



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

Issued by the Chief Inspector

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| Name of designated centre: | Cuan Nua |
| Name of provider: | St John of God Community Services Company Limited By Guarantee |
| Address of centre: | Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 June 2022 |
| Centre ID: | OSV-0005704 |
| Fieldwork ID: | MON-0032276 |

About the designated centre

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

Cuan Nua provides residential care and support to four men with disabilities. The centre comprises of a large two-storey house in close proximity to a number of towns and villages. Transport is provided for residents to support them to have easy access to community based facilities such as hotels, shops, shopping centres, restaurants and cafes. Each resident has their own private bedroom (some are en suite) and they are decorated to their individual style and preference. Communal facilities include large well equipped kitchen/dining room, a spacious sitting rooms, utility facilities, adequate storage space and large well maintained gardens to the rear and front of the property.

The centre also has an additional fully furnished unit in the back garden comprising of a bathroom/shower room, a kitchen and a large sitting room/dining room area. Residents can use this unit for day activation purposes, receiving visitors and holding parties. There is adequate private parking space available the front and side of the house.

There are systems in place to ensure that the assessed social and healthcare needs of the residents are provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a clinical nurse manager, nursing staff and a team of health care assistants. All staff have appropriate qualifications, skills and/or training in order to meet the needs of the residents in a competent and comprehensive manner.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|---------------------|----------------------|------------|------|
| Friday 24 June 2022 | 09:30hrs to 15:45hrs | Anna Doyle | Lead |

What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre and were supported by a staff team who knew them well. Some minor improvements were required in fire safety, infection control, residents' goals and support plans.

The inspector had the opportunity to meet all of the residents on the day of inspection. Overall, they appeared relaxed in their home and comfortable in the company of staff members. Some residents used Lámh (the manual sign system used by children and adults with intellectual disability and communication needs in Ireland) to communicate and staff were observed encouraging a resident to use this.

Some residents liked to have visual schedules in place to inform them about some of the practices in the centre, like what staff members were working or what was happening next in their daily routine. The inspector found that this preference was included in the resident's plan and staff were aware of them.

One resident showed the inspector their bedroom. They had a large room and it was decorated to their personal tastes and included pictures of their family who were important to this resident.

Structure and routine was very important for one resident and staff supported the resident with this. For example; each morning the resident liked to engage in sensory activities. The resident was observed very relaxed following some of these activities on the day of the inspection.

Another resident told the inspector about some of the activities they enjoyed which included music, being a member of the tidy towns committee and a team participant for the Special Olympics. The resident told the inspector that they were going to the Special Olympic games the day after the inspection to compete in the games.

The premises were spacious and had been repainted since the last inspection of the centre. All of the residents had their own bedrooms and some of the residents had redecorated their bedrooms to include sensory lights. Some improvements were required to the property following a hygiene audit conducted by the provider in October 2021. These improvements if not addressed could impact on the cleanliness of the centre with regard to infection prevention and control measures.

There was a large garden to the back of the property where residents kept some chickens. Two of the residents liked to look after these along with the cat. There were two swings which the residents enjoyed. To the side of the property there was a large self contained apartment which had been redesigned so that residents could use this area to play pool, do some exercise, watch television or listen to music away from the centre.

There were two vehicles available in the centre, which enabled the residents to choose different activities they may like to do. There were also four staff on duty each day to facilitate this.

Residents' meetings were held in the centre and included a number of topics including reminders about hand washing practices during COVID-19, planning activities and fire safety.

The annual review for the centre included feedback from residents and some of their family members on the quality of care provided. The residents feedback indicated that they were very happy with the care and support provided. Some examples given included being supported to learn and maintain independent living skills and the level of activities they got to engage in. For example; last year when the house was being decorated the residents went on holidays for a few days.

The response from family members was also very positive, commenting on their satisfaction with the good communication systems, the overall care provided to their family member and one said that the service was 'excellent'.

The complaints log indicated that residents had been supported to make a complaint in the centre which had been reviewed by the human rights committee in the wider organisation. This complaint related to the impact of some behaviours of concern on others in the centre. The inspector found that this was still ongoing at the time of the inspection, but that a number of actions had been taken to support all of the residents.

For example; the resident who was displaying the behaviour of concern was being supported by an external advocate, their family, a behaviour support specialist and the staff team. The provider had also employed additional staff every day which enabled all of the residents to have one to one support. An extra bus was also provided so that residents could go on separate community activities. One resident also had access to a caravan by the sea where they could go when they chose, to spend time there during the day. These measures were ensuring that all of the residents' rights were being upheld. However, the long term plans for this had not been clearly outlined in one residents plan. This needed to be reviewed and is discussed further in this report.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, this centre was adequately resourced. There were management systems in

place to ensure good quality care was being delivered to the residents. Minor areas of improvement were required in the quality and safety of care as discussed in the next section of this report.

There was a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the wider organisation. As they were also responsible for other designated centres under this provider a clinic nurse manager was also employed here. Both of these staff attended the centre on the day of the inspection (despite being off duty). The person in charge and the clinic nurse manager demonstrated a good knowledge of the residents needs.

The provider had completed an annual review of the quality and safety of the service, along with unannounced audits twice per year as required by the regulations. There were a range of local audits and reviews also conducted in areas such as medication management, hygiene, personal plans and fire safety. However, as discussed under infection prevention and control in section 2 of this report, findings from the provider's own auditing systems had not been followed up in a timely manner.

There was a planned and actual roster in place. From a review of a sample of rosters, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents. While this was not the case on the day of the inspection, as there was a staff member not available to cover a shift, the person in charge had a risk assessment in place to manage this. The inspector was also satisfied that this was not a regular occurrence in the centre and on the day of the inspection it did not impact the residents accessing their normal activities. A number of relief staff were also consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

The staff the inspector spoke with said they felt supported in their role and were able to raise concerns, if needed, to the person in charge/clinic nurse manager, through regular staff meetings and supervision. A senior nurse manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents. A sample of supervision records viewed found that they were comprehensive and staff could raise concerns if required. The records viewed also indicated that regular staff meetings took place in the centre. Agenda items discussed included risk management, the management of COVID-19 and the wellbeing of residents in the centre.

Personnel files were not reviewed as part of this inspection.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included; positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, first aid and infection prevention and control. A sample of records viewed indicated that all staff employed at the time of the inspection had completed these. This meant staff had the skills necessary to respond to the needs

of the residents in a consistent and capable manner.

From a review of incidents that had occurred in the centre since January 2022, the person in charge had also notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the centre.

Regulation 14: Persons in charge

The person in charge was an experienced social care professional who was employed on a full-time basis. As they were also responsible for other designated centres under this provider a clinic nurse manager was also employed here. This ensured effective oversight of the centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

From of a sample of rosters viewed, there was a consistent staff team employed in the centre to meet the needs of the residents. Since the last inspection the provider had increased the number of staff employed in the centre to ensure that the needs of the residents were being met.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. The records viewed indicated that all staff employed at the time of the inspection had completed training in positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, and first aid. From a sample of staff supervision records, staff were suitably supervised in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place. However, as discussed under infection prevention and control in section 2 of this report, findings from the provider's own auditing systems had not been followed up in a timely manner

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since January 2022, the person in charge had notified the Health Information and Quality Authority in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents here had a good quality of life and they were supported to enhance their independent living skills and maintain links with their family and community. The arrangements in place to ensure a safe evacuation of the centre needed review. Improvements were also required under personal plans and infection prevention and control.

While the provider had fire safety management systems in place on the day of the inspection. The arrangements in place for one resident to safely evacuate the centre in the event of a fire required review as the plan viewed did not guide practice and staff were unclear when asked what they would do to support this resident.

Each resident had a personal plan which had been developed into an easy-to-read version. The inspector observed a sample of these records and found that residents' needs were assessed, monitored and reviewed on a regular basis.

Regular and timely access to a range of health and social care professionals also formed part of the service provided. This included access to general practitioner (GP) services, an occupational therapist, dietitian, and a speech and language therapist. Care plans were also in place to support residents in achieving best

possible health and these were reviewed regularly.

Goals had been developed for residents to achieve in the coming months. However, it was not clear how some of them were progressing or if they were in line with the residents preferences. For example; there was a plan in place for one resident to moved to a home of their own. However, it was not clearly outlined in the residents plan how this was progressing. This was discussed at the feedback meeting.

There were systems in place to manage and mitigate risk in the centre. A review of incidents in the centre showed that appropriate action was taken following an incident. For example; one resident had sustained a minor injury which had been reviewed by a doctor and followed up with a physiotherapist after the event. These incidents were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the residents. For example, following an increase in incidents for one resident, significant supports from health and social care professionals had been arranged to support the individual. A risk register and health and safety statement were also in place for the centre.

Infection control measures were in place to prevent and or manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. All residents had been vaccinated in the centre and staff had supported the residents to consent to these vaccinations. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Audits were conducted in infection prevention, however as stated earlier the actions from those audits had not all been completed. For example; the tap in the utility room needed to be either replaced or cleaned to remove lime scale and this had not been done. In addition, there was no guide in place for the maintenance or decontamination of one piece of equipment that was used (infrequently) in the centre.

There was a senior management team in the organisation to oversee the management of COVID-19. The provider had a contingency plan in place to outline the strategies in place to prevent/manage an outbreak and this had recently been updated. Residents' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19. Staff were able to outline the supports in place if a resident found isolating in their bedroom difficult to manage.

Residents got to choose their own meals in the centre. The food storage areas were clean and well maintained. All staff were completing refresher training in food safety in the coming weeks. Hygiene practices in place included labelling food that had been opened in the fridge and colour coded chopping boards for specific raw foods. Some of the residents were increasing their independent skills by preparing small meals in the centre and one resident liked to do the weekly grocery shopping. Staff were knowledgeable around the specific needs of residents during meal times.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse

occurring in the centre. Residents also had detailed intimate care plans in place which outlined their personal preferences in relation to supports provided.

The inspector found a number of examples where residents were supported with their rights. As stated earlier, one resident had an advocate to support them with an issue in the centre. Residents had been supported to make a complaint about aspects in the centre that impacted on their quality of life. This was being monitored regularly by the human rights committee in the wider organisation. The provider and staff team had also implemented a number of measures to support the residents such as additional staff, one to one support for one resident and an additional vehicle. Residents were also informed through residents meetings about changes to the centre. An easy to read information folder was available which was used at these meetings to inform residents about COVID-19.

Regulation 18: Food and nutrition

Residents got to choose their own meals in the centre. The food storage areas were clean and well maintained. All staff were completing refresher training in food safety in the coming weeks. Hygiene practices in place included labelling food that had been opened in the fridge and colour coded chopping boards for specific raw foods. Some of the residents were increasing their independent skills by preparing small meals in the centre and one resident liked to do the weekly grocery shopping. Staff were knowledgeable around the specific needs of residents during meal times.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to manage risks in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Actions from an IPC audit conducted in the centre had not all been addressed in a timely manner.

There was no guide in place for the maintenance or decontamination of one piece of

equipment that was used (infrequently) in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place for a resident to safely evacuate the centre in the event of a fire required review as the plan viewed did not guide practice and staff were unclear when asked what they would do to support this resident

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. The inspector observed a sample of these records and found that residents' needs were assessed, monitored and reviewed on a regular basis. However, some of the goals planned for residents needed to be reviewed.

There was a plan in place for one resident to move to a home of their own. However, it was not clearly outlined in the residents plan how this was progressing.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular and timely access to a range of health and social care professionals. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

All staff were trained in safeguarding vulnerable adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents were supported with their rights. As stated earlier, one resident had an advocate to support them with an issue in the centre. Residents had been supported to make a complaint about aspects in the centre that impacted on their quality of life. This was being monitored regularly by the human rights committee in the wider organisation. The provider and staff team had also implemented a number of measures to support the residents such as additional staff, one to one support for one resident and an additional vehicle. Residents were also informed through residents meetings about changes to the centre. An easy to read information folder was available which was used at these meetings to inform residents about COVID-19.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 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 |
| Quality and safety | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Cuan Nua OSV-0005704

Inspection ID: MON-0032276

Date of inspection: 24/06/2022

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 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Maintenance plan for nebulizer put in place along with guidance for decontamination following use.</p> <p>A tap and sink in the utility was deep cleaned using lime scale remover and no lime scale remains on the sink.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Fire Safety arrangements were reviewed to guide best practice and ensure each person can be safely evacuated. There are 3 alternative exits nearby if residents refuse to leave the nearest exit. There are 30 minute fire doors. Skills teaching and social stories are in place to educate and support the residents who may refuse to evacuate at times along with treats to entice their evacuation. The window in the resident's bedroom that may refuse to evacuate opens out fully on both sides and this was reviewed by the Fire service in 2019 when they visited the premises and they said it is sufficient for evacuation if it is deemed necessary.</p> <p>A night time evacuation was completed at 6.20am and 07/08/22 and all residents evacuated the building in 2minutes 10 seconds .</p> <p>As part of the compliance plan a review of the fire evacuation procedure will be requested by the either the local fire service or by the organisations fire safety partners. All staff have completed fire safety training. Fire evacuation will be discussed again at the next team meeting on 15/09/22 to ensure all staff are clear on how to support residents to safely evacuate the building.</p> | |

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| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A transition plan has been put in place to support one resident to move to their own home, along with an Advocacy plan to ensure their rights are upheld. A plan has been put in place which overviews all action put in place to ensure the rights of all people living in the designated centre are upheld. The goals planned for residents were audited on 13/07/22 by the Person in charge and reviewed and updated by keyworkers in consultation with the residents following same. This ensures all goals are in line with residents preferences</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 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 20/07/2022 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are | Substantially Compliant | Yellow | 30/09/2022 |

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|---------------------|--|-------------------------|--------|------------|
| | aware of the procedure to be followed in the case of fire. | | | |
| Regulation 05(7)(c) | The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales. | Substantially Compliant | Yellow | 20/07/2022 |