



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

Issued by the Chief Inspector

Name of designated centre:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0029573

About the designated centre

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

Dreamwood aims to provide 24-hour care to children with disabilities, both male and female, aged between 11 and 17 years of age, with a wide range of support needs. These needs include support relating to intellectual disability and autism spectrum disorder (ASD). Residential care can be provided for up to four residents at any one time. Each resident has their own bedroom. The centre consists of two one-bedroomed apartments and two bedrooms all located within the one building, which is a two-storey house. Each apartment contains an en suite bedroom, a sitting room and a kitchenette. The main house contains two en suite bedrooms, a kitchen/dining room, living room, sunroom, sensory room, utility and office. The centre is located in a rural site. Vehicles are allocated to the centre to support access to the community. Individual supports are provided in accordance with pre-admission assessments and continuous multi-disciplinary review. Staff ordinarily involved in multi-disciplinary care include a psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. A dietician will be engaged if needed. Access to cultural foods shall also be provided if needed. Day-to-day care is delivered by a team of social care workers and assistant support workers. Staff have access to a range of training, corresponding with residents' needs. Residents have personal plans. The statement of purposes states that these outline individual goals aimed at enabling residents to live their lives to the full; and that these are reviewed annually with all stakeholders; and monthly between residents and key workers

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 3 June 2020	11:22hrs to 17:00hrs	Carol Maricle	Lead

What residents told us and what inspectors observed

The inspector met with two of the three residents. A third resident chose not to meet with the inspector.

The inspector observed one of the residents as they went about their day while supported by two members of staff. They appeared content, well dressed and there was a meaningful day planned for them given the public guidance restrictions that they and the staff were obliged to follow. Staff had linked in with their school therefore some school work was due to be completed later that day. Staff could articulate to the inspector the resident's likes, dislikes and preferences for how they liked to spend their day. The resident was introduced to the inspector and told the inspector 'no hand-shaking' therefore it was clear that they had an understanding of current COVID-19 restrictions. The inspector asked if they could enter their apartment and permission from the resident was granted. The resident then asked the inspector to leave shortly thereafter using their body language to signal this and this was respected.

The inspector met with a second resident in the kitchen of the main house. This resident spoke with the inspector for approximately less than 15 minutes while in the company of a staff member. They appeared content and relaxed and told the inspector that they liked living here at this centre and gave examples of how it was different to their previous place of residence. They told the inspector how they were not in school at present due to COVID-19 restrictions. They discussed their interests and told the inspector that they took part in activities at the centre such as planning and cooking their meals and they had recently decorated their bedroom. They confirmed they had access to technology and used this to keep in contact with their family members.

Capacity and capability

This was a short-notice announced risk based inspection carried out following the opening of the centre in September 2019 and a number of serious incidents that had taken place at the centre in February 2020. This centre had three residents living at the centre at the time of this inspection and there was one vacancy. This inspection took place during the COVID-19 public pandemic.

The inspector found that at the time of this inspection the centre was well run and governed. Overall, the residents living at this centre experienced a good level of leadership, governance and management of their home and this resulted in their

experience of a good standard of living. However an improvement was identified in the area of complaints and in the premises.

During the course of this inspection, the inspector viewed evidence of good leadership and governance by the director of operations and the person in charge. The person in charge managed this centre on a whole time basis and in her absence she was supported by two deputy team leader who also worked full-time at this centre and had a percentage of their time to attend to administrative duties. The person in charge was suitably qualified and experienced. She was knowledgeable of the relevant regulations and standards relevant to her role. She was also familiar with the statutory responsibilities she had in relation to children who are in the care of the State. The director of operations was met with by the inspector. She was very familiar with the day-to-day running of the centre and the needs of the individual residents living at this centre. The inspector also met with one of the deputy team leaders. This team leader was very familiar with the needs of the residents and cognisant of her role and responsibilities in leading the team in the absence of the person in charge.

The inspector found that there was suitable arrangements put in place by the registered provider for the person in charge to follow and lead their staff teams during this COVID-19 pandemic. The risks associated with COVID-19 were set out in the risk register. There were contingency plans in place to mitigate against the risks associated. There was evidence that the staff team were aware of up-to-date guidance in this area.

Since the opening of this centre there had been a number of serious incidents that had taken place a number of months prior to this inspection. The inspector spoke with staff about these incidents and all staff spoken with confirmed that they had learned from these incidents, at an individual and at a team level and all reported a higher level of confidence and ability now in supporting those who exhibit behaviour that is considered challenging. The inspector saw evidence of this learning in the form of team meeting minutes, professional supervision records and training records.

In accordance with the Regulations, the provider is required to carry out unannounced visits to the designated centre every six months to review the quality and safety of care and support that is provided to residents. A representative of the provider had carried out a six monthly inspection of this centre and this ensured that there was oversight of the centre by the provider. This inspection had taken place a number of months prior to this inspection and around the time of high level incidents taking place. The findings raised at that inspection reflected the systems in place at the time and a number of actions had been identified by the registered provider. These actions were found to have been put in place at this inspection.

At this inspection, there were adequate resources in place to ensure service provision. The premises was kept to a very high standard, although one bedroom was out of operation on the day of the inspection. The inspectors viewed evidence of appropriate staffing arrangements to support residents, particularly in areas where residents required additional support. Residents had the use of vehicles

to promote their day to day living and being out in the community (of which was restricted at the time of the inspection due to Covid-19). There was a multidisciplinary team available to all residents as part of the suite of services offered by the provider. There were policies in place to guide staff in their care of the residents. The inspector viewed records that showed how staff were trained in their role prior to commencing at the centre and after and there was very good oversight of their training needs by the person in charge. This was also confirmed by staff members with whom the inspector met with.

The residents were supported and cared for by staff who were observed on the day of the inspection as being highly attentive to their needs. Staff members spoken with by inspectors demonstrated a very good knowledge of residents' needs and the supports they required. It was observed that staff members on duty interacted with residents in a positive, respectful and child-centred manner during the inspection.

The inspector saw evidence that the provider used, collected and evaluated information and by doing so they responded to information thus striving to provide a better service. There was trending of incidents and accidents at the centre by the wider management team in addition to the person in charge. A complaints system was in place within the wider organisation and since opening there had been a number of complaints received and dealt with however the complaint record did not specifically set out whether the complainant was satisfied with the outcome either through their signature of a conversation to reflect same. Where safeguarding concerns were made these had been processed in line with statutory guidance.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the centre. The post was full-time. In the event of the person in charge being absent during this public emergency then there was a director of operations and two deputy team leaders that could assist in the day to day running of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill mix of the staff was appropriate to the number and assessed needs of the residents, statement of purpose and size and layout of the building. There was a planned and actual roster showing staff on duty at day and night. The person in charge had ensured that they had obtained the information and documents specified in Schedule 2. At the time of this inspection, the centre was operating at normal staffing numbers.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. There was evidence of professional supervision. The person in charge had ensured that staff had received training in infection control, hand hygiene and personal protective equipment during this Covid-19 public emergency,.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to ensure the effective delivery of care and support. A clearly defined management structure that identified lines of authority and accountability was in place. The centre was not yet in operation for a year therefore an annual review had not been completed. The provider had conducted an unannounced inspection prior to this inspection in February 2020.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the incidents that required notification to the Authority. She also demonstrated an awareness of the notifications required regarding an outbreak of Covid-19.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was a complaints procedure in place. There had been a number of complaints received at the centre since it had opened. These complaints had been resolved in a timely manner. It was reported that the complainant was satisfied with the outcome but the paperwork to show this had not

been completed in full as there was no signature from the complainant to confirm same nor record of the conversation signalling their satisfaction.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of the service and found that residents living at the centre during this inspection were kept safe and cared for by staff. The inspector met with two residents who were observed to be content and well cared for.

The inspector viewed a representative sample of personal plans. Residents had personal plans developed for them that outlined their strengths, needs and goals. This plan was created following their admission to the centre and elements of the plan had been compiled prior to their admission, where necessary. These plans contained important information that informed staff in how to care for them. There was evidence to show that where healthcare needs were identified by staff prior to and following the admission of a resident then these needs were being met by the internal multidisciplinary team or by health service executive services. Where residents had acute needs at the time of this inspection that involved their health and well-being, there was evidence that the staff team were liaising closely with the multidisciplinary team to seek guidance in their care of the resident.

The residents were kept safe while living at this centre. There was evidence to show that the person in charge and staff team had good working relationships with external statutory providers which was significant as Tusla carried statutory responsibilities for the care of some residents with the staff team then responsible for ensuring that actions from care plans were put into place. In keeping with the nature of the service, all staff were trained in child protection. Staff were knowledgeable of the reporting pathways of safeguarding concerns and there was evidence that concerns were reported on appropriately to the internal safeguarding team and from there to Tusla and/or an Garda Síochána where required. There had been a number of incidents of a safeguarding nature that had been experienced by the current residents and these were appropriately notified to the Authority. The inspector was assured that these concerns were taken seriously by staff and the management team and they were protecting the residents from same. Where safeguarding concerns had been raised by resident(s) who no longer lived at the centre, there was evidence to show that each concern was managed and notified to the internal safeguarding team and where relevant, the statutory authorities.

The person in charge ensured that staff had up to date knowledge and training to respond to behaviour that was deemed challenging. Staff told the inspector that their confidence in responding to behaviours that challenge had increased following their experience of a number of high level incidents earlier this year. Staff

reported to the inspector that as a team they were more resilient, confident and capable in responding and reacting to episodes of challenging behaviour. At the time of this inspection, there were a number of environmental restrictive practices in use such as keypads on the doors. In accordance with the needs of the residents, this inspector found these practices to be proportionate at the time of this inspection.

This inspection found that the staff team focused on the needs and rights of the residents. The staff team were cognisant of a resident's right to attend education and their right to apply for and receive governmental allowances. Where residents were of age to receive financial allowances the person in charge had taken actions to ensure that there was oversight of the arrangements around same. The person in charge and staff spoken with were knowledgeable of the changing needs of the residents as they entered adulthood in relation to their rights and entitlements. After-care services were already involved where necessary as some residents were reaching adulthood later this year.

There was sufficient systems in place to address the risks associated with COVID-19. There was a supply of personal and protective equipment. Staff had received training in relevant areas such as hand hygiene and infection control. The risks associated with Covid-19 had been identified and assessed. The management team were cognisant of the impact of restrictions on visiting was having on the residents and they had ensured that the residents could keep in contact with their families using technology. Each resident had a set of individualised risk assessments developed prior to their admission to the centre and thereafter. The inspector found that these were detailed documents and contained information for staff on how to mitigate against identified risks.

There was evidence that residents were supported to keep in contact with their families using technology and letters/postcards. The provider was following guidance for residential facilities issued by the health service executive and thus was not facilitating visits to the centre at the time of this inspection. This was also communicated to families in writing. The person in charge and director of operations confirmed that they were aware that guidance in this matter was due to change and their practices would change to reflect the new guidance.

During the walk around of the centre, the inspector found that the premises was kept to a very high standard. A fourth room (a vacant room) was not adequately furnished at the time of the inspection. The director of operations confirmed a date in writing that the room would be refurbished and ready for use.

Regulation 10: Communication

The registered provider had ensured that residents were assisted to communicate. Residents had access to televisions and the internet. There was a noticeboard in the centre containing information for the residents. The personal plans for the residents demonstrated how each resident communicated, their preferences and their need, if

any, for aids and appliances in this area.

Judgment: Compliant

Regulation 11: Visits

The registered provider in general facilitated residents to have visits at the centre. As this inspection took place during Covid-19, the inspector saw evidence that families were written to and residents spoken with about how there were restrictions on visiting, as set out in updated government guidance to residential care facilities. The management team told the inspector how they would be updating their visiting policy as the health service executive issued updated guidance in this area with the view to allowing these visits to recommence at the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided residents facilities for recreation, opportunities for participation in activities, play and education. The garden was of a significant size with outdoor play equipment available for the residents. The centre was situated in an area that was popular for walking and trails. Each of the residents was either attending school (prior to Covid-19) or attempts were being made by staff and management to reengage them with school.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the centre. One of the bedrooms was not fit for purpose on the day of the inspection (as it contained furniture which had been damaged) however the person in charge was awaiting a delivery of new furniture for this room with an expected delivery date shortly after this inspection. The centre was clean and suitably decorated. One of the residents lived in their own apartment and this inspector entered this apartment briefly before being asked to leave. This was suitably decorated. It was not possible to enter a second apartment as the resident did not wish to meet with the inspector.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector was told by one of the residents that they were supported in preparing and cooking their own meals. They gave examples to the inspector of meals they had prepared. The inspector observed during different times of the day a pleasant aroma from the kitchen.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there was a risk management policy in place. In relation to Covid-19, there was a risk management folder in place containing relevant information and guidance for staff to follow. The inspector saw that the risk of the spread of Covid-19 was being effectively managed through the controls set out in the risk assessment.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures and following guidance as published by statutory agencies such as the health service executive and the health protection surveillance centre. The centre was clean and decorated to a high standard. The inspector observed practices such as temperature taking of staff in written daily records.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that personal plans were live documents, added to where necessary. One personal plan in particular captured the voice of the resident well as they stated their preferences for how they wanted to live their life and their determination of their goals.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that the residents received appropriate health care. The healthcare needs of each resident was outlined in their personal planning documentation. There was a team of internal multidisciplinary professionals available to the residents in addition to services they received from the health service executive. Where residents were presenting with a need for mental health services, these services were sourced by the provider.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and training to respond to behaviour that was deemed challenging. There was evidence that staff had attended training in responding to behaviours considered to be challenging.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the registered provider protected residents from all forms of abuse. Staff had appropriately recognised and escalated peer to peer interactions that had taken place prior to this inspection that were of a safeguarding nature. Staff had attended training in child protection. Where former residents had made allegations of a safeguarding nature, the provider has responded in accordance with statutory guidance and notified all relevant parties.

Judgment: Compliant

Regulation 9: Residents' rights

Given restrictions around Covid-19 at the time of this inspection, it was clear from conversations with residents that the registered provider, through their staff team were striving to achieve a balance between promoting the rights of the residents while at the same time following guidance issued by the health service executive

relevant to Covid-19. This meant that the residents did not have their usual freedoms afforded to them such as in choosing to spend time face to face with families, visiting their homes and meeting friends.

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
Capacity and capability	
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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dreamwood OSV-0007290

Inspection ID: MON-0029573

Date of inspection: 03/06/2020

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints procedure to be discussed with the Dreamwood staff team at a team meeting Complaints procedure to be standing agenda on handover log and discussed at handovers. Resident to sign all relevant areas of the complaints form to ensure resident is satisfied of the outcome. PIC to review and ensure all complaints are closed off in line with regulation</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: PIC to ensure all furniture in the Centre is fit for purpose. All breakages and damages logged on Maintenance Manager PIC to conduct daily walkaround to ensure environment is suitable</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	05/06/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	17/06/2020