



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

## Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0005704
Fieldwork ID:	MON-0031084

## 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, a social care worker 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.**

Number of residents on the date of inspection:	4
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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 - 2015 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 19 November 2020	09:15hrs to 14:00hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

The inspector met two residents during the inspection. One resident and a family representative also spoke with the inspector and gave some feedback on the services provided. The annual review for the centre also provided detailed feedback from residents and family representatives about their views on the services.

The resident spoken with, said that they were happy living in the house and described the people they lived with as a 'family'. They said that the staff were nice and enjoyed the meals provided there. They spoke about their hobbies which included football. They supported a local football team and had enjoyed going to watch matches prior to COVID-19. Since the public health restrictions they were still able to watch matches through a live stream on their electronic tablet. The resident also loved music and it was evident that they enjoyed one particular music artist as their bedroom contained a collection of items pertaining to this artist. The resident also liked to play the piano and kindly played a song for the inspector. This resident also spoke about being responsible for some things in their own home and in their local community. For example; they took care of the chickens and cats in their home and are also a member of the local tidy towns committee.

Residents had weekly meetings in the centre where a number of topics were discussed. This included menu plans and activity options for the week. Other topics discussed included informing residents of maintenance issues, plans of new items to be purchased for the house and plans to update some areas of the house. This informed the inspector that residents were included in decisions about their home.

The written feedback from residents and family representatives in the annual review viewed by the inspector found that overall everyone was very happy with the services provided.

Feedback from a family member (spoken with over the phone) was overall positive. They reported that their family member was supported well in the centre and had been supported to arrange to meet their family member outside during the COVID-19 which was working well. They reported that the turn over of staff can be difficult for their family member to manage sometimes but that this could not be helped. This was followed up by the inspector over the course of the inspection.

Resident had also been supported to enjoy activities in their home during the public health restrictions. Some of the activities included; karaoke, playing snooker, chair aerobics, enjoying a beer, gardening and watching live streams of things that were important to the residents, like mass or watching the animals in the zoo.

There were no complaints recorded in the centre, however; a number of compliments of the services provided were recorded. Overall these were very positive.

The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

## Capacity and capability

Overall the centre was well resourced and centred around providing high standards of care to the residents living there.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager, a social care worker, nursing staff and a team of health care assistants. The person in charge was a qualified social care professional, who provided good leadership and support to their team and knew the residents well. The inspector also observed that they were responsive to the inspection process and aware of their remit and responsibilities under the regulations.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The person in charge also said that, where required, additional staff were provided to support residents. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff felt supported in their role and were able to raise concerns, if needed, to a manager on a daily basis but also through monthly staff meetings and supervision.

From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for some staff, however; there were plans in place to complete this once public health advice permitted this.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. A small number of actions were not completed at the time of the inspection relating to the premises (which required painting) and refresher training. However, these actions were due to be completed pending public health advice.

Other audits were also completed in areas such as; infection control, medication management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant. However, where areas of improvement had been

identified they had been addressed. For example; an infection control audit highlighted that a sink needed to be replaced and this had been completed.

#### Regulation 14: Persons in charge

The person in charge worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager, a social care worker, nursing staff and a team of health care assistants. The person in charge was a qualified social care professional, who provided good leadership and support to their team and knew the residents well. The inspector also observed that they were responsive to the inspection process and aware of their remit and responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The person in charge also said that where required additional staff were provided to support residents. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff felt supported in their role and were able to raise concerns if needed to a manager on a daily basis but also through monthly staff meetings and supervision.

A sample of staff personnel files viewed were found to contain the requirements of the regulations.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. Some refresher training was due for some staff however there were plans in place to complete this once public health advice permitted this.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place and was adequately resourced. The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. A small number of actions were outstanding at the time of the inspection relating to the premises which required to be painted and refresher training. However, these actions were due to be completed pending public health advice.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of any adverse incidents that had occurred in the centre where required.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives both in the centre and within their community. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health and social care needs were being supported and provided for. In particular, the inspector observed several examples of where residents' rights were being respected and promoted in the centre.

Personal plans were in place for all residents. Including an easy-to-read version for residents to keep them informed. Staff also met with residents individually to inform them of any changes or updates to their care.

Residents were supported to enjoy an active live and their healthcare needs were assessed, monitored and reviewed on a regular basis. Part of this included an annual review where residents and their representatives attended. A sample of one of these reviews, provided comprehensive details and review of the residents needs, goals and aspirations. Residents were supported to develop goals and increase independent living skills. Some residents were learning new skills to be able to

prepare their own meals. Some were involved in a Special Olympics group, had art therapy or had planned and held a significant birthday celebration. Where public health guidance permitted, they went to their local pub regularly, out for coffee, drives and walks.

Residents were supported with their healthcare needs. Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. This included access to GP services, dentist, speech and language therapist and a dietitian. Comprehensive care plans were in place to support residents in achieving best possible health. Some residents were being supported through social stories to allay some anxieties around certain healthcare procedures. Residents were also supported to enjoy best possible mental health and where required had access to behavioural support specialists.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain the necessary controls to mitigate and manage risks. Incidents in the centre were reviewed regularly. For example; one resident who was finding the public health restrictions challenging at times was supported following a risk assessment to continue to meet their family and visit some community amenities. An increase in support from allied health professionals had also been provided.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff member or resident was suspected of having COVID-19. There were also measures in place to ensure that both staff and residents were monitored for possible symptoms.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident met said they felt safe in the centre.

Residents were supported by staff to make decisions in the centre and were involved in the running of the centre. This assured the inspector that residents rights were being respected. An example of this was also observed where residents had been supported to raise a potential rights concern to the Human Rights Committee to ensure that their rights were being upheld. This had been reviewed by the committee who intended to follow this up in three months time. The details of this are not included in this report to protect the rights of the residents. The person in charge agreed to submit an update to this issue to HIQA after the three month review had been conducted by the human rights committee.

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain the necessary controls to mitigate and manage risks. Incidents in the centre were reviewed regularly. For example; one resident who was finding the public health restrictions challenging at times was supported following a risk assessment to continue to meet their family and visit some community amenities. An increase in support from allied health professionals had also been provided.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. There was also measures in place to ensure that both staff and residents were monitored for possible symptoms.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents. Including an easy read version for residents to keep them informed. Staff also met with residents individually to inform them of any changes or updates to their care.

Residents were supported to enjoy an active live and their healthcare needs were assessed, monitored and reviewed on a regular basis. Part of this included an annual review where residents and their representatives attended. A sample of one of these reviews, provided comprehensive details and review of the residents needs, goals and aspirations. Residents were supported to develop goals and increase independent living skills. Some residents were learning new skills to be able to prepare their own meals. Some were involved in a Special Olympics group, had art therapy or had planned and held a significant birthday celebration. Where public

health guidelines permitted, residents went to their local pub, out for coffee, drives and walks.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their healthcare needs. Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. This included access to GP services, dentist, speech and language therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health. Residents were also supported to enjoy best possible mental health and where required had access to behavioural support. Some residents were also supported through social stories to allay some anxieties around certain health care procedures.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident met said they felt safe in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported by staff to make decisions in the centre and were involved in the running of the centre. This assured the inspector that residents rights were being respected. An example of this was also observed where residents had been supported to raise a potential rights concern to the Human Rights Committee to ensure that their rights were being upheld. This had been reviewed by the committee who intended to follow this up in three months time. The details of this are not included in this report to protect the rights of the residents. The person in charge agreed to submit an update to this issue to HIQA after the three month review had been conducted.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant