Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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:	20 February 2019
Centre ID:	OSV-0005722
Fieldwork ID:	MON-0024304

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 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 objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with our model of Person Centred Care Support. Our services at Culann are provided in a homelike environment that promotes dignity, respect, kindness and engagement for each resident. We encourage and support the residents to participate in the community and to avail of the amenities and recreational activities. 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 following information outlines some additional data on this centre.

Current registration end date:	30/05/2021
Number of residents on the date of inspection:	5

How we inspect

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
20 February 2019	09:30hrs to 18:30hrs	Andrew Mooney	Lead

Views of people who use the service

During the inspection the inspector met with 4 residents and engaged with them in line with their assessed needs. The inspectors judgements in relation to the views of residents were established from speaking with 3 residents, speaking with staff and reviewing documentation.

Residents were supported to maintain relationships with family and friends and engaged in community activities, in line with their assessed needs. Residents enjoyed visiting family, going on walks, doing meaningful jobs within the centre and using their local community. Residents spoke fondly of staff within the centre and said they were comfortable raising their concerns with staff and with management.

Capacity and capability

The centre had the capacity and capability to deliver good quality services to residents who lived in the centre. Resident's were being supported by knowledgeable and well trained staff and had a positive impact on their quality of life.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The provider had systems in place to monitor and review the quality of services provided within the centre. These governance and management arrangements ensured there was sufficient resources available to deliver effective care in line with the statement of purpose. The provider utilised a suite of audits to identify service deficits and developed action plans to address any deficits noted. This showed that the provider could self identify issues within the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a caring and supportive way with residents and residents appeared comfortable in their company. Residents told the inspector that they liked the staff.

The provider had ensured that staff had training such as safeguarding vulnerable adults, medication management, epilepsy, fire prevention and manual handling. Staff were very knowledgeable about residents assessed needs and were familiar with their plans of care. The inspector reviewed a sample of staff supervision notes

and found them to be in keeping with the centres policy. Staff told the inspector they felt supported in their role and confirmed they received regular supervision from the person in charge. The cumulative effect of these measure led to increased staff continuity and this improved outcomes for residents.

Each resident was encouraged and supported to express any concerns they had and were reassured that there would be no adverse consequences for raising any issue of concern. The inspector spoke with residents and they were clear about who they would report concerns to. The complaints process was user-friendly, accessible to all residents and displayed prominently. On review of the complaints register it was clear that complaints were being managed promptly. However, there were some gaps in documentation and this required review.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority

and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

Regulation 34: Complaints procedure

The register provider responded appropriately to complaints but there were some gaps in the associated documentation.

Judgment: Substantially compliant

Quality and safety

The designated centres quality and safety was negatively affected as a result of the high levels of adverse peer to peer incidents occurring within the centre. While the provider had made concerted efforts to reduce adverse and peer to peer incidents these measures were unable to ensure all residents were protected at all times.

The centre had a safeguarding vulnerable adults policy that adhered to the HSE national adult safeguarding policy. In the preceding 8 months there had been twelve allegations of abuse notified to HIQA. Of these twelve notifications, eleven related to peer to peer incidents. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. Where the provider identified trends, further supports were put in place. However, the initial safeguarding plans put in place were not always effective and this resulted in unacceptable peer to peer incidents reoccurring. The compatibility of residents within the centre required review, as these allegations of abuse primarily related to incidents between peers

The centre maintained a risk register which outlined the risks in place in the centre such as slips, trips and falls and behaviour. However, it was unclear if the centres overall approach to managing risk was appropriate. There was a very high level of

adverse incidents recorded within the centre, with eighty five documented incidents occurring within the previous 8 months. Individualised risk assessments were completed for residents, including assessments relating to physical aggression. However, the systems in place failed to sufficiently reduce the re-occurrence of these incidents. Some measures included the use of physical restraint as a last resort. There had been 21 separate instances of physical restraint reported to HIQA, which related to the last 3 months in 2018. This level of physical restraint combined with the number of adverse incidents recorded, further highlighted that the compatibility of residents within the centre required review.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Residents were supported to access and be part of their community, in line with their personal plans. There was also a personal plan review process in place. However, not all aspects of residents assessments of need were reviewed annually. In one instance a residents sensory needs had not been appropriately reviewed, despite being identified as being required.

Residents' assessed healthcare needs were supported very well. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health. Inspectors saw evidence in care plans of referrals to the dietician, speech and language therapist (SALT), dental, optician and relevant national screening initiatives. Where residents declined any treatment, refusals were recorded and the resident's GP was informed.

Positive behaviour support plans were in place for residents where required. The inspector reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. Staff spoken with outlined consistent approaches to managing behaviours of concern. These approaches primarily focused on low arousal techniques and deescalating. Additionally, staff were clear about when physical restraints should be implemented.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. Staff received appropriate fire prevention training and were knowledgeable about the centres fire evacuation plans.

The design and layout of the premises ensured that each resident had their own bedroom and there was suitable private and communal space within the centre. The centre was undergoing some redecoration and these works were positively improving the homeliness of the centre.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. Facilities were serviced and maintained regularly.

Judgment: Compliant

Regulation 26: Risk management procedures

There had been an extremely high level of incidents within the centre. The provider had systems in place to respond to these incidents but the additional control measures implemented were not always effective.

Judgment: Not compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and serviced when required. There was adequate means of escape, which included emergency lighting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that was kept under review and was reflected in practice. However, not all aspects of residents assessed needs were reviewed annually.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports are in place for residents with behaviours that challenge. Where restrictive procedures, such as physical or environmental restraint were used, such procedures are applied in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse. However, despite the best efforts of management and staff there had been 11 peer to peer incidents since May 2018.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not 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	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Culann OSV-0005722

Inspection ID: MON-0024304

Date of inspection: 20/02/2019

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints policy for the service has been reviewed and all complaints are now managed in line with the complaints policy.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A review of all incidents in the centre has been completed, with a new grading system for episodes of behaviours of concern which do not impact on peers is being devised.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The resident requiring review of their sensory assessment is currently undergoing review by the occupational therapy department. A schedule of reviews has been put in place	

with one review completed to date and a further two reviews refused by the resident.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding plans are implemented for all incidents of peer to peer abuse.

Of the 11 incidents of peer to peer abuse notified since May 2018, there were two incidents notified that did not have any impact on the fellow peer member.
Additional plans were put in place in the case of two residents when a trend was noted in their episodes of peer to peer abuse and there have been no further incidents between the two residents since 28th November 2018.
A third resident was responsible for two incident's that required notification, these incidents were as a result of changes to her daily routine for staff allocation and an action plan was implemented with no further incidents since December 2018.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/04/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/02/2019
Regulation	The person in	Substantially	Yellow	31/05/2019

05(1)(b)	charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/03/2019