



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

Issued by the Chief Inspector

Name of designated centre:	Culann
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 November 2021
Centre ID:	OSV-0005722
Fieldwork ID:	MON-0033225

About the designated centre

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

Culann provides residential service for five adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The centre is located on a campus setting in a rural area, a short drive from a town in Co.Meath. The provider describes the objective of the service as being to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with the provider's model of person centred care support. Culann is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible. There are 3 individual bedrooms plus two additional bedrooms with adjacent living rooms. All bedrooms are fitted out to a very high standard and residents are supported to decorate their rooms as they please and are encouraged to personalise their room with their own items. The centre is staffed by a combination of staff nurses, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 8 November 2021	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

The inspector met and spent some time with all five residents. Some residents chose to limit their interaction with the inspector and others to have no engagement at all, and these choices were respected. Residents were observed to be comfortable with staff members, and it was evident that staff members understood residents' preferred ways of communication, and that their presence was accepted and welcomed by residents.

During the morning of the inspection some residents were out and about, some were starting their day, and others were having a lie in. All the preferences of residents were clearly being accommodated.

Throughout the day residents were observed to be supported in their hobbies or preferred activities. A resident who loved gardening, and in particular cutting grass, was supported in this preferred activity. They had a shed in one of the outdoor areas for their gardening equipment, and were happily occupied throughout the day. Another resident spent time on hair and beauty in the morning and went out for walks later on.

Residents communicated in various ways, and staff were evidently familiar with them and could understand and have chats with them. Residents were seen to greet staff members enthusiastically, and instigate interactions with them as they arrived at the house.

The house was spacious with various communal areas including functional garden areas, some of which were furnished. Each resident had their own room, and two residents had a mini apartment consisting of a sitting room and bedroom for their sole use. Residents had sufficient storage for their needs, and were supported to personalise their bedrooms with their own items, such as photos, personal care items, and an extensive DVD collection for one resident.

Residents were supported in their personal choices in various aspects of their lives. They decided how they wished to spend their days and leisure time and who they chose to spend time with. Where residents enjoyed spending time alone in various parts of the house this was observed to be respected and facilitated. Residents had chosen which staff they wished to have accompany them in the morning.

The rights of residents were respected, and they had access to an advocate if they wished. They and their families were involved in the personal planning process, and in any decisions affecting their daily lives. Some residents had events planned that they had been looking forward to for some time, but which had been postponed due to the public health crisis.

In summary, the inspector found residents' health and social needs were well supported. The systems and arrangements that the provider had put in place in this

centre, whilst requiring some improvements as discussed in the subsequent sections of this report, ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure in place, with lines of accountability and responsibility explicitly identified. Various management strategies were in place, including 6-monthly visits on behalf of the provider, and a suite of audits covering various aspects of care and support within the centre. However, not all these strategies were effective, and where required actions had been identified these had not all been monitored or completed.

There were effective communication strategies including regular staff meetings, and a system of both formal and informal handover between shifts. There was also a series of local management meetings which facilitated shared learning.

The person in charge was appropriately experienced and qualified, and although they had only been in post for three months, demonstrated a detailed knowledge of the support needs of the residents, and was clearly well known to them. Residents were seen approaching the person in charge with various queries, or to relate a story.

The staff team comprised a permanent team of 20 staff, nearly all of who were recruited within this year. The number of staff rostered each day was sufficient to meet the needs of residents, however the system of replacing absences was not effective, and there were frequent staff shortages, including a shortage of two staff on the day of the inspection. Some residents required two or more staff to accompany them out of their home, so that shortages were significant.

However, the staff who spoke to the inspector were knowledgeable about the history and support needs of residents, and about their role in the delivery of care, and in maintaining the safety of residents. They were in receipt of training in accordance with the needs of residents.

Regulation 14: Persons in charge

There person in charge had been in post for three months, was full time and had responsibility for two designated centres which were interlinked. They were was appropriately experienced and qualified.

Judgment: Compliant

Regulation 15: Staffing

The skills mix and numbers of staff that had been identified as being required to meet the needs of residents was appropriate, however on at least one or two occasions in each week of the previous weeks there had been a shortfall of one or two staff members from this required number On the day of the inspection a health care assistant and a nurse were both absent and had not been replaced. The nurse from the adjoining unit provided nursing cover for the day.

Of the 20 permanent staff allocated to the designated centre, 19 had commenced their roles this year, and six had commenced within the previous 6 months. This situation was not ensuring continuity of care and support for residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training was up to date, and some training had resumed in-person. However, the majority of the staff team were recently recruited, and the formal induction programme was found to be focused on staffing issues, and did not include information about the support needs of residents, or the risks and control measures in the centre. There was a reliance on this information being shared informally.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and key management roles were filled appropriately. However the monitoring and oversight of the centre was not always effective, and some of the required actions identified by the organisation's monitoring systems to ensure the safety and quality of support to residents had not been implemented.

The provider had not ensured consistent staffing resources. The system of covering absences was ineffective, almost all of the staff were recently recruited.

Judgment: Not compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was laid out to support their needs, and various systems were in place to support them. Some improvements were required to ensure that measures taken to safeguard residents did not adversely affect others.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. Residents had access to members of the multi-disciplinary team in accordance with their needs. Referrals were made in a timely manner when required and the recommendations of healthcare professionals were recorded and implemented. Plans included guidance on both health care and social care, but improvements were required in the system to support the maximisation of residents' personal development. Some of the goals set for residents were not current and had not been updated within the required timeframe.

There were detailed behaviour support plans in place for some residents which were regularly reviewed and updated. The included both reactive and proactive strategies, and guidance for staff to ensure consistency of response. Relevant healthcare professionals had been involved including the behaviour specialist, and residents had access to a mental health service.

Where there were restrictive interventions in place, these were not always based on a detailed assessment, and there was not always a clear rationale for their use. An improvement had recently been commenced whereby the keypad lock for the main door had been relocated to that doorway rather than being in the staff office, but there were various other keypad locks throughout the centre with no clear explanation as to the necessity for them. There was no recording of restrictive interventions, and no log of all the interventions in place to facilitate oversight.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self closing fire doors. A

detailed personal evacuation plan was in place for each resident, and where difficulties had been identified for a resident this was addressed in their evacuation plan. Staff had been in receipt of fire training, and regular fire drills had been undertaken, including drills under night time circumstances, which demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. There had been a series of incidents between two residents, who were good friends most of the time, but sometimes annoyed each other leading to altercations. Strategies had been put in place to manage this, and the inspector observed these being implemented. Residents were also being offered alternative accommodation, and decisions relating to this were being made in conjunction with the residents and their families. In addition another recent error which had posed a risk to residents had been investigated and control measures put in place to prevent a recurrence.

All required infection control measures were in place. There was a detailed and current infection control policy in place, and a contingency plan had been developed in case of the outbreak of an infectious disease. The inspector observe throughout the inspection that current public health guidelines were observed.

There was a risk management policy in place which included all the requirements of the regulations. Risk assessments and management plans were in place for each identified risk in the centre, There was a clear system in place for the oversight of any accidents and incidents.

The premises were laid out to suit the needs of residents. Two residents had a bedroom and sitting room for their own use, and all residents had their own room. There were two bathrooms and tow additional WCs for the use of residents. There were spacious outside areas, some areas exclusively as part of the designated centre, and others consisting of the grounds of the campus.

Overall the residents had a good quality of life, and were supported in making choices about both their daily lives and their futures.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

Regulation 17: Premises

Whilst the centre was on a campus, it was well laid out to meet the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Any changing needs had been responded to appropriately, and referrals made to the appropriate healthcare professional.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place, including additional control measures in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan
<p>There were personal plans in place for each resident, based on an assessment of needs, however, the supports required to maximise the residents' personal development were not identified. There had been goals previously set for residents, some of which were appropriate to their needs, but these had not been implemented or updated, in some instances for over 18 months.</p>
<p>Judgment: Substantially compliant</p>
Regulation 6: Health care
<p>There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.</p>
<p>Judgment: Compliant</p>
Regulation 7: Positive behavioural support
<p>While there had been some recent efforts to reduce restrictive practices in the designated centre, there were still restrictions in place with no clear rationale. Almost every external door and garden gate had a keypad lock which not all residents could open independently, and some of the exits led to other enclosed areas so that the purpose for the locks had not been evident.</p> <p>Not all restrictions had been recognised and recorded as restrictions, and there was no log of restrictions maintained in order to facilitate oversight. In addition, the use of the restrictions was not recorded as required.</p>
<p>Judgment: Not compliant</p>
Regulation 8: Protection
<p>There were systems in place to ensure that residents were protected from all forms of abuse.</p>
<p>Judgment: Compliant</p>

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Culann OSV-0005722

Inspection ID: MON-0033225

Date of inspection: 08/11/20211

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The service is fully staffed in respect of management and nursing, where a nurse is absent due to sickness, as was the case on the day of inspection, nursing cover is provided from adjoining units. Talbot Group have recently put in place a new recruitment and retention strategy. The Talbot Group have reviewed the use of relief staff in the organisation and have put in place more efficient methods of communication to ensure shifts are filled promptly . There are currently two Direct Support Worker vacancies within the service which have been recruited against, these staff will be in employment in January 2021. Where a shift shortfall presents within the intervening time frame, it will be filled by familiar relief staff or Culann staff.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PPIM of the service is undertaking a review of Talbot Group induction policy and procedures in relation to Direct Support Workers, Team Leaders and PIC's. The new induction policy and procedure will address the areas raised in this report. This new induction policy and procedure will be in place for Direct Support Workers by February 2022.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Compliance in regulation 15 staffing has been noted above. The PPIM of the service will be implementing a full Quality Improvement Plan for this service to address the outstanding actions identified in provider led inspections. The PPIM will oversee the progress of this action plan with the PIC.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>As part of the services Quality improvement plan, each residents Individual Support Plan will be reviewed. Individual Support Plans will be updated to identified support needs for maximizing personal development. All resident goal plans will be fully updated. Culann staff will be provided with Goal Planning and Key Worker Training.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All Restrictive Practices within the service will be fully reviewed, the service will implement restrictive practice logs for all restrictive practices in place. The PIC will also review the use of restrictive practices within the service using the HIQA Self-assessment questionnaire in relation to restrictive practice thematic inspections, findings from this self-assessment will be included in the services Quality Improvement Plan and actioned.</p>	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/01/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	28/02/2021

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/01/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and	Substantially Compliant	Yellow	28/02/2021

	safety of the services that they are delivering.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	28/02/2021