



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

Issued by the Chief Inspector

Name of designated centre:	Cull Water Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0007821
Fieldwork ID:	MON-0040569

About the designated centre

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

Cull Water Lodge is a residential service providing care and support on a 24/7 basis to four individuals with Autism and/or Intellectual Disabilities and Mental Health issues. The centre comprises of a large detached two storey house in a rural setting in Co. Louth. Each resident has their own ensuite bedroom and communal facilities include a large fully equipped kitchen cum dining room, two sitting rooms, a utility facility, a communal bathroom and large garden areas to the front and rear of the property. There is also adequate private parking space available and residents have access to transport for social and community based outings. The centre is staffed on a 24/7 basis by a person in charge, (who works full-time with the organisation), two deputy team leaders, a team of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 12 July 2023	15:30hrs to 20:00hrs	Raymond Lynch	Lead
Wednesday 12 July 2023	15:30hrs to 20:00hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This was a risk-based inspection based on the number, frequency and types of notifications submitted to the Health Information and Quality Authority (HIQA) over the last five months. At the time of this inspection, there were 6 residents living in the centre and the inspectors met and spoke with three of them. The inspection focused on key regulations to include governance and management, protection, staffing and staff training, premises and resident's rights.

The centre comprised of a large detached house providing care and support to four residents and two semi-detached single occupancy apartments to the rear of the property.

At the time of this inspection the rights of the residents were not being adequately protected as they were living with peers they did not get along with, a number of intrusive security measures/restrictive practices were in place to keep them safe and one resident reported that at times, they felt unsafe in their home because of these issues.

On arrival to the centre one of the residents immediately asked to speak with the inspectors. They appeared upset and anxious and said that they were not happy living in the house. When asked why this was the case, they said that there was too much going on with other residents and that too much had changed for them over the last few months.

Due to a number of complex issues and behavioural risks residents could present with in this service, the provider put a number of control measures in place to keep them safe. This included the installation of CCTV cameras and additional security measures in the garden area. However, while these measures were implemented to keep the residents safe, the resident spoken with said they still felt anxious and nervous at times. They also said that they shouldn't have to live in an environment where cameras and additional security measures were required.

The resident also said that another resident could make a lot of noise (shouting and banging doors) at night-time and on occasion, this has resulted in the police being called to the centre. They said that when this happened they found it upsetting, it made them feel anxious and, they shouldn't have to live like that.

The person in charge and senior management team were aware of the residents concerns and a plan of action was at an advanced stage to address these issues. Notwithstanding, they remained on-going at the time of this inspection.

Another resident spoke with one of the inspectors later on in the day. They said that they were doing fine and were generally happy living in the centre however, also said things had been unsettled for a while. When asked could they speak with staff

about any concern or issue they may have, they said that they could.

Later on in the day one of the inspectors met and spoke with a third resident. At the time of this inspection, this resident expressed that they were not happy in the service and that there were too many restrictions placed on them with regard to access to the community and making their own choices. While these restrictions were in place to keep them safe and to support their overall health, safety and well-being, the resident in question said that they felt lonely at times as they could not visit their family or friends when they wanted to. They also said that they would like to live on their own where they could make their own life choices. Again, the person in charge, the senior management team and the funding body for this resident were aware of these concerns and again plans were at an advanced stage to address these issues.

On the day of this inspection some of the residents went shopping, one went for a walk, and another had a meal out with staff support. Another resident spoken with said that they had recently been to a concert in Belfast and that they very much enjoyed this event. They said that they hoped to go to another concert in the future.

The premises were decorated to suit the individual style and preference of the residents and it was observed that a number of repairs/refurbishments had been made to the building after a recent water leakage in one of the upstairs bathrooms. The premises were also found to be clean and generally well maintained on the day of this inspection.

While a number of issues regarding the quality and safety of care provided in this centre were on-going at the time of this inspection, the management team were aware of them and plans were in place to address them. Additionally, staff were observed to be person centred, professional and reassuring in their interactions with the residents. It was also observed that residents could speak openly and in a relaxed manner to staff.

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

While the centre had a responsive management team in place with clear lines of authority and accountability, some residents reported that they were unhappy in their home at the time of this inspection due to a number of on-going compatibility and risk related issues in the centre. These issues were detailed in section one of this report: *What residents told us and what inspectors observed*" and are discussed in more detail in section two: quality and safety.

The centre had a clearly defined management structure in place which was led by a

person in charge. They provided leadership and support to their staff team and were supported in their role by a team leader, an assistant director of operations and a director of operations.

The person in charge was employed on a full-time basis with the organisation, was a qualified professional and had a number of years experience of working in and managing health and social care services. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from June 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. Contingency plans were in place to manage planned and unplanned leave.

From a small sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the required skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, risk assessment, safety interventions and protection and welfare.

A behavioural specialist had also recently visited the centre to provide staff with additional support/advice on managing behaviour and on individual risk management plans. Additionally, the person in charge was providing on-going mentoring and support to their staff team. From speaking with a staff member over the course of this inspection, the inspectors were assured that they had the knowledge required to support the residents in line with their assessed needs.

While systems were in place to ensure the service was audited as required by the regulations, they required review so as to ensure the service was adequately safe and appropriate to the assessed needs of the residents.

Regulation 15: Staffing

A review of a sample of rosters from June 2023 indicated that there were sufficient staff on duty to meet the needs of the six residents as described by the person in charge on the day of this inspection. There were 12 staff on duty each day as follows:

Day Staff Allocations - 7 staff as follows:

- four staff worked in the main house providing 1:1 support to four residents (8am to 9pm)
- two staff worked in one of the apartments providing 2:1 support to one resident (8am to 9pm)

- one staff worked in the other apartment providing 1:1 staff support to one resident (8am to 9pm)

Night Time Staff Allocations - 5 staff as follows:

- two staff worked live nights in the main house providing support to four residents (9pm to 8am)
- two staff worked in one of the apartments providing 2:1 support to one resident (9pm to 8am)
- one staff worked in the other apartment providing 1:1 staff support to one resident (9pm to 8am)

Contingency plans were in place to manage planned and unplanned leave. For example, the centre was operating with a deficit of two staff members at the time of this inspection. However, these hours were being filled by the current staff team and where or if required, the person in charge informed the inspectors that they could access a panel of relief staff so as to ensure all leave was adequately covered.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the required skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions to include:

- Safeguarding of vulnerable adults
- Protection and Welfare
- Children's First
- Risk Management
- Safe administration of medication
- Management of behaviours of concern
- Safety interventions
- Infection Prevention and Control
- Manual Handling
- Fire safety

Staff were also being supervised as required and the person in charge had a system of mentoring and support in place for the staff team.

From speaking with a staff member over the course of this inspection, the inspectors were assured that they had the knowledge required to support the residents in line with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a responsive management team in place with clear lines of authority and accountability.

There was a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a team leader, an assistant director of operations and a director of operations.

While a number of issues were on-going in this service at the time of this inspection (as detailed in section 1 of this report: "*What residents told us and what inspectors observed*"), the person in charge and senior management team were aware of these issues and plans were at an advanced stage to address them.

The centre also had on-going input and support from a team of multi-disciplinary professionals to include behavioural support, psychiatry support and psychotherapy support.

While systems were in place to ensure the service was audited as required by the regulations, they required review so as to ensure the service was adequately safe and appropriate to the assessed needs of the residents.

Judgment: Substantially compliant

Quality and safety

On the day of this inspection two residents reported that they were not satisfied with the quality or safety of care provided in the centre with one informing inspectors that at times, they felt unsafe, anxious and upset in their home.

Due to the nature of the complex issues and behavioural risks residents could present with in this service, the provider put a number of control measures in place to keep them safe. This included the installation of CCTV and additional security measures in the front garden of the centre. Risk assessments with a number of control measures had also been developed as had a number of safeguarding plans. The centre also had significant input and support from a team of multi-disciplinary professionals in order to manage the on-going issues and risks in the service. Additionally, as stated earlier in this report, plans were also at an advanced stage to address these issues and reduce the level of risk in the centre. The director of operations assured the inspectors that once the main issues were addressed, the

additional security measures to include CCTV would be removed from the service as a priority.

However, while these measures remained in place to protect the residents, one resident informed the inspectors that all the additional security controls made them feel nervous and anxious in their home and, they were visibly upset when informing the inspectors of this. They said that they used to be very happy in their home however, due to a number of on-going safety concerns, they were at times upset and anxious. They also said that the police had visited the centre on a number of occasions over the last few months and this also had made them feel anxious in their home.

It was also observed that some residents and a family representative had complained about some of the issues on-going in the centre. The person in charge and management team were aware of these complaints and informed the inspectors that they were in the process of being addressed, the issues had been risk assessed and where required, safeguarding plans had also been developed. A referral for an external advocate had also been made for one resident.

However, at the time of this inspection the rights of the residents were not being adequately protected as they were living with peers they did not get along with, a number of intrusive security measures/restrictive practices were in place to keep them safe and one resident reported that at times, they felt unsafe in their home because of of these issues.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection appeared clean and well maintained. A recent water leak in one of the upstairs bathrooms had caused some damage to the property however, at the time of this inspection, the leak had been repaired and where required, renovations and refurbishments had been made.

Judgment: Compliant

Regulation 8: Protection

A number of systems were in place to safeguard the residents to include a safeguarding policy and a suite of individual risk management plans. Individual risk management plans detailed a number of control measures required to keep residents safe in their home. Where required, safeguarding plans were in place and the person in charge was aware of their legal remit to notify the Chief Inspector (and other relevant external agencies) of any adverse incident occurring in the

centre.

Additionally, one resident in this service was on 2:1 staffing support and the other five were on 1:1 staff support throughout the day. The service also had five waking night staff on duty.

From a small sample of files viewed, staff had training in the following:

- Protection and Welfare
- Children's First
- Safeguarding of Vulnerable Adults

Two staff spoken with also said that they would report any concern they may have to the person in charge immediately.

A referral to an independent advocacy agency had also been made for one of the residents.

Residents also had on-going access to as required psychiatry, psychology, psychotherapy and behavioural support.

However, at the time of this inspection a number of safeguarding and risk related issues remained on-going and one resident reported that at times, they can feel anxious and unsafe in their home.

Judgment: Substantially compliant

Regulation 9: Residents' rights

At the time of this inspection the rights of the residents were not being adequately protected as they were living with peers they did not get along with, a number of intrusive security measures/restrictive practices were in place to keep them safe and one resident reported that at times, they felt unsafe in their home because of these issues. In turn, residents right to the peaceful enjoyment of their home was not being protected in this service

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 (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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cull Water Lodge OSV-0007821

Inspection ID: MON-0040569

Date of inspection: 12/07/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 23(1)(c) The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.</p> <ol style="list-style-type: none"> 1. The Register Provider issued discharge notice for one Individual prior to Inspection due to impact and this Individual has since been discharged from the Centre to a suitable onward placement (Completed) 2. PIC and Behavioral Specialist have devised a group Contingency Plan to support all Individuals in the Centre following discharge of Individual from the Centre (Due Date 31 Aug 2023) 3. Centre MDT to be arranged to discuss all Individuals in Centre and review all support needs and actions arising from same will be implemented (Due Date 15 Aug 2023) 4. PIC and Behavioral Specialist conducted a Restrictive Practice Review and relevant restrictions that were implemented due to Individual that has since been discharged has been removed (Completed) 5. PIC and Keyworkers to conduct key working sessions with all Individuals in Centre in consultation with the reduction of restrictions in the Centre (Due Date 01 Aug 2023) 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 8(2),The Register Provider shall protect Residents from all forms of abuse.</p> <ol style="list-style-type: none"> 1. The Register Provider issued discharge notice for one Individual prior to Inspection due to impact and this Individual has since been discharged from the Centre to a suitable onward placement (Completed) 	

<p>2. PIC and Behavioral Specialist have devised a group contingency Plan to support all Individuals in the Centre following discharge of Individual from the Centre (Due Date 31 Aug 2023)</p> <p>3. Centre MDT to be arranged to discuss all Individuals in Centre and review all support needs and actions arising from same will be implemented (Due Date 15 Aug 2023)</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To demonstrate that the Designated Centre is in line with Regulation 9 (2)(b) and (3) 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 and privacy and dignity is respected.</p> <p>1. The Register Provider issued discharge notice for one Individual prior to Inspection due to impact and this Individual has since been discharged from the Centre to a suitable onward placement (Completed)</p> <p>2. PIC and Behavioral Specialist have devised a group Contingency Plan to support all Individuals in the Centre following discharge of Individual from the Centre (Due Date 31 Aug 2023)</p> <p>3. Centre MDT to be arranged to discuss all Individuals in Centre and review all support needs and actions arising from same will be implemented (Due Date 15 Aug 2023)</p> <p>4. PIC and Behavioral Specialist conducted a Restrictive Practice Review and relevant restrictions that were implemented due to Individual that has since been discharged has been removed (Completed)</p> <p>5. PIC and Keyworkers to conduct Key working Sessions with all Individuals in Centre in consultation with the reduction of restrictions in the Centre (Due Date 01 Aug 2023)</p>	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/08/2023
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.	Not Compliant	Orange	31/08/2023

Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/08/2023
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