



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

## Issued by the Chief Inspector

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 August 2024
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0035519

## About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two storey, five bedroom house, located in a rural location on the outskirts of a small town in county Westmeath. Each resident has their own large bedroom (all of which are en-suite) and are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/dining room, a utility room, a living room, a small conservatory, staff sleepover facilities, a downstairs bathroom and an open area TV space. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, a team leader, and 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:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 August 2024	11:00hrs to 17:15hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to help inform the registration renewal decision.

There were four residents on the day of the inspection, however, the inspector only met two of them as one person chose not to interact with the inspector, and another was out for the day, although they had given the inspector permission to see their room. The inspector spoke to the person in charge, the person participating in management and two staff members, reviewed documentation and made observations about the daily operation of the designated centre.

On the morning of the inspection, one of the residents was enjoying their breakfast in the sunroom adjoining the main living area, this space was described as being their favourite area to spend time in when they were at home. The inspector could hear them chatting and laughing with the staff member who was supporting them. They came out of the sunroom at one point, and had a quick chat with the inspector, but indicated that they did not wish to prolong the conversation. They said that they would have another chat later in their room.

The inspector went along to their room later on and observed the resident relaxing on the bed, again having a chat with staff. The resident then had a brief interaction with the inspector, and mentioned things that were of interest to them, and initiated a banter type conversation with the inspector. Their room was personalised and contained a variety of their own possessions, including artwork of their choice. It was clear that they were very comfortable and content in their home.

The inspector also saw the room of the resident who was out for the day, and observed that it was also very personal to them, and contained their music equipment and various other items that were meaningful to them.

One of the residents returned from their morning walk, and greeted the inspector briefly while settling into their favourite chair. The resident had a chat with staff members about the outing, and was then observed to be contentedly singing a song, appearing to very comfortable and at home.

It was evident from a reviewed of records relating to residents' activities, and from speaking to staff, that residents were supported in a wide range of activities, both in their home and in the local community, and that they were learning new skills of interest to them. One of the residents frequented a local pub where they played games and had made friends, several of whom attended the resident's recent birthday party.

Others were involved in local sports, and regularly attended sporting events. One of the resident's who was keen to progress towards independent living was being

supported by staff to learn skills towards achieving this goal.

Staff had been in receipt of training in relation to human rights, and spoke about the ways that residents rights were upheld, and their choices and decisions respected. For example, where residents were making unhealthy choices, for example in relation to smoking, staff were ensuring that they had access to information to ensure that they were making an informed decision.

Staff explained that residents were supported to raise any concerns, and to discuss their choices and preferences, both formally at residents' meetings and individual 'keyworker' conversations, but also informally during the daily activities. For example, residents and staff had their meals together, and conversation was encouraged.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was knowledgeable about the support needs of residents and showed clear oversight of the centre.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised both formally and informally.

There was good oversight of any accidents and incidents, and all required notifications were submitted to HIQA within the required timeframe.

There was a clear and appropriate complaints procedure in place, and a good response to complaints was recorded.

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and an appropriate skill mix, including a registered nurse and social care staff. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. Where residents required individual staff support this was accommodated.

The inspector spoke to three staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff training was up-to-date and included training in safeguarding, behaviour support and the safe administration of medication. Additional training had been provided to staff in relation to the specific support needs of residents, for example in acquired brain injury and in the management of autism. Where a resident had a recent change in mobility, staff had received training in supporting them with the aids that were now required.

There was a clear system of oversight of training and the inspector reviewed the matrix of training which was a clear record of training completed or due.

Regular supervision conversations were held with staff, and the inspector reviewed the records of three of these discussions and found that they were meaningful two way conversations. Staff were facilitated to identify areas of learning, and any required actions were identified and followed up at the subsequent meeting.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. All required actions identified in the previous inspection of the designated centre had been completed.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations, and had been made available to residents in an easy-read format. Six-monthly

unannounced visits on behalf of the provider had taken place. The reports of these processes indicated a detailed review had taken place. The views of residents and their families were elicited as part of the review, which examined all aspects of life in the designated centre.

There was a schedule of audits in place, including audits resident documentation risk assessments and activities.

Any required actions identified in the annual review, the six monthly unannounced visits and the audits were all added to a quality improvement plan, and were monitored until complete. All identified actions had either been completed or were within their timeframe, for example hospital passports had been updated and improvements had been made in the signing of medication administration.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. For example, a recent medication error had resulted in several actions, all of which were documented and monitored.

Communication with staff was managed by regular staff meetings were held, and on a daily basis by a written handover, which included detailed information about each resident and was also used for daily task allocation.

The monitoring and oversight in the designated centre was effective, and ensured a safe and person centred service.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. Any complaints were recorded and reported, together with a record of actions taken.

The records were clear and included the steps taken to resolve the issue, and the satisfaction of the complainant. It was clear that all efforts were taken to ensure the rights and safety of residents were respected.

Judgment: Compliant

### Quality and safety

There were systems in place to ensure that residents were supported to have a



comfortable life, and to have their needs met. There was an effective personal planning system in place, and the residents and their families were involved in the person centred planning process.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. There were appropriate practices in relation to the management of medication.

There was good practice in relation to communication with residents, both in the documentation around communication, and also in the observations made by the inspector during the course of the inspection.

Residents were safeguarded and protected from any forms of abuse and the person in charge and the staff team were knowledgeable about their role in the protection of vulnerable adults.

The rights of the residents were well supported, and given high priority in the designated centre.

## Regulation 10: Communication

There was easy-read information readily available to residents, for example in relation to safeguarding, human rights and advocacy. One of these documents was discussed with each resident at their monthly 'keyworker' sessions, to ensure that they understood the information.

Social stories had been developed for residents, which included sequential pictures and plain English, for example, there was a social story to help a resident understand their anxiety and ways to manage it.

A 'communication passport' had been developed for each resident which outlined the way they communicate, including the ways in which they indicate their choices. Information in these passports included topics of particular interest to residents, and ways to communicate with them to maximise understanding, such as only asking one question at a time.

One resident used a pictorial exchange system, which they used to indicate choices, and to look for support, for example with personal care.

Throughout the inspection the inspector observed staff to be communicating effectively with residents, and to understand the ways in which residents indicated their choices.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were enjoying a good quality of life, and had access to numerous activities, both in their home and out in the community. People were involved in activities such as sporting events, pub games and outings of their choice. Some of the residents enjoyed activities together, and a holiday had been planned for two of them. The other two residents were also invited to join them for days out during the holiday.

Residents each had a person centred plan, and goals were set with them each month in accordance with the preferences and any interests they had. One of the residents was learning self-care skills, and another was expanding their community opportunities.

Each resident had a person centred plan, and these plans included monthly goals. The person in charge and the staff team ensured that any goals set with residents were meaningful and achievable, and included guidance to staff as to how to support the resident to achieve their goal. For example the guidance in one of the plans indicated that the resident would learn best if shown the new activity or skill being demonstrated.

A detailed daily report was maintained for each resident, which included information about whether they had engaged in activities, or appeared to enjoy them, so that it was clear that this area of daily living was kept under constant review.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications. Staff had all received training in the safe administration of medication. Staff described their practice in the administration of medication, and were knowledgeable both about evidence based practice, and about the medications prescribed for each resident, including and 'as required' (PRN) medications.

There were detailed protocols in place in relation to PRN medications, which gave clear direction as to the circumstances under which they should be administered. The stock of these medications, and any other medications supplied in containers rather than blister packs was monitored. One of the medications was checked by the inspector and the stock total was found to be correct.

Judgment: Compliant

## Regulation 6: Health care

Healthcare was well monitored and managed, including any changing healthcare needs.

One of the residents had significant changing healthcare needs, and appropriate referrals had been made to members of the multi-disciplinary team (MDT). The recommendations had been incorporated into the healthcare plans, and the inspector observed the implementation of some of these recommendations during the inspection. There were clear records of all interventions having been implemented as required.

The inspector reviewed the healthcare plans of two of the residents, and found them to be detailed and evidence based. They included a description of how any deterioration or recurrence of healthcare issues might present, and detailed guidance to staff as to how to respond.

Healthcare screening had been offered and discussed with residents, and some residents had chosen to avail of this.

Staff were knowledgeable about their role in supporting optimum health for residents, for example they could describe in detail the modified diet required by one of the residents.

Judgment: Compliant

## Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training including the types and signs of abuse, and their roles in the protection of vulnerable adults.

Any incidents were recorded and reported appropriately, and all the required notifications had been submitted to HIQA. The safety of residents was given high priority in the designated centre.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training including the types and signs of abuse, and their roles in the protection of vulnerable adults.

Any incidents were recorded and reported appropriately, and all the required notifications had been submitted to HIQA. The safety of residents was given high priority in the designated centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant