



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

Issued by the Chief Inspector

Name of designated centre:	Culann
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	21 October 2020
Centre ID:	OSV-0005722
Fieldwork ID:	MON-0030786

About the designated centre

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

Culann provides residential service for five adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. The centre is located on a campus setting in a rural area, a short drive from a town in Co.Meath. The 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 centre is staffed by a combination of staff nurses, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Wednesday 21 October 2020	13:00hrs to 18:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with four of the residents at times during the day, who communicated with the support of staff, but their right to privacy and their own space was respected. Throughout the inspection, the inspector observed that residents appeared relaxed and comfortable in their home and positive interactions were observed between residents and staff.

Plans were made on the day as to what the residents wished to do and these were altered, based on their preferences. A resident was looking forward to going out to the shops to purchase items which might not be available the next day, due to the imminent level five restrictions. A resident showed the inspector the bedroom, and explained the jobs he did in the garden with the support of staff. It was clear that their preferences for activities or time away facilitated and the one-to-one supports needed for the residents was available.

The premises was also suitable to facilitate the different preferences and needs of the residents. It was spacious and easily promoted access and privacy for the residents.

It was apparent that the residents had found the public health restrictions difficult, with limited access to their preferred and important routines and to family members. The person in charge had initiated various systems to offset this, including the use of mobile phones and video calls, if this suited the residents.

Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and the arrangements in place to manage the continued COVID-19 pandemic. The actions required following the previous inspection in March 2018 had been addressed by the provider.

Overall, this inspection found good management and oversight systems in place, which supported the welfare and quality of life of the residents living in the centre. The person in charge was suitably qualified and experienced, and demonstrated very good knowledge of the responsibilities of the post and the individual residents. The post holder was responsible for two centres and had recently been appointed to this post. The person in charge was supported by a team leader this arrangement

did not impact negatively on the residents care.

There were reporting monitoring systems evident, were appropriate to the complex function of this service, with clear lines of accountability for various areas of service provision within the organisation. There was an out-of-hours management presence on the campus each night which provided additional guidance and support for staff, should this be required.

A range of systems for quality assurance were implemented, including the required unannounced quality and safety reviews, and audits which were ongoing. These systems identified areas for change and improvement and allowed for the escalation of any matters which required this. Changes were seen to be made as a result, for example, updating of the safeguarding plans and review of the restrictive practices assessments for the residents. These had been implemented. The complaint process was comprehensive, and any complaints were appropriately monitored to ensure they were managed effectively. There was good communication and consultation with the residents' families evident.

The provider had ensured that the staffing levels and skill mix were appropriate to the individual residents' assessed need for a high level of support, which required one-to-one or two-to-one staff, in some instances, and nursing care. Three waking night staff were available to support the residents. From a review of a small sample of personnel files, the process for recruitment of staff was safe and satisfactory.

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff with additional training in emergency medicines, dysphagia and autism specific training. A schedule of training pertinent to COVID-19 had also taken place, and was ongoing. There were good quality staff support, supervision and handover systems implemented to support the continuity of the residents' care.

A review of the accident and incident records indicated that the required notifications had been submitted to the Chief Inspector. However, the inspector noted that on occasions, PRN (administer as required) medicine was administered for what was described as behaviours of concern. This matter required review as, in such circumstances, the use of this medicine for this purpose is required to be submitted to the Chief Inspector

The findings were discussed with the person in charge and regional manager at the close of the inspection.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, and demonstrated

very good knowledge of the responsibilities of the post and the individual residents. The post holder was responsible for two centres and had recently been appointed to the post in this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staffing levels and skill mix were appropriate to the individual residents' assessed need for high levels of support, which required one-to-one or two-to-one staff in some instances and nursing oversight. From a review of a small sample of personnel files the process for recruitment of staff were safe and satisfactory.

Judgment: Compliant

Regulation 16: Training and staff development

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff with additional training in emergency medicines, dysphagia and autism specific training. A schedule of training pertinent to COVID-19 had also taken place, and was ongoing.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found management and oversight systems in place appropriate to the high support nature of the service, which supported the welfare and quality of life of the residents living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident records indicated that the required notifications had been submitted to the Chief Inspector. However, the inspector noted that on occasions, PRN medicine, (administer as required) was administered

for what was described as behaviours of concern. This matter required review as, in such circumstances, the use of this medicines for this purpose is required to be submitted to the Chief Inspector

Judgment: Compliant

Regulation 34: Complaints procedure

There was a suitable and effective system in place for the management of complaints.

Judgment: Compliant

Quality and safety

There was evidence that the provider was providing a safe and person-centred service to meet the different and complex needs of the residents who live there. The residents were supported by access to a range of multidisciplinary assessments including speech and language, dietitian, neurology, medical and psychiatric review. Many of these clinicians were integral to the organisation, so as to ensure quick access for the residents. There were detailed individual support plans implemented and the residents' needs were kept under frequent review with their own wishes and preferences, and those of their relatives elicited. There were sufficient staff provided to support this process.

The residents did not attend formal day services, but in normal times they had individual wrap-around activities based on their assessed needs, abilities, preference and age. These included their own hobbies such as taking pictures, going to museums, the cinema, shopping, but these took place in environments which were suitable to their needs. During the pandemic, other activities had been initiated including walks, work on the garden, listening to music and watching DVDs. Two of the residents have accommodation which is separate to the main group, which allows them to have the space and quiet time they need but to be part of the group as they wish to. The staff were very cognisant of the need for such routines and quiet personal times and supported this to reduce anxieties. The inspector observed this occurring.

The residents had different needs and there was a considerable age difference evident. The structure of the day, staffing levels and lay-out of the centre currently allowed for an individualised service. However, the provider was aware that with continued changing needs, alternatives accommodation may have to be considered in the future.

The residents' healthcare needs, some of which were complex and enduring, were found to be very well attended to and monitored by the staff. There was evidence of frequent clinical review by specialists including tissue viability, dietitians, and respiratory specialists. The staff were knowledgeable on the residents' healthcare needs, including wound care, and any specialised equipment required such as air-mattress or specialist chairs were provided. The healthcare support plans were very detailed and were seen to be followed by the staff.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate action and implemented safeguarding plans, where these were necessary. The inspector saw that the number and severity of peer-to-peer incidents had significantly reduced since the previous inspection, with safeguarding plans implemented as required. The additional staff had a positive impact on this.

There was evidence of regular guidance and reviews by clinical behaviour support specialists and psychiatry for the residents. Staff were supported by the ongoing guidance and oversight of these specialists. Detailed behaviour support plans were pro-active and staff understood the residents' need for support in this area. The approaches primarily focused on low arousal techniques and de-escalation. The high staff ratio supported this, as it allowed for the residents to have individual time and space, but also ensured that the residents' safety was prioritised.

There were a significant number of restrictive practices implemented at the centre including key-pad locked doors and the use of physical interventions. These were assessed and frequently reviewed by the clinical team and behaviour support specialists. However, the inspector found that the reviews of incidents which involved physical intervention, were not consistently robust, to ensure that the actions were carried out in accordance with the guidance. This process would ensure that the interventions were implemented at all times in the safest possible way, with due regard to the residents and others, safety and rights.

Medicine management practice were not fully reviewed on this inspection. However, the inspector did note two documentary issues with medicine management records. There was a discrepancy /contradiction, between the prescription and the protocol available for the use of PRN (administer as required) sedative medicine. From the review of the administration records however, the medicine was administered in accordance with the original prescription. Nonetheless, this discrepancy required to be addressed to avoid any risk. Additionally the records of the administration of this medicine contained an incorrect count of the remaining stock, which had not been noted. There was no evidence however, that this has impacted negatively on any residents.

There were suitable systems for the management of risk with a detailed and centre-specific risk register available which was seen to be updated to reflect changes, with actions taken as a result. This was updated to reflect the risk to the resident of the COVID-19 pandemic. Each resident had a detailed risk assessment and management plan implemented for their own identified risks, such as self-harm, personal safety, choking or behaviours of concern, and these were revised as the

need arose.

The residents were protected by the systems for the management of fire safety. All fire safety management equipment was in place and the records reviewed indicated that these had been serviced within the required time frames. The residents participated in practices drills, and had detailed evacuation plans implemented. Where necessary, equipment such as ski-sheets were in place and had been used to ensure that the staff were familiar with them.

Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic and overall were satisfactory. Contingency plans were in place and a COVID-19 response team within the organisation with advice and guidance taken from the relevant public health agencies. These contacts numbers were readily available. Risk assessments had been undertaken for visitors to the centre and visits home for the residents. Increased sanitising systems and protocols regarding the use of PPE were implemented. The inspector saw that staff were adhering to these guidelines and that the residents' vulnerabilities were considered in any activities they undertook. In order to reduce unnecessary footfall and on occasion cover staff rosters, the provider had aligned two centres, adjacent to each other, to support each other in the event of staff shortages. This ensured there was sufficient staff or nurses available in the event of absences in either house, and in this way minimised unnecessary transfer or use of agency staff. This was discussed with the person in charge and area manger at the feedback meeting, who agreed to keep the matter under review.

The provider supported the resident's right to privacy and dignity in their daily lives, with consultation regarding their preferences and routines. They were supported by staff, the behaviour support, clinical teams and families in understanding and managing the changes to their lives due to the COVID-19 restrictions and the restrictive practices implemented in the centre for their safety and wellbeing.

Regulation 10: Communication

The residents had good communication plans to support them and staff understood their means of expression very well.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents dietary needs were well supported with guidance and advice from dietitians and nutritionists. The residents weights were assessed and

monitored where this was necessary for their wellbeing.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable systems for the management of risk with a detailed and centre-specific risk register available which was seen to be updated to reflect changes, with actions taken as a result. This was updated to reflect the risk to the resident of the COVID-19 pandemic and each resident had a detailed individual risk management plan implemented to ensure their safety.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control and procedures had been revised to manage the COVID-19 pandemic and overall were satisfactory. Contingency plans were in place and a COVID-19 response team was available within the organisation. Advice and guidance was taken from the relevant public health agencies.

Judgment: Compliant

Regulation 28: Fire precautions

All fire safety management equipment was in place and records reviewed indicated that that this had been serviced within the required time frames. The residents participated in practices drills, and had detailed evacuation plans implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practise were not fully reviewed on this inspection. The inspector did note a discrepancy/contradiction and incorrect count on some records. However, from further review, these were primarily documentary and there was no evidence that the administration of this medicine was incorrect or impacted

negatively on any of the residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents were supported by access to a range of multidisciplinary assessments , pertinent to their needs, including speech and language, dietitian, neurology, medical and psychiatric review. Many of these clinicians were integral to the organisation so as to ensure quick access for the residents. There were detailed individual support plans implemented and the residents' needs were kept under frequent review, with their own wishes and preferences elicited.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, some of which were complex and enduring, were found to be very well attended to, monitored by staff, with frequent clinical review by specialists including tissue viability, dietitians, and respiratory specialists. The staff were knowledgeable on the residents' healthcare needs and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of regular guidance and reviews by clinical behaviour supports specialists and psychiatry for the residents to support them with managing their own anxieties or behaviours of concern. Restrictive practices were reviewed frequently. However, the inspector found that the reviews of some of the incidents of physical interventions was not consistently evident, to ensure that the actions were carried out in accordance with the prescription, so as to ensure the safety of the resident in such situations.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, and there was evidence that the provider had taken the appropriate action and implemented safeguarding plans where these were necessary.

Judgment: Compliant

Regulation 9: Residents' rights

The provider supported the resident's right to privacy and dignity in their daily lives and personal care, with consultation regarding their preferences and routines. They were supported by staff, the behaviour support, clinical teams and families in understanding and managing the changes to their lives due to the COVID-19 restrictions and the restrictive practices implemented in the centre for the safety and wellbeing. There was also evidence of good consultation with the relatives, which was appropriate in this instance.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Culann OSV-0005722

Inspection ID: MON-0030786

Date of inspection: 21/10/2020

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Culann has reviewed the PRN protocol and the MAS as per noted discrepancies. Both these documents have now been updated to accurately each other.</p> <p>Completed on 10/11/2020</p> <p>To prevent future occurrences, a new protocol has been put in place. This will ensure the prescribing professional, signs the MAR sheet and PRN Protocol at the time of prescribing PRN medications. This will ensure any discrepancy is noted and rectified at the earliest stage and rectified.</p> <p>Completed 10/11/2020</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All service user positive behavioral support plans have been reviewed by the Behaviour Support Specialist.</p> <p>Culann staff have received training from the Behaviour Support Specialist on the individual plans to ensure consistent support for each resident.</p>	

The above training involved practical training for staff, on how to implement these plans successfully.

Training was provided on 16/11/2020 and 17/11/2020.

All PBSP's are reviewed regularly and as required, but no less than on an annual basis. All current PBSP' are up to date.

All residents care plans have been reviewed to ensure learning from all incidents is carried forward and implemented.

All PBSP are also now reflective of learning from incidents.

There is a structure in place for comprehensive review of all incidents.

Incidents are electronically recorded, reviewed, and escalated as appropriate by the PIC. The PPIM reviews and closes all incidents.

Learning from all untoward events is recorded in individual care plans and risk assessments and shared with staff through, incident debrief, handover, supervision and team meetings

Completed 17/11/2020

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	11/11/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	17/11/2020

	are applied in accordance with national policy and evidence based practice.			
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