Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Short Notice Announced
Date of inspection:	17 August 2023
Centre ID:	OSV-0005722
Fieldwork ID:	MON-0040343

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 and 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 provider describes the objective of the service as being to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with the provider's model of person centred care support. Culann is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible. There are three individual bedrooms plus two additional bedrooms with adjacent living rooms. 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

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 (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 17 August 2023	10:00hrs to 18:15hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with regulations and standards. The designated centre is a campus-based unit which offers care and support to five residents with various support needs.

On arrival at the centre the inspector observed that, the entrance had been made to be attractive and welcoming, with a colourful display of flowering plants and garden ornaments. On commenting on this, the inspector found that, all of the residents had been involved in creating and maintaining the area, some of them with planting and creating the display and others with watering the plants, and that everyone had contributed in some way to this particularly homely entrance to their home.

On the morning of the inspection, the inspector found residents going about their morning routine. Some people were up and about, and others were still engaged in personal care with the support of staff. During the course of the inspection, the inspector observed people being supported to engage in various activities that were meaningful for them. Some of the activities were based in their home, and were clearly a source of enjoyment for them, for example a resident was observed to be having fun using their tricycle in the garden area of the centre.

Another resident had a particular interest, so staff had organised an outing to a venue that catered for their interests, and supported their choice in this regard. Several of the residents had a positive relationship with each other, and some group outings were organised for them. Others preferred individual activities, and this was facilitated.

The inspector had the opportunity to meet all five of the residents, and some of them accepted the presence of the inspector briefly, and others had a brief chat with the inspector. One of the residents had met the inspector on a previous occasion, and greeted the inspector by saying that they remembered a previous meeting, and had a short chat with the inspector where they indicated that they were happy in their home. Residents did not all wish to engage with the inspector, and some people had particular ways of communicating, and were observed by the inspector to be communicating with staff effectively.

Significant efforts had been made to create a homely environment in several areas of the designated centre. The dining room was laid out with two dining tables, and there was wall art, and a pleasant atmosphere. Some residents' rooms were decorated nicely in accordance with the particular preferences of resident, for example with wallpaper of their choice, and soft furnishings that resulted in pleasant and individual personal spaces. However, this was not the case for all residents. Some of the residents' individual rooms were clinical in nature and lacked any personal décor or individuality. While there was an explanation for this in one of the resident's rooms because of behaviours of concern, this did not mitigate the issue for others. This is further discussed under regulation 9 of this report. The person in

charge presented evidence that an external facilitator in relation to the décor of individual rooms had been sourced, and that there were plans to make improvements for residents.

Residents had access to a pleasant internal garden area, and this was well utilised. Some people had a private garden area which was accessed directly from their room and others were supported to have pets and to be supported to look after them.

Accessible information was made available to residents in various aspects of both daily life, including information about fire safety, activities and decision making. In addition, staff were all in receipt of training in human rights for people with disabilities, and the recently enacted 'Assisted Decision Making Act' was discussed at staff meetings. Staff discussed with the inspector the impact of this training, and while it is acknowledged that this training had only recently been undertaken, staff described some of the ways in which this would have a positive impact on the lives of residents. For example, staff spoke about the reduction in restrictive practices for a resident who had been recently admitted to the designated centre. Their access to the main parts of the house had initially been limited due to their assessed needs in terms of behaviour of concern. This had been re-evaluated, and rather than being confined to their own apartment, which while deemed necessary during their settling in period, they were now being integrated into the household.

There was an evident support for diversity in accordance with the wishes and preferences of residents, and each person was supported to be involved in their chosen community.

Overall residents were supported to have a good quality of life, with an emphasis on supporting choice, and where improvements were required to ensure the rights of residents were met, there were plans in place to address them.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, including an annual review and six-monthly unannounced visits on behalf of the provider. In addition there was a suite of audits undertaken by the person in charge on a monthly basis.

The person in charge was appropriately skilled and qualified, and demonstrated clear oversight of the centre, and a detailed knowledge of the support needs of residents.

There was a consistent and competent staff team, and effective communication

strategies between staff members, and between staff and management were in place. Staff training was up-to-date, and included both mandatory training and additional training in relation to the specific support needs of residents. Staff engaged by the inspector were knowledgeable about the care and support needs of residents.

Formal staff supervisions had taken place consistently over the previous year, and there was regular daily supervision of staff.

There was a clear and transparent complaints procedure, and any complaints had been well managed and resolved.

The centre was adequately resourced and was well maintained. Any required equipment was made available to residents.

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge who was full time in the designated centre, and who demonstrated clear oversight and detailed knowledge of the care and support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a registered nurse was on duty each day, together with immediate access to a nurse at night time if required. A planned and actual staffing roster was maintained as required by the regulations.

A sample of staff files was reviewed by the inspector and found to contain all the required information.

There was a more consistent staff team on the occasion of this inspection than had been found on the previous inspection, and there were no unmitigated staff shortages. Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and to be supporting residents to make their own decisions.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up to date, and the person in charge had oversight of this via a monthly update from the human resources team. Additional training relating to the specific needs of resident was also made available to staff, for example in the management of diabetes.

Some members of the multi-disciplinary team (MDT) had offered on-site training to staff relating to the specific needs of residents, and there was evidence of staff putting this training into practice, for example staff were incorporating aspects of their training into discussions with residents.

There were regular staff supervision conversations held four times a year with each staff member, and a review of a sample of the records of these conversations indicated that they were meaningful, and allowed for a two way conversation between staff and their supervisor.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure including lines of accountability, and staff were aware of this structure.

Various monitoring processes were in place, including the required six-monthly visits on behalf of the provider. An annual review had been developed as required by the regulations. This annual review had been made available to residents in an accessible version.

These processes identified required actions, and the implementation of these actions was monitored. There few required actions identified, and this was consistent with the findings of this inspection. Any required actions that had been identified had been completed.

In addition a monthly schedule of audits was undertaken, including audits of staff

training, infection prevention and control and medication management.

Any accidents and incidents were clearly recorded, and any required actions or learning identified on these occasions were recorded and discussed at staff team meetings.

These staff meetings were held monthly and staff were required to sign the minutes of these meetings to ensure that they were aware of the discussions and any shared learning. Examples of learning shared at these meetings included any updates from the behaviour support specialist, the results of fire drills and the monitoring of any actions identified during audits.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place, and the information in relation to raising a complaint was made available to residents and their friends and families. There were no current complaints, and where previous complaints had been made they had been investigated and rectified to the satisfaction of the complainant.

Any compliments were recorded, and the inspector found several compliments from both family members of residents, and from external healthcare professionals.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Each resident had a personal plan in place based on an assessment of needs, and residents were observed to be offered care and support in accordance with their assessed needs throughout the inspection.

Staff communicated effectively with all residents, and healthcare was effectively monitored and managed.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire. There were risk management strategies in place, and all identified risks had effective management plans in place, and any restrictive practices were monitored so that the only the least restrictive interventions required to ensure the safety of residents were in place.

Whilst the layout of the premises were appropriate to meet the needs of residents, there were outstanding issues relating to ensuring that all living areas were person centred and in accordance with the wishes of residents.

Regulation 10: Communication

There was a section in each resident's person centred plan, and further information in the positive behaviour support plans for each person about the ways in which people communicate, and how best to present information to them.

There were various aids in place to ensure that the communication needs of residents were met. A communication folder had been developed to support residents in group meetings, which included a pictorial agenda and social stories in relation to any issues that might be discussed at these meetings.

Social stories which had been developed to aid understanding included fire safety, procedures that residents might encounter, consent for any restrictive practices, and healthcare such as healthy eating. For example, a social story was in place relating to hand hygiene which included pictures of residents engaging in this practice to aid reinforcement of the necessity for good hand washing practice. Another social story had been developed to aid the understanding of residents in relation to assisted decision making.

Staff could describe in detail the most effective ways of communicating with residents, for example where a resident required simple sentences because they would not understand multiple concepts in one sentence. They also described the way in which another resident would utilise pictures of activities to make choices.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a person-centred approach to meals and snacks whereby each residents' choice and healthcare requirements were catered for. Some residents made menu plans together, and where people changed their minds there were contingency plans

in place to accommodate their preferences. Snack choices were made on an individual basis, with several residents choosing their snacks on daily outings.

All dietary requirements were well managed, and were the needs of residents required restrictions, for example in the management of fluid intake, these were managed in the least restrictive ways to ensure the safety of residents while respecting their choices.

Judgment: Compliant

Regulation 26: Risk management procedures

Each resident's individual risks were identified, and there were detailed risk management plans in place for each of these risks. There was evidence that risks were mitigated by the measures put in place. For example, the risk posed to a resident due to their leaving the designated centre without the knowledge of staff had been successfully mitigated, and following two such incidents, the control measures had ensured the safety of the resident thereafter.

There were other examples of measures having been put in place to mitigate risks, including additional staff training, and supporting residents to have some say in which staff supported them. The numbers of staff supporting residents had been adjusted to mitigate some of the identified risks. In addition, there were detailed risk assessments relating to healthcare, and clear guidance was documented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available. Staff training in fire safety was up to date, and staff could clearly describe the actions they would take in the event of an emergency. The person in charge maintained a record to ensure that all staff members had been involved in a fire drill. These records indicated that all residents could be evacuated in a timely manner in the event of an emergency. There was a fire responder identified on each shift to take responsibility for organising the response should an emergency arise.

There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and included personal information as to the needs of residents, for example in relation to the effect that loud alarm sounds might have on them, and how these requirements would be accommodated.

Social stories had been developed and discussed with residents to ensure that important information was made available to them, which included photographs of fire drills and practice evacuations to assist understanding.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of need, and reviewed annually as required by the regulations. The assessments included information about each resident's preferences and abilities. The assessments were thorough and included information about all aspects of the required care and support needs of residents.

Person centred planning meetings were held regularly, and there were goals were set for each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents. Some of the goals for residents included learning life skills within the home, and others related to increasing the social and activation opportunities for residents.

Within these goals, steps towards achievement were identified, and a record was kept of achievement of each of these steps. There were various examples of residents achieving their goals, and it was clear to the inspector that the quality of life for some residents had been improved through this process.

Accessible versions of person centred plans had been developed, and achievement had been photographed so that residents could see tangible progress. For example, there was a photo of one of the residents enjoying their time with animals.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. Residents were offered annual check-ups, and all required health screening had been considered, and undertaken where appropriate. There were healthcare plans in place to guide staff.

Referrals had been made to various members of the (MDT) as required, including the psychologist where behaviours of concern were having an impact on the health outcomes for residents. The recommendations of these professionals were documented and implemented, and staff were knowledgeable about the required interventions. There were examples of the interventions being implemented and

having positive outcomes for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a clear ethos in the designated centre of minimising the use of restrictive interventions. While there were some restrictive interventions in place, and the inspector found that these were the least restrictive necessary in order to ensure the safety of residents, and that there was a clear rationale in place for each strategy. There was evidence of restrictions having been removed as soon as safely possible, and several restrictions previously reported in accordance with the regulations had now been removed. In addition, all efforts had been made to offer residents the opportunity to consent to any restrictions. The only exception to this was the use of plastic tableware, whereby some residents were affected by the necessity for restrictions of others, and this is further discussed under regulation 9 in this report.

There was a detailed risk assessment in place for each intervention which outlined steps to be taken by staff prior to implementing restrictions. For example, where a resident was being encouraged to limit their daily fluid intake for medical reasons, there was a clear step-by-step guidance for staff as to how to manage the issue.

Where there were behaviours of concern there was detailed guidance for staff outlining the steps to be taken both in response to behaviours of concern, and in relation to minimising the occurrence of any incidents. The behaviour support specialist had undertaken on-site training with staff in relation to the management of behaviours of concern, and was a regular presence in the centre to support both residents and staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to have their rights upheld for the most part. Both staff and the person in charge were aware of current legislation and best practice around decision making, and an easy read version of current policies had been made available to residents.

Staff and residents had their meals together in the dining room, and the inspector observed the lunchtime meal to be a pleasant communal time for everyone. However, while all residents were given plastic plates, mugs and bowls for their meals and snacks, staff members used every day crockery and metal cutlery. The requirement for all residents to use plastic was explained to the inspector as being

necessary for both their own safety and the safety of others, because those residents to whom crockery and metal cutlery posed a risk might take those items from others. This did not account for the fact that staff used ordinary items during communal mealtimes, and appeared to be an institutional practice with insufficient evidence to support the difference.

Residents were supported in having a say as to the staff members who supported them, both in terms of safety and in relation to respecting their choice in this matter. There were regular meetings with residents at which joint issues such as menu choice were discussed, and it was clear that the preferences indicated at these meetings were implemented. Where residents chose not to partake in these group meetings, consultation was facilitated on an individual bases, and again the preferences of the resident were implemented. There was a record of weekly consultation with each resident in the form of 'keyworker sessions'.

Some areas of the designated centre were clinical in nature, in particular some of the personal bedrooms of residents. One of the residents was clear in their interaction with the inspector that they would like more personal items in their room. The inspector checked this by offering alternatives, and the resident was clear in indicating which they would like, and which they would not choose. The inspector was therefore concerned that these alternatives had not yet been offered to the resident in a meaningful way.

Staff had supported residents' individual rights issues, and had accompanied residents on various events relating to their personal preferences, and were clearly supporting diversity amongst residents. It was clear that, although improvements were required in some areas, the person in charge and the staff team were keen to ensure that the rights of residents were upheld.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Culann OSV-0005722

Inspection ID: MON-0040343

Date of inspection: 17/08/2023

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 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• The Person in Charge and the Assistant Director will ensure that the Centre is operated in a way that upholds the rights and preferences of every resident. Compliance to the regulations will be assessed during monthly governance meetings, through unannounced visit to the designated centre every six months, and an annual review of the quality and safety of care and support in the designated centre to verify adherence.

• Every resident will receive support to engage in decisions regarding their living space and its decoration. A designated key worker will meet with each resident regularly to ensure that they are supported to make choices and maintain control over their daily life.

• All residents will be provided with support and encouragement to actively participate in the functioning of the Centre to the best of their ability. This will be facilitated through weekly residents 'meetings and key working sessions.

• All residents will receive assistance in accessing advocacy services and the rights review committee whenever needed. This information will be communicated to the residents during their weekly meetings.

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 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	18/10/2023