. While the resident expressed that they were generally happy in the house, they also said that at times, the environment was a restrictive one. For example, to ensure the safety of some residents using the service, all meals, teas and coffees were served using plastic/bamboo plates, cups and cutlery. The resident reported that they felt frustrated by this restriction as it was in place for other residents and was directly impacting on their rights.

Overall, the inspector found systems were in place to provide for the health, emotional and social care needs of the residents and a family member spoken with, reported they were satisfied with the quality and safety of care provided in the

centre. However issues was identified with aspects of the of risk management process and residents rights, these matters are discussed further in section two of this report: Quality and Safety.

Capacity and capability

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by two deputy team leaders and a director of operations. The person in charge was an experienced professional and on the day of this inspection, were observed to be responsive to the inspection and regulatory process. They were also knowledgeable on the assessed needs of the residents and aware of their legal requirements of 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).

The person in charge ensured that resources were used appropriately in the centre which meant that the individual and assessed needs of the residents were being provided for. For example, where required all residents were provided with designated 1:1 staffing support at specific times throughout the day.

From a small sample of files viewed, the inspector observed that staff had training in Children's First, positive behavioural support, manual handling, basic first aid, safe administration of medication, fire safety awareness, hand hygiene, infection prevention control, intimate care, monitoring blood pressure and safeguarding of vulnerable adults. From speaking with one staff member over the course of this inspection, the inspector was assured they were knowledgeable on the assessed needs of the residents and their care plans. The person in charge had also commenced a schedule of supervision for individual staff members.

The centre was being monitored and audited as required by the regulations. The annual review on the quality and safety of care was not due for completion at the time of this inspection however, a six monthly audit of the service had been completed in December 2020. This audit identified areas of non compliance in the centre and action plans were developed to address these issues.

For example, the audit identified that some healthcare documentation required review and updating to include the development of a protocol for the management and recording of a residents blood pressure. This issue had been addressed at the time of this inspection and from a small sample of files viewed, staff had also completed training in the monitoring and recording of blood pressure. The audit also identified that as part of team meetings, COVID-19 and fire safety should be discussed routinely as part of the agenda. Again, these issues had been addressed at the time of this inspection.

Regulation 14: Persons in charge

The centre had a person in charge, who was a qualified professional with experience of working in and managing health and/or social care services. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There were staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in Children's First, positive behavioural support, manual handling, basic first aid, safe administration of medication, fire safety awareness, hand hygiene, infection prevention control, intimate care, monitoring blood pressure and safeguarding of vulnerable adults. It was also observed that where required, residents were provided with designated 1:1 staffing support.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation. They were supported in their role by two deputy team leaders and a director of operations. The centre was also being monitored and audited as required by the regulations.

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. The person in charge was aware of their legal remit to

update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify chief inspector of any adverse incidents occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents reported that they generally happy in their home and the provider had ensured that supports and resources were in place to meet their assessed needs. However, this centre was supporting individuals with complex behavioural issues and in order to keep residents safe, a significant level of restrictive practices were in place which could impact the rights of other residents.

Systems were in place to provide for the health, emotional and social care needs of the residents and a family member spoken with, reported they were satisfied with the quality and safety of care provided in the centre. However issues was identified with aspects of the of risk management process.

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 learn new skills such as money management, engage with their community and taking part in social activities of their choosing. Prior to COVID-19, residents had set a number of goals for themselves to include attending college and courses of interest and attending work placements. One resident informed the inspector that they were looking forward to pursuing their goals once the current lock down was over. Notwithstanding, some social outings and activities were still continuing and residents were being supported to go take regular exercise, go for walks and for scenic drives.

Residents were also being supported with their emotional and healthcare related needs. For example, from reviewing one resident's care plan the inspector observed that they had access to GP services and a range of other allied healthcare professionals such as dentist, optician, chiropodist and dietitian. Hospital appointments were facilitated as required. Residents also had access to psychology and psychiatry support and care plans were in place to enhance and support their overall mental health and wellbeing.

Systems were in place to safeguard residents and where or if required, safeguarding plans were in place. It was observed that there had been some safeguarding concerns in the past however, these were recorded and reported as required and at the time of this inspection, each resident had one-to-one staffing support for specific periods of time throughout the day to ensure their safety. The director of operations reported that while the centre had a specific safeguarding plan in place, there were currently no individual safeguarding plans open. One staff member spoken with said they would report any safeguarding concern to management if they had one and from a small sample of files viewed, staff had training in providing intimate care, protection and welfare of children and vulnerable adults, safeguarding of vulnerable adults and Children's First. One resident also informed the inspector that they would speak with any staff member if they had any concerns.

There were systems in place to manage risk and keep residents safe in the centre and from a small sample of files viewed, each resident had a number of individual risk assessments in place. Staff also had training in the risk management process. However, some controls measures in place to manage specific risks required review. For example, a review of residents individual risk assessments informed that high levels of staff supervision were required as a control measure to ensure each individual residents safety in the centre. This information did not inform the inspector exactly what level of staff supervision was required. However, on reviewing a sample of rosters and care plans, the inspector observed that all residents required designated 1:1 staff support throughout the day. Taking into account the significant and complex behavioural issues that residents could present with, these control measures required review so as to ensure they accurately reflected the exact level of staff support and supervision required to ensure each residents safety in the centre.

Systems were 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, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand washing facilities along with hand sanitising gels available throughout the house on the day of this inspection. Staff were also observed to be wearing PPE as required. The director of operations and person in charge also assured the inspector that each resident would self-isolate in their own bedrooms (which were en-suite) if they were suspected and/or confirmed as having COVID-19.

Information was available to residents on their rights and rights related issues were discussed with them by their key workers. Areas covered included how to make a complaint, issues related to privacy and dignity and how personal information was stored on each resident. Information on rights was also available in an easy to read format. However, the inspector found that some of the practices in the centre did not promote the rights of all the residents. This centre supported residents with significant complex needs and to ensure their safety, a significant level of restrictive practices were in place. For example, fobs were required to open exit doors from the centre, all sharp objects were kept under lock and key and knives, forks and

crockery were replaced with plastic/bamboo plates, cups and cutlery.

Staff informed the inspector that the service was gradually seeking to remove/reduce some restrictions for some residents who were not at risk and, the inspector observed that the centre kept restrictive practices under review as required by the regulations. However, the level of restrictions used in this centre were impacting on some residents' freedom to exercise choice and control over their daily lives and one resident was vocal in expressing dissatisfaction regarding this issue to the inspector. The resident reported that at times, they felt frustrated by this situation as some restrictions which were in place for other residents were directly impacting on their rights.

Regulation 26: Risk management procedures

Some controls measures in place to manage specific risks required review. For example, a review of some residents individual risk assessments informed that high levels of staff supervision were in place as a control measure to ensure residents safety. The inspector observed that some risk assessments did not explicitly state what level of staff supervision was required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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 learn new skills such as money management, frequent their community and engage in social activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their emotional and health care needs. For example, from reviewing one residents care plan the inspector observed that they had access to GP services and a range of other allied healthcare professionals such as dentist, optician, chiropodist and dietitian. Hospital appointments were also facilitated as required. Where required, residents also had access to psychology and psychiatry support

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and where or if required, safeguarding plans were in place. The director of operations reported that while the centre had a generic specific safeguarding statement in place, there were currently no individual safeguarding plans open at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

This centre supported residents with significant complex needs and to ensure their safety, a significant level of restrictive practices were in place. One resident expressed dissatisfaction about this issue and reported that at times, they felt frustrated as some restrictions which were in place for other residents, were directly impacting on their rights.

Judgment: Not 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cull Water Lodge OSV-0007821

Inspection ID: MON-0031740

Date of inspection: 10/02/2021

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:

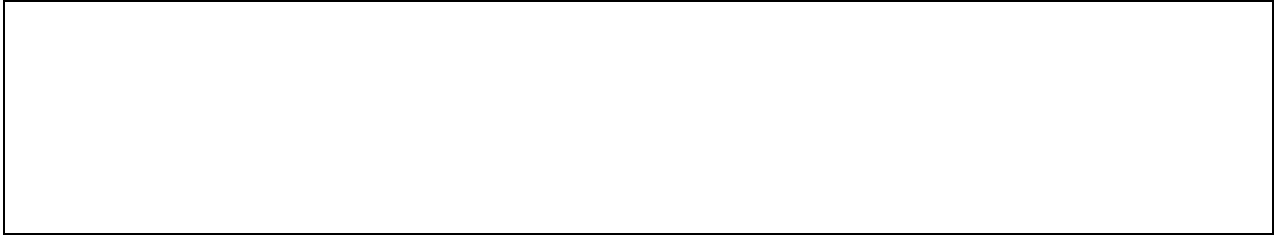
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. PIC will review all risk management plans and will specify allocated staffing levels for each Service User on their individual risk management plans. 2. PIC will conduct a full review of all risk management plans to ensure all risks are identified and control measures are detailed within. 3. The above actions will be discussed with the staff team when complete at the next staffing meeting on the 31.03.2021 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. PIC to continue to complete a further review of all restrictive practices in the Centre to ensure controls in place are done on an individualised basis and reduce restrictions where possible based on individual need and associated risk management plan. 2. Further key-working sessions to be complete with the Services Users on restrictive practices in place in the Centre and any reductions to be implemented following restrictive practice reviews 24.03.2021 3. The above actions will be discussed with the staff team when complete at the next staffing meeting on the 31.03.2021 	



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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/03/2021