



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

Issued by the Chief Inspector

Name of designated centre:	Castleview House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0008130
Fieldwork ID:	MON-0035312

About the designated centre

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

Castlevue House provides 24-hour care to male & female adult Individuals with disabilities from age 18 years of age onwards. Castlevue House is a detached single storey property. The centre comprises of a communal kitchen/dining room, a lounge, a utility, an accessible WC & a staff shower room and office. There are also 3 standalone apartments where the residents live. These comprise of en-suite bedrooms and living/dining/kitchenette areas. Castlevue House has a spacious garden surrounding the property. The number of residents that can be accommodated within the service is three. The centre is staffed by a team of social care workers and assistant Support Workers. Nua Healthcare also provide the services of the Multidisciplinary Team whom are based in the Clinical office in Naas, these services include; Psychiatry, psychology Occupational Therapy, Speech and language Therapy and nurses. There is a person in charge working in the house on a full-time basis. The person in charge is also supported by two Deputy Team Leaders in the centre. The centre is located close to a town in Co. Tipperary. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants and social groups.

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 20 June 2024	10:40hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform the upcoming decision in relation to the renewal of the centre's registration.

The inspector had the opportunity to meet with all three residents of the designated centre during the course of the inspection. From what the residents communicated with the inspector and what was observed, it was evident that residents received a good quality of care in the designated centre.

Castlevue House is a detached single storey property. The centre comprises of a communal kitchen/dining room, a lounge, utility room, an accessible WC and staff shower room and office. There are also three standalone apartments where the residents live. These comprise of en-suite bedrooms and living/dining/kitchenette areas. Castlevue House has a spacious garden surrounding the property. The inspector completed a walk around the premises and found that the property was very clean and well maintained. Residents had personalised their own living spaces to suit their preferences.

The inspector met with each resident in their individual apartments. The first resident appeared proud of their living space and invited the inspector to see their bedroom. The resident was complimentary of staff who supported them. The resident and staff appeared to have good connections and jovial engagement between them was observed. While the resident appeared content, they did express their wish to one day return to a preferred urban area. On the day of inspection, the resident was going to the local town and appeared to be looking forward to the afternoon.

The second resident was also preparing to go out for the afternoon. The resident spoke with the inspector about an upcoming wedding which they were attending. The resident was seen to be supported in preparing for the wedding and appeared to enjoy the preparations with staff. The resident was seen to take pride in their appearance, it was evident staff supported and encouraged this by ensuring preferred beauty items were on display and easily accessed by the resident.

The third resident used gestures, physical prompts and body language to communicate their needs and wants. The resident appeared comfortable as they sat on the couch in their home. However, the resident gestured that they did not want the inspector in their apartment. This choice was respected and the inspector said goodbye to the resident.

High staffing levels were observed in the centre, and this was appropriate to meet the assessed needs of the residents and identified risks. The residents were supported by a team of social care workers and assistant support workers. There was also a full time person in charge working in the house and they were supported

by two deputy team leaders in the centre. The staff team appeared familiar and knowledgeable regarding the residents individual needs.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall findings from this inspection were positive. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents.

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and two deputy team leaders.

The provider had established good systems to support the provision of care and support to the resident. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the resident's needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill-mix of staff was appropriate to the assessed needs of the resident, the statement of purpose and the size and layout of the centre. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. High staffing levels were observed in the centre, and this was appropriate to meet the assessed needs of the residents and identified risks. The residents were supported by a team of social care workers and assistant support workers.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to facilitate and monitor staff training and development. A review of a sample of staff training records demonstrated that the staff team had up-to-date training in areas including fire safety, safe administration of medication and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

A clear staff supervision systems was in place and the staff team in this centre took part in formal supervision. The person in charge had a supervision schedule in place and the inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents care records and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents.

Regulation 17: Premises

The centre was designed and laid out to meet the assessed needs of the residents and was in a good state of repair internally and externally. The centre comprised of a communal kitchen/dining room, a lounge, a utility, an accessible WC and staff

shower room and an office. There are also three standalone apartments where the residents live. These comprise of en-suite bedrooms and living/dining/kitchenette areas. Castlevue House has a spacious garden surrounding the property which included designated parking. The residents had personalised their apartments to suit their preferences. The provider had ensured the provision of all items set out in Schedule 6, including adequate kitchen areas, storage facilities, and laundry facilities.

The provider had self-identified some areas of improvement which required attention and plans were in place to address same. For example, the re-configuration of a bathroom which was due to commence the week fol.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. Risk assessments considered each individuals needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking which promoted residents' opportunities to engage in activities of their choice.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective fire safety management

systems in place in the centre. Following a walk around the centre, the inspector observed a number of fire safety precautions including appropriate containment measures, emergency lighting, fire detection systems and fire fighting equipment. A fire specialist regularly attended the centre and reviewed the fire safety systems in centre. All staff had received fire safety training and centre specific fire walks around the designated centre had been completed with all staff.

Evacuation drills were regularly completed in the centre by staff and residents and these simulated both day and night time conditions. Emergency evacuation procedures were prominently displayed in the centre and residents had personal emergency evacuation plans in place which were subject to regular review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. There was evidence of regular review and oversight of the effectiveness of plans in place with regular audit of individual support files.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and guidelines were in place which appropriately guided staff in supporting the resident. The resident was facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

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	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant