



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

Issued by the Chief Inspector

Name of designated centre:	Arendelle House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0008291
Fieldwork ID:	MON-0037496

About the designated centre

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

Arendelle House is a designated centre operated by Nua Healthcare Service Limited. This centre can cater for the needs of up to six male and female residents, who are over the age of 18 years and with an intellectual disability. The centre comprises of a two-storey house, which includes a self-contained one-bedroom apartment. There is a another self-contained, one-bedroom apartment located in a separate building at the rear of the main house. Residents living in the main house have their own en-suite bedroom and shared access to a kitchen and dining area, living room, conservatory, sitting room, staff office, toilets and utility. Separate and secure garden areas are available to residents both residing in the main house and in the apartments. Staff are on duty both day and night to support the residents who live here.

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
Tuesday 4 February 2025	09:45hrs to 15:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector of Social Services to renew the registration of the centre. The inspection was facilitated by the person in charge and director of operations. The inspector also met with members of staff and with two residents who were residing in the centre. The inspector also reviewed four completed questionnaires which had been completed by residents in advance of the inspection, outlining their views of what it was like to live in the centre.

At the time of inspection, there were five residents living in the centre. The person in charge advised that while residents were in good physical health, they required on-going support with mental health. All residents were able to communicate verbally and express their views. Staffing arrangements were in place to support residents in line with their assessed social and behavioural support needs. One resident had been assessed as requiring 2:1 staffing support during the day and night-time and another as requiring 2:1 support during the day time. There was a core staff team in place, who were familiar with these residents and of how to support them with various aspects of their care. Staff had received various training relevant to their role.

The centre consists of a large two-storey detached house with a separate building to the rear which is set on a large landscaped site in a rural area but close to a number of local villages and towns. Two residents are accommodated in their own self-contained apartments and three residents share the main house. Each resident living in the main house had their own large en-suite bedroom and shared a variety of communal spaces including a kitchen, dining room, two sitting rooms and sun lounge. The house and apartments were found to be furnished and decorated to a high standard, were well maintained and visibly clean. The communal areas had large televisions and were comfortably furnished. The sun lounge had been set up as a games room with a variety of computer and gaming equipment, board games, pool table and sensory large bean bags. Bedrooms had been decorated and furnished in line with residents preferences. All bedrooms had large televisions, and adequate personal storage space. Some residents had their own computers, gaming and music equipment and other memorabilia that was important to them. Both residents spoken with told the inspector how they liked their bedrooms and had chosen their preferred paint colours.

Staff spoken with advised that all residents lived active lives and got out and about on a daily basis. There were four vehicles available to support residents to attend activities and to go to places of interest to them. On the morning of inspection, four residents had already left the centre to attend a training course on social skills. The person in charge advised that it was the first day of the course which was due to take place one day a week over the next four weeks. They advised that some of the residents had completed several training courses and other courses were planned including decider skills and relationships decoded. One resident was now getting

involved in a way to work scheme with a view to obtaining employment.

The inspector met and spoke with one resident who remained in the centre as they went about their daily routines. They told the inspector how they were getting on well and liked living in the centre. They mentioned how they enjoyed listening to music, playing pool, had access to the Internet and Netflix and could watch their preferred music videos and movies. They advised that they were planning a trip to the cinema later in the afternoon and were researching what movies were on. They spoke about getting on well with the other residents in the house and that one of the residents was going to join them attending the cinema later that day.

The inspector spoke with another resident later in the afternoon on their return from the training course. They advised how they enjoyed the course. They mentioned how they had completed many training courses to date and were planning to return to other courses that they had already commenced such as upholstery and furniture restoration. They spoke about how they enjoyed living in the house, loved their bedroom, had good fun with staff and the food was one of the best things about living in the centre. They advised how they had choice at meal times and could prepare and cook their own food when they wished. They said that they got to go out to places and do things that they enjoyed. They spoke about enjoying getting dressed up to attend a ball before Christmas and about looking forward to an upcoming Valentines disco.

Residents' independence and living skills continued to be promoted. Residents helped out with food shopping, preparation and cooking of meals, laundry, cleaning and other household tasks. Weekly house forum meetings were taking place at which residents decided on the weekly meal plans and their preferred social activities. All residents had their own bank accounts and were supported to manage their own finances. Residents had access to information, there was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information on human rights, the complaints process, emergency plan, national advocacy service and the contact details of the designated safeguarding office and complaints officer. The daily newspapers were made available to residents, posters of upcoming social events and training courses were displayed, and each resident had a personalised daily and weekly schedule available.

From conversations with staff and residents, a review of completed questionnaires, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted.

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

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas.

The person in charge worked full-time and was responsible for the day-to-day operational management of this and one other centre. They demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by two shift lead managers, the staff team and director of operations. There were on-call management arrangements in place for out-of-hours which were clearly displayed and emailed to all staff on a monthly basis.

The inspector found that the staffing levels were in line with the assessed needs of residents and with levels set out in the statement of purpose. There was a full complement of staff and no staff vacancies at the time of inspection. The staffing rosters reviewed for January and February 2025 indicated that a team of consistent staff was in place.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed by the inspector indicated that all staff had completed mandatory training. Additional training to support staff in their roles was also provided. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed at staff supervision and team meetings.

The providers' systems for reviewing the quality and safety of the service included six-monthly provider-led audits and an annual review. The annual review for 2024 was completed, it had included consultations with residents and their families and indicated complimentary feedback. The provider continued to complete six-monthly reviews of the service. The most recent review was completed on 18 November 2024. Issues identified in the action plan as an outcome of the review mainly related to minor gaps in some documentation which had since been addressed.

The local management team continued to carry out daily and weekly reviews of areas such as fire safety, health and safety, food safety, vehicle checks, housekeeping and cleaning, residents files and medication management. The results of recent audits reviewed indicated good compliance.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's

registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge was responsible for the day-to-day operational management of this and one other centre and divided their time between both centres. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensure on going compliance with the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels at the time of inspection met the support needs of residents. There were normally seven staff members on duty during the day-time and five staff on duty at night-time. The rosters reviewed for January and February 2025 indicated a team of consistent staff which had a positive impact on the continuity of support for residents. The staffing rosters clearly set out the roles and hours worked by all staff. There was always a member of the local management team on duty during the day to oversee the running of the service.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, basic first aid, food hygiene, autism, intellectual disability and several modules on a human rights based approach in health and social care.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with service users and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration of the centre. The statement of purpose was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. Questionnaires completed by residents, as well as, conversations with residents indicated that they liked living in the centre, they continued to make choices about what they did every day, were happy with the staff supporting them and with the people they lived with as well as feeling safe living in the centre.

The inspector reviewed the files of three residents. There were recently updated comprehensive assessments of the health, personal and social care needs of residents. A range of risk assessments had been completed and care and support plans were in place for all identified issues. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service and

a range of allied health services.

The provider and person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. The management and staff team continued to promote a restraint-free environment and further reductions in environmental restrictive practices were evident. All residents had been involved in completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 10: Communication

All residents were able to communicate verbally and express their views. The provider had ensured that residents had access to appropriate media including televisions, the Internet and newspapers.

Judgment: Compliant

Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area, nearby towns and city. From conversations with residents and information reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places that they enjoyed. Residents also liked spending time relaxing in the house, watching television, listening to music, playing computer games, playing pool, cooking, gardening and completing household tasks.

Residents were supported to access opportunity's for education, training and employment. Some residents were currently completing a training course in social skills and further training courses had been completed while others were planned. Some residents were being supported with applications for the way to work scheme.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The house and apartments were found to well maintained, visibly clean, furnished and decorated in a homely style in line with

individual preferences. The main house was large and spacious with a variety of spaces available to residents who shared the main house. This allowed each resident to have their own space if they wished. All residents had access to garden areas. The grounds of the main house were landscaped with a variety of shrubs, plants and lawn areas. Both residents living in individual apartments had access to separate secure garden areas. There was a variety of garden furniture provided to each garden area and some residents had decorated their garden areas with sensory lighting. Staff and residents spoke of enjoying spending time outside during warm weather and of hosting summer BBQ's.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risks. The risk register had been recently reviewed and was reflective of risks in the centre. All residents had a recently updated personal emergency evacuation plan in place. There was emergency and contingency plans in place, and staff spoke of how the generator had been effective in providing sufficient power to the house during the recent power outage as a result of the storm.

Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. There were regular reviews of health and safety, incidents and medication management.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly and comprehensively assessed with care plans developed where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed, and updated as required. Regular advice and input from members of the multi-disciplinary team was also evident in support plans reviewed.

Personal plans had been developed in consultation with residents and staff. Review meetings took place regularly, at which residents' personal goals and support needs were discussed and progress reviewed. The inspector noted that individual goals were clearly set out, some were in progress while others had been achieved.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the healthcare that they needed.

Residents had regular and timely access to general practitioners (GPs) and a range of health and social care professionals. A review of three residents' files indicated that residents had been reviewed by the GP, psychologist, psychiatrist, behaviour therapist, occupational therapist, dietitian, chiropodist, dentist and optician.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions. Behaviour support plans included early warning signs, triggers, as well as detailed proactive and reactive strategies to support them. All staff had received training in order to support residents manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect as well as the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. Residents who spoke with the inspector as well as, completed questionnaires reviewed, indicated that residents felt safe living in the centre. The topics of safeguarding, rights and advocacy were discussed regularly with residents and they had indicated their understanding of same. The person in charge had notified the Chief Inspector of a number of potential safeguarding incidents in recent months. The inspector was satisfied that they were managed in line with the safeguarding policy. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team supported residents to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Residents who spoke with the inspector were knowledgeable regarding their rights. Staff were observed to interact with residents in a respectful manner and residents spoke highly of staff supporting them. All staff had completed training modules in relation to the role of good communication in promoting human rights, putting people at the centre of decision making, positive risk taking and human rights for mental health professionals.

Information on human rights and national advocacy service was displayed on the

notice board. There was evidence of ongoing consultation with residents, on a daily basis, at weekly house meetings and individually at key working sessions. Residents spoken with confirmed that they were consulted with and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the internet, televisions and newspapers. Residents could attend religious services if they wished and some regularly attended local church services and religious shrines. Residents were registered to vote and could choose to vote or not. Residents had access to their money and were supported to manage their own finances.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant