



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:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0007821
Fieldwork ID:	MON-0029763

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:	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 - 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
Thursday 25 November 2021	10:55hrs to 17:50hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The service comprised of a large detached two-storey house and two separate one bedroom apartments to the rear of the main property. It was situated in County Louth and was in close proximity to a large town and a number of villages. As part of this inspection process, the inspector met and spoke with three of the residents so as to get their feedback on the service provided. Written feedback on the quality and safety of care collected a part of the services annual review from three residents was also reviewed by the inspector.

On arrival to the house, the inspector observed that it was clean, spacious, warm and welcoming. The inspector met with the person in charge who explained that none of the residents living in the main house were at home as some were in college and some had gone Christmas shopping.

The inspector undertook a walk-through of the house and saw that the residents had commenced the process of decorating it for the Christmas holidays. They had made some of their own decorations which were on display in both the dining room and one of the sitting rooms. Some of the residents' artwork was also on display throughout the house.

The apartments were a recent new addition to this service and the inspector viewed one of them. They comprised of an entrance lobby, an ensuite double bedroom and a large open plan sitting room, dining room/kitchenette. Both had a small garden area to the front. One resident had just moved into one of the apartments and had visitors on the day of this inspection so the inspector did not get to meet or speak with them on this occasion.

On return from their shopping trip, one resident met and spoke with the inspector for a short time. They said they were very happy living in the house and that they had no problems at all. It was observed that they were comfortable and at ease in the presence of staff and, staff were observed to be person-centred and warm in their interactions with the resident.

The two other residents arrived home later in the day. One informed the inspector that they loved the house and the staff team were great. They also said that they were attending college during the week and were loving their studies. The resident had a keen interest in animals and was attending a dog grooming course. As part of this course they had also secured a work-placement every Saturday, working with animals. They said that they loved their job and all was going well with college.

The resident also kept pet cats and showed the inspector one of them over the course of the inspection. They explained that they took responsibility for caring for

their pets and had bought a cat house for the back garden.

The third resident spoken with informed the inspector that they had a lovely morning shopping for Christmas and had coffee out with a staff member. They explained that they were looking forward to Christmas and, were going to finish putting up the Christmas decorations and tree that evening. This resident appeared to have a positive and friendly rapport with the staff team and said that they were very happy in the house.

Later on in the day, the residents had finished decorating the Christmas tree and invited the inspector to see it. They also informed the inspector that had plans to watch the Christmas Toy Show on TV later in the week and were really looking forward to this activity.

Written feedback from residents on the quality and safety of care was also found to be positive. One resident stated they were happy living in the house and when they required space they could go to their own personal bedroom when they liked. Another reported they were happy with facilities offered and recreational choices available. They also said they were aware of the complaints process and how to make a complaint and has no problem with this issue. A third resident reported that they were satisfied with the safety and security of their belongings in the house and happy with the complaints procedure to include the appeal process.

On a previous inspection of this service in February 2021, one resident complained to the inspector that some restrictions in place were impacting on their rights to enjoy their home. On this inspection the resident informed the inspector that they were now satisfied that these restrictions had been removed and were happy with the way their independence was being supported and encouraged. Before the end of the inspection process one resident spoke again to the inspector about their progress living in the house. They said that they had become more independent over the last year and were very happy in themselves at the time of this inspection.

Over the course of this inspection the inspector observed that staff supported the residents in a professional, dignified and person centred manner and it was observed that residents were comfortable and at ease in the presence of staff. All three residents spoken with also reported that if they had any concerns in the house they would speak to the person in charge and/or their key worker.

While some issues were found with the staffing arrangements, written policies and procedures, risk management and the statement of purpose, feedback from three residents on the quality of service provided was complimentary and positive.

The following two sections of this report discuss the above points in more detail.

Capacity and capability

Residents informed the inspector that they were happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the staffing arrangements, written policies and procedures and the statement of purpose.

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 with the organisation. They were supported in their role by a Director of Operations, two deputy team leads and a team of social care/assistant support workers. The person in charge provided leadership and support to their team and ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

The person in charge was also found to be responsive to the inspection process and aware of their legal remit to 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).

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, basic first aid, manual handling and infection control.

At times, residents in this house could present with complex behaviours of concern and in order to manage the risks associated with this, four staff were required at all times (during the day) to provide support and supervision in the main house. However, the inspector observed that on one occasion in October 2021, the service had to operate with a shortfall of one staff member. In turn, the contingency plans to ensure adequate staffing arrangements were in place at all times to meet the assessed needs of the residents and to ensure their safety and wellbeing required review.

The inspector reviewed the statement of purpose and was satisfied that it generally met the requirements of the Regulations. It 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. According to the statement of purpose, staff working in this centre were required to have training in mental health. On reviewing the training matrix, the inspector observed that staff did not have this training. When this was discussed with the person in charge they explained that in order to support residents experience best possible mental health, bespoke training on their individual needs was provided to staff as opposed to general mental health training.

Systems were in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care for 2020 available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents.

For example, the last six monthly unannounced visit to the centre identified issues

with storage space in the centre and, also identified that all residents were to be made aware of their rights and the complaints process in place in the centre. These issues had been addressed at the time of this inspection and, issues to do with rights and the complaints process were discussed with residents as part of their regular key working sessions with staff.

While systems were in place to safeguard the residents, the inspector that some written documentation with regard to the safeguarding process and procedures required review. When this was discussed with the person in charge, the set about addressing this issue on the day of this inspection.

Regulation 14: Persons in charge

The person in charge provided leadership and support to their team and ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for. The were also found to be responsive to the inspection process and aware of their legal remit to 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).

Judgment: Compliant

Regulation 15: Staffing

The contingency plans to ensure adequate staffing arrangements were in place at all times to meet the assessed needs of the residents and to ensure their wellbeing required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, basic first aid, manual handling and infection control.

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 with the organisation. They were supported in their role by a Director of Operations, two deputy team leads and a team of social care/assistant support workers.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it generally met the requirements of the Regulations. It 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. According to the statement of purpose, staff working in this centre were required to have training in mental health. On reviewing the training matrix, the inspector observed that staff did not have this training. When this was discussed with the person in charge they explained that in order to support residents experience best possible mental health, bespoke training on their individual needs was provided to staff as opposed to general mental health training.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the service was required by the Regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some written documentation with regard to the safeguarding process and procedures required review.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. A minor issue was identified with the process of risk management and fire safety.

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 use their community and maintain links with their families. For example, some residents were attending college enrolled in courses of their choosing. One of the residents also had a work placement at the weekend of which they said they really enjoyed. Residents also attended other activities such as drama classes and singing lessons. Some residents were engaged in progressing their independent living skills and one said to the inspector, they were happy with the progress they were making. They also liked to go regularly shopping, swimming, to the cinema and walks with staff support.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, dietitian, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to promote continuity of care. Access to psychiatry, psychology, psychotherapy and behavioural support were also provided for as required to support residents with their overall mental health and well-being.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There was one open safeguarding plan in place at the time of this inspection. The inspector spoke with three residents and they said if they had any issues in the centre, they would speak with the person in charge or a staff member. From a small sample of files viewed, staff had training in safeguarding of vulnerable persons and information on how to contact the designated officer, complaints officer and an independent advocate was available in the centre. The inspector observed that one resident had been supported by an independent advocate earlier in 2021. Some issues were identified with regard to aspects of written documentation relating to some safeguarding plans however, this was discussed and actioned under Regulation 4: Written policies and procedures.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff support. It was observed however, that one key control measure to manage some risk in the centre was that staff have safeguarding

training. This was not explicitly stated in one risk assessment viewed by the inspector.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, staff also had training in fire safety. However, the process of fire drills required review so to ensure one was carried out to reflect the least number of staff present in the centre with the maximum number of residents present.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported 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 available and hand sanitising gels were in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. The premises were observed clean and well maintained on the day of this inspection.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff and family representatives as required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Staff were also observed to be respectful and supportive of the residents individual choices. It was observe that a number of restrictive practices were in use in the centre so as to support all residents safety. However, they were kept under review and, there was also a restraint reduction programme in place.

Regulation 17: Premises

The premises were observed to be clean and well maintained on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff support. It was observed however, that one key control

measure to manage some risk in the centre was that staff have safeguarding training. This was not explicitly stated in one risk assessment viewed by the inspector.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported 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 available and hand sanitising gels were in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. The premises were observed clean and well maintained on the day of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The process of fire drills required review so to ensure one was carried out to reflect the least number of staff present in the centre with the maximum number of residents present.

Judgment: Substantially 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 use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, dietitian, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to promote continuity of care. Access to psychiatry, psychology, psychotherapy and behavioural support were also provided for as required to support residents with their overall mental health and well-being.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There was one open safeguarding plan in place at the time of this inspection. The inspector spoke with three residents and they said if they had any issues in the centre, they would speak with the person in charge or a staff member. From a small sample of files viewed, staff had training in safeguarding of vulnerable persons and information on how to contact the designated officer, complaints officer and an independent advocate was available in the centre

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff and family representatives as required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Staff were also observed to be respectful and supportive of the residents individual choices. It was observe that a number of restrictive practices were in use in the centre so as to support all residents safety. However, they were kept under review and, there was also a restraint reduction programme in place. On a previous inspection of this service in February 2021, one resident complained to the inspector that some restrictions in place were impacting on their rights to enjoy their home. On this inspection the resident informed the inspector that they were now satisfied that these restrictions had been removed and were happy with the way their independence was being supported and encouraged.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cull Water Lodge OSV-0007821

Inspection ID: MON-0029763

Date of inspection: 25/11/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) has reviewed 'actual' and 'planned' rosters in the centre, to ensure staffing levels are correct and in line with Service Users assessed needs. The PIC and Director of Operations (DOO) will continue to review staffing levels daily. 2. Following a review of Service Users assessed needs and Individual Risk Management Plan's, the PIC and DOO have implemented an updated contingency plan where the centre can safely operate in the event of absences linked to Covid-19. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will complete a review of all Safeguarding Plans to ensure the most up to date information is included within safeguarding plans and is available on file in the center. 2. The above point will be discussed with all Staff in the Designated Centre at the next monthly team meeting held on 7th January 2022. 	

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. The Person in Charge (PIC) has completed a full review of all Individual Risk Management Plan's (IRMP's) to ensure all key controls are recorded within the risk assessments for individual Service Users plans. 2. The above point will be discussed with all Staff in the Designated Centre at the next monthly team meeting held on 7th January 2022. 	
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"> 1. The Person in Charge (PIC) will ensure a record is maintained on the Designated Centre's fire records including details of fire drills, fire alarm tests, fire-fighting equipment, regular checks of escape routes, exits and fire doors. <p>Following the review, the PIC will ensure a fire drill is undertaken with the least number of staff present in the centre with the maximum number of Service Users.</p> <ol style="list-style-type: none"> 2. All the above points will be discussed with all Staff in the Designated Centre at the next monthly team meeting held on 7th January 2022. 	

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.	Substantially Compliant	Yellow	07/01/2022
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	07/01/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	07/01/2022

	arrangements for reviewing fire precautions.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	07/01/2022