

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

Issued by the Chief Inspector

Name of designated centre:	Culann
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	15 August 2024
Centre ID:	OSV-0005722
Fieldwork ID:	MON-0044382

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
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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 15 August 2024	10:30hrs to 16:30hrs	Julie Pryce	Lead
Thursday 15 August 2024	10:30hrs to 16:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with the regulations, with a specific emphasis on the safeguarding of residents.

During the course of the inspection the inspectors spoke with the person in charge, the person participating in management and two of the staff members on duty on that day. Additionally, documentation was reviewed to include safeguarding plans, and residents were observed engaging in their activities throughout the day. The inspectors also spoke to family members of two of the residents.

Following the introductory meeting with the person in charge, the inspectors conducted a 'walk around' of the centre. The centre was spacious and well maintained, and laid out in accordance with the support needs of residents. For example, there were enclosed gardens for the sole use of some of the residents, and two residents had self-contained apartments within the designated centre. There was also a large enclosed garden area shared with the next door centre, which was used by the residents for exercise, or outdoor relaxation.

While there were five residents living in the designated centre on the day of the inspection, only two residents agreed to meet with the inspectors. One of the residents greeted the inspectors as they walked around the centre. They said they were happy in the centre, and it was clear that they knew the staff member who was accompanying them. The resident communicated in their own way, and it was evident that staff could understand them very well. They went on to engage in an exercise activity that was a favourite pastime for them in the enclosed garden area.

Another resident had a brief interaction with the inspectors, and said 'hello' and shook hands. During the short conversation the resident said they were happy in their home, and when asked if they felt safe they mentioned their fireplace, which staff afterwards explained was an area of their living room that gave them particular comfort. Staff explained that they had gone on to support the resident to have a projector with a burning fire image so that the resident could always have access to this.

One of the residents was observed to be engaged in cleaning some of the areas of their home, and staff explained that this was a favourite activity, and that it gave the resident a sense of purpose to have a job. The resident always chose when to engage in this activity, and there was no expectation that it was their responsibility.

Later in the afternoon one of the residents was observed by the inspector to be going out for a walk with a staff member, and the inspectors observed the resident taking the staff member by the hand in an affectionate way as they walked down the path. Another resident was observed to be having banter with staff, and to be engaged and enjoying the interaction. It was clear from all the observations during

the course of the inspection that residents were comfortable with staff members, and that they were being supported in accordance with their needs and preferences.

Feedback from family members was both positive and negative in nature. Positive comments included compliments on both the staff and person in charge, and one relative said that they felt that they were listened to in relation to the care and support of their relative, and they were kept informed at all times. They described a recent visit where they said that staff support was evident during the visit without being intrusive. They said that the person in charge had devised a plan with them whereby regular visits were supplemented by phone calls, and that they were always welcomed to the designated centre.

Negative comments included concerns regarding the care being delivered to a resident. The family member did not feel listened to and they were concerned the centre was not meeting the needs of their relative in a safe manner. They also felt their relatives condition had deteriorated since moving into the centre.

While concerns were raised by a family member during conversation with an inspector, the findings of the inspection indicated that all the issues raised had been investigated in detail, safeguarding in relation to the issues were well managed, and residents were supported to be protected from all forms of abuse, and to have their rights upheld.

The inspectors reviewed the complaints log, and found that all complaints had been responded to in a timely and appropriate manner. It was also observed that there were multiple compliments recorded, in relation to the care and support of residents, and staff interactions with residents.

The inspectors reviewed in detail the information in relation to any concerns raised, both in the recording of the concerns, and any investigation that had taken place. Where serious concerns had been raised the provider had ensured that external investigations had been conducted, and had also put in measures to ensure the safety of all residents pending the findings of the investigation.

It was evident throughout the inspection that both staff and management were person centred in their approach to care and support, and that residents were supported to make their own decisions, and that the safeguarding of residents during activities was balanced with their right to positive risk taking. It was also clear that resident were protected from all forms of abuse, and that there were robust systems in place to respond to any allegations in a way that ensured that residents' safety was maintained.

Capacity and capability

There was a clearly defined management structure, and various monitoring and oversight processes in place in relation to the safeguarding of residents. Any

concerns, complaints or allegations were responded to appropriately and in a transparent manner.

There was a consistent and competent staff team, and the numbers and skills mix of staff were appropriate to meet the needs of residents.

Staff had been in receipt of appropriate training, and were able to discuss the learning from their training. They were also knowledgeable about the care and support needs of each resident, and of the individual risks posed to each resident, whether due to behaviours of concern, choice of activities, or vulnerability.

The inspectors were satisfied that the governance and management in the designated centre was supporting residents to make decisions about their own lives, whilst ensuring that their safety was of paramount importance.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. The inspectors reviewed these rosters for the two weeks prior to the inspection and found that the planned numbers and skill mix was maintained and that there was a consistent staff team who were known to the residents.

All residents had a one-to-one staff member supporting them, both at home and whilst out in the community or engaging in activities.

The inspector spoke to the person in charge and two staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents, and they could readily answer questions relating to the safeguarding of residents. They spoke about their discussions with residents around safeguarding, which included the use of pictures and social stories for some resident. They were also knowledgeable about the ways to respond to behaviours of concern for each resident, so as to ensure the safety of both the resident engaging in behaviours of concern, and of the other residents living in the designated centre.

During the course of the inspection the inspectors observed staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with the staff supporting them, and that they were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training in place to ensure staff knew how to safeguard residents.

Staff training was up to date and included the following:

- Safeguarding of vulnerable adults
- Trust in Care
- Children First
- Basic life support
- Communicating effectively through open disclosure
- Health and Safety
- Moving and Handling and People handling
- Safety Awareness
- Positive Behaviour Support.

Staff discussed the learning from various aspects of this training with the inspectors, and documentation reviewed by the inspectors was in accordance with best practice.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors reviewed the management strategies and processes in place in relation to the safeguarding of residents, and the response to any concerns, complaints or allegations.

Where recent concerns had been raised, investigations had commenced immediately, and immediate steps had been taken to ensure the safety of all residents pending the outcome of the investigation. Responses to those raising issues had been made in accordance with the organisation's policy, and where appropriate external investigators had been engaged. All the appropriate authorities had been informed, and the necessary notifications had been made to HIQA within the required timeframes.

Where investigations had been completed, there were no findings that any abuse of residents occurred, and the inspectors were satisfied that detailed examination of information had been undertaken. While the investigation outcome did not identify any cause for concern, the provider had identified areas for improvement and had plans in place to address any deficits. For example, areas such as communication, review of practices and review of policies. The review of the complaints policy for example had just been completed.

Support for staff had been made available, and communication with the staff team had been on-going. Regular staff meetings were held, and safeguarding was a standing item at each of these meetings. This included a review of any incidents, and any learning from them, but also a discussion around the on-going safety of residents in all areas of daily life, for example the use of any restrictive practices

was kept under constant review. Safety in relation to the management of any healthcare issues was discussed, and in relation to behaviours of concern.

An extraordinary staff meeting had been called just prior to the inspection, and information and learning from any recent concerns had been shared in detail with the staff team.

The inspectors reviewed the management of complaints, and found that any complaints made by residents had been responded to appropriately. A record was made of any complaint and the response to it, including any actions that had been taken. The satisfaction of the complainant was recorded once the complaint was closed off.

There was a clear system of reporting and recording of any accident and incidents, all of which were overseen by the management team. The inspectors reviewed three recent incident reports, and found them to include a detailed description of the incident and the management of it. The sample indicated that staff adhered to guidance and direction, for example in behaviour support plans. There was also evidence of learning from any incidents being identified and shared, for example at staff team meetings.

Overall it was apparent that any concerns were taken seriously, appropriate actions and investigations were undertaken, and that safeguarding was given high priority by the provider, the management team and the staff.

Judgment: Compliant

Quality and safety

Residents were supported in various ways to have a meaningful day, and to make their own decisions and choices. There were various activities available to residents, both in their home and in the community, and new opportunities were presented to them in accordance with their support needs.

Communication was given a high priority, not only in relation to safeguarding, but in all aspects of daily life. Staff were very familiar with the ways in which people communicated, and could describe the ways in which people might indicate that they were in distress, or that they had concerns.

Any concerns raised were reported and recorded appropriately and followed up in a transparent and unbiased manner.

Any behaviours of concern were effectively managed, and residents were safeguarded, as far as possible, from any negative consequences to their behaviour.

The rights of residents were acknowledged and supported and residents were

making decisions about their daily lives, and being supported to increase their opportunities and experiences.

Regulation 10: Communication

Residents were being supported to communicate in their own ways, and there was an emphasis on both receptive and expressive communication. All of the documentation in residents care plans emphasised the importance of communication, and included very detailed descriptions of the various ways in which residents communicated.

Together with the person centred plans and positive behaviour support plans, each resident also had a 'communication profile'. The speech and language therapist (SALT) had been involved in the development of some of these plans, and there was clear guidance for staff. For example, the advice in one of these passports was that staff should not use open ended questions, because although the resident might understand the question, they would struggle to answer. There was also guidance to only give one piece of information at a time, so as to maximise understanding.

There were also various ways of presenting information to residents to ensure their understanding. For example, staff explained how they had developed a social story for a new activity that a resident had shown an interest in, as an introduction to engaging in the activity. There were also social stories, including pictorial representations, around protection from abuse which staff used to raise awareness with resident, and to help them to understand how to tell someone if they had any concerns. Another social story relating to making a complaint, was used at residents' meetings to help ensure that residents knew who to approach if they had any concerns.

Staff could describe the communicative functions of various presentations of residents, and were very familiar with the ways in which each person communicates. They could also describe the various signs that they might look out for which might indicate that a resident was distressed or had concerns where they might not be able to communicate this verbally.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident based on a detailed assessment of needs, including a full social and medical history. Any support needs specific to the individual resident were clearly identified during this assessment process, including communication needs, cognitive issues and positive behaviour support

needs.

The inspector reviewed the personal plans of two of the residents in detail. There was a detailed section on the things that each individual liked or disliked, including a detailed description of things that might upset the person or have a negative effect on their day. For example, for some people this was having plans change, for others it was things like being rushed.

There was an extensive section in each personal plan entitled 'keeping me safe'. All risks to the resident were identified in this section, and the required supports to mitigate these risks were clearly laid out in a table format. The identified risks included those associated with different presentations of behaviours of concern, the risks associated with road safety, and any relevant healthcare issues that might pose a risk to residents. The guidance for staff was clear and direct, and staff could explain their role in ensuring the safety of residents in these areas.

The system of person centred plan was guiding and informing staff so as to ensure that residents were safeguarded, whilst being supported to go about their daily lives.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support there were detailed positive behaviour support plans, again based on a detailed assessment of need. The assessments included, information about favourite topics of conversation, and described the meaning behind some of the behaviours that resident might present with. In particular, there were examples of behaviours or presentation that might indicate distress, together with detailed guidance for staff as to how best to respond.

There was also detailed information about situations which might trigger distress for residents, for example, in one to the plans it was identified that the resident would become distressed if they were misunderstood, or treated in a childlike manner. For another, some types of physical touch might cause them concern.

The behaviour support plans went on to outline guidance in both a proactive and a reactive way, so that there was information about minimising the risk of behaviours of concern, and also in relation to managing any incidents.

The reactive strategies included a clear description of each type behaviour that the resident might present with, and gave clear instructions to staff, for example, 'do not turn your back' or make a new plan'. There were suggestions of sentences to use which might diffuse the situation. There was then guidance for staff as to the best response to each resident following any behaviours of concern, for example,

'do not engage in conversation'.

Each of the personal plans had been regularly reviewed and updated, and each staff member was required to sign the plans to indicate that they had read and understood them. During conversation with the inspectors staff were able to describe the expected response to various situations and presentations, as outlined in these plans.

There were very few restrictive practices in the centre, and those that were in place, such as chemicals being locked away, or the gate from some of the gardens being locked, there was a clear rationale for each, and they were regularly reviewed by a multi-disciplinary team.

It was evident that there was sufficient detail in the positive behaviour support plans that staff were familiar with, to ensure that residents were protected as far as possible, from any negative consequences of their behaviours of concern. In addition there were plans in place to support residents to learn new skills which might increase their opportunities. For example one of the residents had made significant progress in personal care, and so was being safeguarded from any negative consequences to having poor personal hygiene.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in the safeguarding of residents, and could speak with confidence about their role in ensuring the safety of residents. They were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in responding to any concerns.

There was clear information available to staff in relation to the protection of residents, including a large information board in the staff office which outlined any current issues of concern, including healthcare issues, and this board was updated each day by the person in charge.

Any concerns which had been raised had been dealt with in a timely manner. As outlined in regulation 23 of this report, the inspectors reviewed all the documentation around recent issues of concern, including any investigations both internal and external to the provider, and found that there was transparency around the following up of concerns, and that investigations had been detailed and thorough.

Judgment: Compliant

Regulation 9: Residents' rights

Staff described various ways in which they upheld the rights of residents, and supported them in making their own decisions and choices. For example, some residents made a weekly activities plan with the support of staff, and chose all their own activities, and others make their choices on a daily basis.

Residents were supported in trying new activities and experiences and detailed risk assessments were conducted prior to any new activity to ensure that opportunities were made available to them, whilst also ensuring that all efforts were made to mitigate any associated risks. One of the residents was now going swimming regularly. There were multiple activities on offer for residents in accordance with their needs and preferences. For example the resident who enjoyed their fireplace also enjoyed an outing to a nearby pub, where there was also a fireplace.

There were various examples of residents being supported to both maintain and regain links with the community, and with family and friends. One of the residents who had only been admitted to the designated centre in July 2024 had recently been supported in a family visit for the first time, having had high anxiety levels previously which were now mitigated to the extent where they could engage in this visit.

Overall residents were safeguarded from any risks associated with a restriction of rights, and were supported to make their own decisions and choices. Where they chose to make decisions which might be considered to be unwise, staff supported them to have access to all the relevant information on which to base their decision. There was an emphasis on ensuring that residents were supported to make their own decisions, and that their right to live safely was respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant