



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:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0008130
Fieldwork ID:	MON-0035288

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:	2
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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
Wednesday 22 June 2022	10:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was the centre's first inspection since registration was granted in December 2021. The purpose of the inspection was to review the centre's levels of compliance with the Health Act 2007. There were two residents living in the centre on the day of inspection and one vacancy. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of face masks and regular hand hygiene.

The inspector had the opportunity to meet with both residents living in the centre. One resident was heading out in the service vehicle to do some shopping in the afternoon, supported by staff. The resident briefly greeted the inspector. The resident communicated the centre was like a "hotel", when asked if they enjoyed living there. The second resident was observed resting in their living space in the afternoon. The inspector noted that the resident had decided to hang some of their own artwork on their walls. Residents appeared very comfortable and happy in their home and in the company of the staff working with them.

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 and the inspector observed soft furnishings around the home. There was a notice board in the centre kitchen which included details of upcoming events in the service including a celebration for Pride week.

Residents enjoyed regular individualised activation in the centre and both residents had a key worker each, assigned to them to support them with working towards personal goals they had. Residents experienced weekly one to one meetings with staff where they were consulted regarding their scheduled activities for the week ahead and their preferred menu choices. Residents each had information packs in their living spaces which included details of the residents guide and the centre's complaints procedure. The inspector noted that there were a number of compliments recorded from both residents, including positive feedback regarding the staff, premises and the food served in the centre. One resident noted that they had experienced "the best day of their life" in recent weeks when living in the centre.

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.

In summary, based on what was communicated with the inspector and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affected 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. There was evidence of regular auditing and reviews of the service provided. There was a consistent staff team in place providing care and support and this was clearly identified on the centres staff rota. Mandatory training was provided to staff to meet the residents needs and training needs were regularly reviewed.

Residents had many opportunities to comment and provide feedback on the service provided, or submit complaints and compliments. Complaints appeared to be treated in a serious and timely manner. The inspector observed information regarding residents rights and complaints procedures available to the residents in the centre.

Regulation 15: Staffing

Staffing levels were in place to meet the assessed needs of the residents living in the centre. The staff team comprised of social care workers and assistant Support Workers. Nua Healthcare also provides the services of a Multidisciplinary Team. These services include; psychiatry, psychology occupational Therapy, speech and language therapy and nursing. There was a clear staff rota in place which was reflective of staff on duty day and night. Residents had high levels of staff support in place at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training with the organisation in line with the assessed needs of

the residents. This included training in areas including epilepsy management, medication management, fire safety, manual handling, autism, infection control, first aid, safeguarding, challenging behaviours, and intimate care. Staff training needs were regularly reviewed and an email system was in place which highlighted to staff when they required mandatory refresher training. The person in charge and deputy team leaders had a schedule in place to regularly provide one to one formal supervisions with all staff members in line with the service policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place in the centre. There was a full time person in charge in place who was suitably qualified and experienced to manage the designated centre. This person was supported by two deputy team leaders within the centre. There was a member of management present in the centre seven days a week. There was also an on call management rota in place for staff to ring outside of regular working hours. There was a regional manager supporting the centre who regularly attended the centre and carried out audits.

The provider was ensuring that the care and support provided in the centre was regularly audited and reviewed. Unannounced audits were regularly completed by management in the centre. These included night time visits and checks. Admissions to the centre were reviewed by the services admissions and discharge team. An annual review had not been completed yet as the centre had only been open six months at the time of the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of purpose for the centre which contained all items set out in Schedule 1. This included an accurate description of the service provided, the centre's registration details, the number, age range and gender of the residents, the centres staffing compliment and the organisational structure. This document was subject to regular review and was readily available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a clear procedure in place for the management of any complaints. The residents had access to accessible versions of the complaints procedure and there was a designated complaints officer in the service who managed and responded to complaints. Complaints appeared to be addressed in a serious and timely manner in the service. There were a number of compliments recorded from both residents, including positive feedback regarding the staff, premises and the food served in the centre. One resident noted that they had experienced "the best day of their life" in recent weeks when living in the centre. There were no complaints communicated with the inspector on the day of inspection.

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. The management systems in place ensured the service provided appropriate care and support to the residents. The premises was designed and laid out to meet the needs of the residents and there was appropriate staff supports and resources in place to ensure a safe service was provided.

The inspector reviewed resident's records and found that residents all had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected residents most current needs. Residents were safeguarded in the centre. Appropriate risk management systems were in place and this included effective fire safety measures. The registered provider had ensured that provision of fire fighting equipment, detection systems and containment systems and these were subject to regular servicing with a fire specialist.

Regulation 17: Premises

The centre was designed and laid out to meet the assessed needs of the residents and was in a very 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. Castleview House has a spacious garden surrounding the property. 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.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for the assessment, management and ongoing review of risk in the centre. A centre risk register was in place which had identified any potential risks in the centre. the service had a health and safety officer who regularly attending the centre and completed audits. The person in charge and deputy team leaders also regularly reviewed accidents, incidents and near misses in the centre and completed a trending analysis. The reports from these reviews were then sent to senior management on a weekly basis. Both residents had individual risk management plans in place.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean and the inspector observed safe practices in place in relation to infection control in the centre. The service had a comprehensive policy in place for infection control in the centre and this appeared to be guiding staff practices.

The centre continued to have some measures in place to protect residents against COVID-19 and staff were observed wearing facemasks in line with national guidance for residential care facilities. The centre was also completing regular symptom surveillance with visitors to the centre. There was a service contingency plan in place for in the event of an outbreak of COVID-19 and staff had access to a COVID-19 information folder. Clear escalation pathways were in place for in the event of a suspected or confirmed case of COVID-19 and the centre had access to additional staff, should this be required. All residents had COVID-19 risk assessments in place.

Clear schedules were in place for the regular and deep cleaning of all aspects of the centre and staff were carrying out duties daily in line with this schedule. There was a protocol in place for the management of cleaning spills of bodily fluids and clear systems were in place for the management and separation of clean and dirty laundry.

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 around the centre and both residents had personal emergency evacuation plans in place which were subject to regular review. Evacuation plans reviewed the residents understanding and awareness of fire safety and their levels of assistance required in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre was suitable to meet the assessed needs of both the residents living there. Both residents had a full assessment of need in place which had been completed prior to their admission. This had then been reviewed since their admission. Resident's plans of care in place informed by these assessments. There was a key working system in place and key workers were supporting residents to work towards personalised goals.

Residents enjoyed a number of individualised activities, including day trips, horse riding, shopping, music activities, baking and movies. Key workers were completing one to one sessions with residents and discussing topics including advocacy and their satisfaction with the service. Service user forums were also held weekly. Residents attended these separately. These were used as an opportunity to discuss the residents preferred menu choices and activities for the week ahead as well as any concerns or changes happening in the centre such as new admissions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Plans were in place to support residents with behaviours that challenge. Residents had access to a range of multi-disciplinary supports including behavioural therapy, psychiatry, psychology and occupational therapy. Proactive and reactive strategies to support residents with their behaviours were integrated into resident's personal plans where required.

Some restrictive practices were in use in the centre and rationale was evident in residents corresponding risk management plans. A register of all restrictive practices in use was maintained. Goals were in place to work towards reducing restrictive practices in the centre and all restrictive practices were being reviewed by management every three months.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding. There was a designated person in the organisation who responded to and managed any safeguarding concerns. This person had attended the centre and spoken with staff and residents. This person also regularly attended staff team meetings. The inspector found that any safeguarding concerns were investigated and responded to appropriately by staff and management.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant