



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:	Announced
Date of inspection:	12 January 2023
Centre ID:	OSV-0007821
Fieldwork ID:	MON-0029770

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
Thursday 12 January 2023	10:30hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was six residents residing in the centre.

Four of the residents lived in a large detached two-storey house which had well maintained garden areas to the front and rear of the property. Each resident had their own individual ensuite bedroom and, there was also a large kitchen/dining room, two sitting rooms and a utility facility. The other two residents each lived in a one-bedroom self contained apartment on the grounds of the property to the rear of the house.

The inspector met with one of the residents that lived in the apartments. They were relaxing watching television and seemed happy and content in their home. A staff member was with the resident at this time and the inspector observed that the apartment was decorated to suit the individual style and preference of the resident.

On the day of this inspection two residents were on a short holiday break in Co. Cork. The person in charge explained that for one of these residents, this was a significant achievement as it had been a considerable length of time since they had availed of such a break. The inspector also observed pictures of the residents at various social outings and parties hanging in the kitchen and, each resident appeared to be enjoying themselves at these events.

The house was found to be spacious, well maintained, warm and welcoming. Each resident had their own bedroom and they were individualised to suit their individual style and preferences.

From reviewing a sample of files the inspector saw that some residents were attending college and other adult educational programmes. These programmes of study covered topics that the residents were interested in and, some had already achieved their certificates of completion of their studies. On the day of this inspection one of the residents was attending College and a staff member informed the inspector that they were enjoying their studies.

One resident also had a part-time job working in a record shop on Saturday mornings and, the team leader said that they very much enjoyed and looked forward to attending work at the weekends.

Written feedback on the quality and safety of care from the residents was also found to be positive. For example, in the annual review of the service for 2021/2022, residents reported that they trusted staff to uphold their privacy and dignity and they were happy with the facilities and choice of recreational activities on offer. For example, one resident said that they loved basket ball and there was a basket ball and net available in the service. Another resident also reported that they were

satisfied with the way in which complaints were dealt with, happy that their belongings were safe and said that they had a great relationship with the staff team.

Towards the end of the inspection process the inspector observed one resident they had not previously spoken with relaxing in the sitting room watching TV and they appeared very content in their home.

While some issues were identified with a number of regulations assessed as part of this inspection process, residents appeared settled and happy in their home and the two residents met with appeared comfortable in the company and presence of staff. The next two sections of this report discusses the above in more detail.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, some gaps were identified with staff training and record keeping in the centre.

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge was responsible for two registered designated centres however, they were supported in their role by a team leader, two deputy team leaders, a member of the senior management team and a number of social care workers/assistant support workers.

The person in charge was a qualified and experienced professional and was found to be aware of their 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). They were also found to be responsive to the inspection and regulation process.

The person in charge explained to the inspector that there was always eight direct support workers on duty during the day and, five waking night staff to provide care and support to the residents in both the main house and two apartments. On the day of this inspection it was found that there were adequate staffing levels in place to support the residents.

The staff team were trained and supervised so that they had the required skills and knowledge to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding. However, it was noted that there were some gaps in mental health training which was a requirement for staff working in this service.

The statement of purpose was reviewed by the inspector and found to meet the

requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

While it was observed that a number of comprehensive documents and records were maintained in the centre regarding the assessed needs of the residents, the upkeep of some of this documentation required review. For example, some gaps were identified in the written records regarding the monitoring of a physiotherapy programme in place for one of the residents. Additionally, a specific risk assessment in place for another resident required review as it did not provide sufficient detail on the actual risks the resident may be exposed to.

The provider had systems in place to monitor the service and take on board feedback from the residents. An annual review of the quality and safety of care for 2021/2022 have been completed and a six monthly unannounced visit to the centre had been carried out in December 2022. These audits were effective in bringing about change in the centre and in ensuring the needs of the residents were provided for. For example, the six monthly audit identified that some residents personal plans and hospital passports required updating, resident consent forms required review and some staff required refresher training in behavioural management and safeguarding. All these issues had been identified in the auditing process of the centre and had been addressed at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced professional and was found to be aware of their 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). They were also found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection it was found that there were adequate staffing levels in place to support the residents in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding. However, it was noted that there were some gaps in mental health training which was a requirement for staff working in this service.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents for this centre as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 21: Records

While it was observed that a number of comprehensive documents and records were maintained in the centre regarding the assessed needs of the residents, the upkeep of some of this documentation required review. For example, some gaps were identified in the written records to be maintained pertaining to a physiotherapy programme in place for one of the residents. Additionally, a specific risk assessment in place for one resident required review as it did not provide any detail on the actual risks the resident was exposed to.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge was responsible for two registered designated centres however, they were supported in their role by a team leader, two deputy team leaders, a member of the senior management team and a number of social care workers/assistant support workers.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The residents living in this house were supported to have a meaningful and active life within their home and community (based on their individual preferences) and systems were in place to meet their assessed needs.

The individual needs of the residents were being supported and encouraged. Residents were supported to attend college and other educational institutes where they engaged in courses of study and learning of their choosing. For example one resident was studying history, English and computer skills and, were reported to be doing well with their studies. Day service options were also available to the residents if they wished to attend. Residents also liked to avail of short holiday breaks and on the day of this inspection, two of them were in Co. Cork on a break with the support off the staff team.

Residents also liked to go for walks, play basket ball, go for drives, shopping and to the cinema. One resident was also supported to work on a part-time basis at the weekends in a record shop and the team leader informed the inspector that they really enjoyed this job.

Residents were being supported with their healthcare needs and, they had as required access to a range of allied healthcare professionals. A multi-disciplinary team was also in place to support residents with their emotional wellbeing and mental health. From a small sample of files viewed, the inspector observed that residents had access to general practitioner (GP) services, a dentist, chiropodist, dietitian, physiotherapy, occupational therapy, behavioural therapy, psychotherapy and psychiatry services. Care plans were also in place to support continuity of care. It was observed that the upkeep of documentation pertaining to a programme of physiotherapy for one resident required review however, this was discussed and actioned in section one of this report: capacity and capability.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. The most recent safeguarding issue identified in the centre had been reported to the designated officer of the service and the inspector saw that it was responded to in line with the providers policy and procedures. The issue was also reported to the Health Services Executive safeguarding team and to HIQA. An interim safeguarding plan was also in place to promote the residents safety. Easy to read information on advocacy, safeguarding and the complaints process was also readily available in the service and, these were discussed with the residents by their key workers. One resident also reported that they were aware of the complaints process, how to make a complaint and the appeals process while another reported that they were satisfied that complaints were dealt with properly in the service.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk due to behavioral issues, they were provided with 1:1 or 2:1 staffing support and, the premises were

adapted so as to promote their safety. However, one aspect of the risk management process required review relating to one of the residents living in this service. This issue was discussed and actioned in section one of the report: capacity and capability.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection.

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted. Residents were consulted with and had freedom to exercise choice and control over their daily lives. It was also observed that where required, residents were assisted to develop knowledge, self-awareness and skills needed for self-care and protection.

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

Regulation 17: Premises

The premises were found to be well maintained, clean, homely and welcoming on the day of this inspection. They were also laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk due to behavioral issues, they were provided with 1:1 or 2:1 staffing support and, the premises were

adapted so as to promote their safety.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged. Residents were supported to attend college and other educational institutes where they engaged in courses of study and learning of their choosing. Residents also liked to avail of short holiday breaks and on the day of this inspection, two of them were in Co. Cork on a break with the support off the staff team.

Residents also liked to go for walks, play basket ball, go for drives, shopping and to the cinema. One resident was also supported to work on a part-time basis at the weekends in a record shop and the team leader informed the inspector that they really enjoyed this job.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare needs and they had as required access to a range of allied healthcare professionals. A multi-disciplinary team was also in place to support residents with their emotional wellbeing and mental health. From a small sample of files viewed, the inspector observed that residents had access to general practitioner (GP) services, a dentist, chiropractor, dietitian, physiotherapy, occupational therapy, behavioural therapy, psychotherapy and psychiatry services. Care plans were also in place to support continuity of care.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. Easy to read information on advocacy, safeguarding and the complaints process was also readily available in the service and, were discussed with the residents by their key workers. One resident also reported that they were aware of the complaints process, how to make a complaint and the appeals process while another reported that they were satisfied that complaints were dealt with properly in the service.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted. Residents were consulted with and included in decisions about their lives and had the freedom to exercise choice and control over their daily lives. It was also observed that where required, residents were assisted to develop knowledge, self-awareness and skills needed for self-care and protection.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cull Water Lodge OSV-0007821

Inspection ID: MON-0029770

Date of inspection: 12/01/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 16 The person in Charge will ensure that all areas identified below relating to Training and Staff Development is reviewed and is within best practice.</p> <ol style="list-style-type: none"> 1. The PIC will review the training matrix and ensure that all staff are trained in Mental Health. (Due date 28.2.23). 2. Test of Knowledge to be completed by all staff who have completed the Mental Health Training. (Due date 28.2.23) 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 21 The Person in Charge will ensure that all areas identified below relating to Records are reviewed and are in line with best practice.</p> <ol style="list-style-type: none"> 1. The PIC will ensure that all Physiotherapy /Occupational Health recommendations are implemented for Service users and gaps in documentation will be reviewed and addressed. (Completed). 2. The PIC will complete a review of all the Individual Risk Management Plans and ensure that all risks are clearly identified, and controls are in place. (Due date 28.2.23) 3. The PIC will ensure that learnings are shared with the staff team relating to the 	

accurate and daily completion of exercise regimes as recommended by the
Physiotherapist/Occupational Therapist. (Due Date 16.3.23)

4. The PIC will complete daily checks of documentation relating to exercise regimes to
ensure that there are no gaps in documentation. (Due date 16.3.23)

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/03/2023