



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

Name of designated centre:	Winterfell
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 January 2019
Centre ID:	OSV-0005350
Fieldwork ID:	MON-0021985

About the designated centre

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

This centre provides 24 hour care to adults with disabilities, both male and female from 18 years of age onwards. The maximum number of residents to be accommodated will not exceed four. The centre is welcoming, comfortable, safe and supportive and a positive place that can be called home. The staff team use a social model of care which endeavours to mirror a family/ home environment whilst also providing support in all aspects of care to residents. The centre will deliver services to individuals who require support with mental health, intellectual disabilities and/ or acquired brain injuries. The centre is a detached dormer style house split over two floors. Each resident has their own bedroom decorated to their choice.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
03 January 2019	10:00hrs to 19:00hrs	Louise Renwick	Lead

Views of people who use the service

The inspector met all four residents living in the centre and spent time speaking individually with each resident. The inspector was also given three questionnaires that residents had completed before the inspection. In general, residents told the inspector that they liked the centre, were happy with their private accommodation, the general premises and the food provided. Residents felt that staff were helpful and easy to talk to. Some residents expressed that they wanted to live independently and wished to move on from the centre, but while there they were satisfied with the support they received.

Questionnaires showed that residents were happy with the choice and control they had over their day to day care and support and activities, residents felt safe and that their privacy and dignity were protected. Questionnaires also showed that residents were neither happy nor unhappy with their relationship with other people they lived with. Some residents told the inspector that there was a complaint previous that they still felt was an issue. The inspector looked at this during the inspection and found that the provider had responded to the complaint and put in supports to alleviate the issue.

Capacity and capability

The inspector found that the provider and person in charge had the capacity and capability to ensure a good quality and safe service was being delivered. There were effective leadership, governance and management arrangements in place to guide good quality care and support for residents living in the centre. There was a clearly defined management structure in place with clear lines of reporting and responsibility. Residents and staff were aware of the governance structure, and who was responsible for what.

The registered provider had ensured management and oversight systems were in place to monitor and respond to all areas of care and support being delivered, and used these systems to sustain a good quality service. An annual review had been completed in June 2018 and the provider had also ensured unannounced visits had taken place by the quality assurance team in July 2018. Inspectors found that these reviews effectively identified any areas in need of further improvement, and the provider had ensured any actions raised had been addressed. Along with the annual review and unannounced visits there was a system of routine auditing in place in key areas such as medicine management, rights, dignity and consultation and complaints. Spot checks were carried out by people in charge of the provider's designated centres at night time to ensure the correct staffing was in place and roles and responsibilities were being carried out. This was a new assurance system put in place by the provider in response to a previous issue regarding night duty shifts.

The provider had also ensured that there was an effective review system in place for

any incident, accident, adverse event and complaints. Inspectors reviewed these and found that any adverse event had been followed up on, learning gained and changes made to practice to prevent things from happening again. There was good communication and escalation pathways in place to ensure the senior management team and provider were aware of the quality of the care and support in the centre and any incidents, risks or concerns that they needed to be made aware of. For example, there was a governance matrix form sent to the Director of Operations on a weekly basis which identified patterns and trends in the centre. The person in charge had the opportunity to attend clinical governance meetings to present to the senior management team on this centre. All members of the provider board of directors attended the clinical governance meetings to ensure the governing board were informed of the quality and safety of care in each designated centre in operation.

The inspector reviewed complaints management during the inspection and spoke with residents, staff and management. On review, the inspector found that complaints were recorded, reviewed and action taken by the person in charge and provider to address them. The policy and process in relation to complaints was effectively utilised. There was an appointed complaints officer in line with the provider's policy, and this person had come to the centre to meet residents and discuss any individual or collective issues raised. To further support a previous complaint, the person in charge had arranged for a counselling psychotherapist to do a group session with residents around living in a group home environment and understanding peers' needs and supports. While residents expressed that they continued to be dissatisfied with the issue, the provider had responded in line with their policies and procedures and had responded in a way that ensured all residents were being supported to manage their individual needs, without negatively impacting on others. The person in charge was aware that should the issue escalate again they will need to take further action.

The registered provider had ensured that there was an adequate number of staff with the right skills, qualifications and experience to meet the assessed needs of the residents at all times. While there had been recent changes to staffing and residents noted that a number of staff had recently left, at the time of the inspection there was a stable and consistent staff team in place. The provider had arranged for staff to receive training in resilience by a member of the multidisciplinary team to support the team in carrying out their roles. The person in charge held monthly staff meetings which were recorded and any actions identified and monitored. Staff had been provided with training in mandatory areas such as safeguarding, fire safety, managing actual and potential aggression, mental health and autism.

The inspector gathered evidence on nine regulations on this inspection, and found high levels of compliance with the Care and Support of residents (Children and Adults) with disabilities Regulations 2013 and the national Standards. Overall, the inspector found that there was strong governance and management arrangements in place in the designated centre to ensure good quality care and support was provided to residents availing of the service.

Regulation 15: Staffing

The inspector found that the provider had ensured a stable and consistent staff team were employed to work in the centre, and there were no vacancies at the time of the inspection. Staff had sufficient qualifications and skills appropriate to the statement of purpose and residents' support needs. The person in charge maintained a planned and actual roster to show who was working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training including refresher training. Staff were appropriately supervised by the person in charge, through formal and informal arrangements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced to meet the objectives in the statement of purpose and residents' needs. There was a clearly defined management structure in place which identified lines of reporting and responsibility, and there was communication pathways between this structure to ensure the provider was aware and informed of the quality and safety of the service being provided in the centre. There were management and oversight systems in place to effectively monitor the care and support being delivered. The provider had ensured an annual review had taken place, along with unannounced visit on their behalf.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place to manage and respond to any complaint raised. Residents had access to advocacy services if they wished to avail of them. Records were well maintained by the complaints officer and complainants responded to.

Judgment: Compliant

Quality and safety

The registered provider and person in charge had demonstrated capacity and capability to govern and manage the designated centre, and this was resulting in a safe, person centred delivery of support to residents.

There were effective safeguarding mechanisms in place to prevent and protect residents from harm or abuse. The provider had a written policy in place as per Schedule 5 of the regulations and this policy was aligned to the guidance of the national policy. Staff had a good understanding of their duties in relation to safeguarding residents and how to report any allegations or concerns. All staff had received training in this area. The questionnaires received from residents said that they felt safe living in the designated centre. Any safeguarding incidents had been recorded and responded to in line with the provider's policy, and information submitted to the Health Service Executive's safeguarding team for the regional area. Safeguarding plans were in place if required, with staff supervision implemented in line with assessed needs. Additional measures identified to protect residents from harm included mediation and a restorative approach to improve relationships between peers.

The inspector reviewed the policies and systems in place for risk management in the centre, and found that risks were effectively identified, assessed, managed and reviewed. Staff were respectful of residents' right to take an informed risk, with information available and discussed through keyworking around consequences of taking certain risks. The provider had changed their process around incident review to ensure a risk based process was applied to the review of incidents. This allowed for better understanding of increasing or decreasing risk in the centre and the likelihood of incidents happening again.

While there were some restrictions in place, the staff were promoting a restraint free environment. Restrictive practices were assessed and reviewed regularly by the staff and multidisciplinary team with a focus on reducing restrictions if possible. Residents were aware of any restrictions placed upon them, the reasons for them and their regular review.

Residents had appropriate and timely access to medical practitioners allied health professionals. The provider had ensured a full clinical team was available for residents including access to psychiatry, psychology, psychotherapy, counselling services and occupational therapy. Residents were informed about any individual health risks or needs and how to be healthy. Some residents had been supported to attend private appointments, when deemed necessary for their healthcare needs and this had been funded by the provider. Staff in the centre had made links and provided information on health promotion and supports in the community setting for residents. For example, peer support groups. Residents' right to refuse medicine, or

medical treatment was respected by staff, with information provided on the consequences of their choices in respect of their health conditions. Information on advocacy services was on display in the centre and available for residents to use.

There was a strong system in place to assess and plan for residents' individual needs and supports. Comprehensive assessments were carried out prior to residents moving into the centre to ensure the centre and team could meet their needs. Support plans and personal plans were created based on assessments with residents' fully involved in decisions about their care and support. Each resident had a named keyworker who assisted with their plans, and met with each resident routinely to discuss their supports and any issues they needed to talk about.

Residents spoke with the inspector about how they liked to spend their day. Some residents had been supported by a service operated by the provider to obtain employment during the week and were happy with the support received in achieving this. Residents had choice and control around their day to day activities, some residents spent time independently in the community attending community support groups, employment, and socialising. Questionnaires indicated that residents had access to recreational activities outside of the centre such as woodwork, drama, bowling and using community amenities such as the library, museums and historical tours.

Overall, the inspector found that the provider and person in charge were ensuring a safe and good quality service was offered to residents in line with the written statement of purpose and residents' individual needs and goals. The inspector found that the designated centre was compliant in all Regulations looked at on this inspection, and found that the provider had mechanisms in place to self identify any areas that may need further improvements going forward.

Regulation 13: General welfare and development

Residents were provided with opportunities for occupation and recreation and to participate in activities in accordance with their interests. Residents were supported to develop and maintain links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and systems in place to identify, assess, manage and review risk. There was an emergency plan in place. Residents' right to take an informed risk was respected and supported.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a strong system in place for assessing and planning for residents' health, social and personal needs. Personal plans were reviewed regularly with input from the multidisciplinary team members. Plans outlined the supports residents' required to maximise their personal development and were reviewed for their effectiveness. Decisions about planned supports were conducted in a manner that maximised the participation of residents.

Judgment: Compliant

Regulation 6: Health care

The provider was ensuring appropriate healthcare for each resident in line with their personal plan. Residents had timely access to a wide range of allied health professionals and were supported to make choices around their own health needs and supports. Residents' right to refuse treatment was respected, and residents were supported to understand their own health.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to develop knowledge and self-awareness needed for self-care and protection.

Through policies, process and systems the provider was ensuring residents were protected from abuse. Any safeguarding issue had been responded to and managed in line with the provider's own policy and national policy.

Staff had received training in relation to safeguarding residents and the prevention, detection and response to abuse, along with training in mental health, autism and managing aggression.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant