



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

## Issued by the Chief Inspector

Name of designated centre:	Winterdown
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 July 2021
Centre ID:	OSV-0005302
Fieldwork ID:	MON-0027685

## About the designated centre

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

Winterdown provides 24-hour care to adult male and female residents in a rural area of Co. Kildare. The property is a two-storey detached house with an adjacent self-contained apartment. Residents have a wide range of support needs including autism, intellectual disability, acquired brain injury and mental health issues. The number of residents to be accommodated within this service will not exceed six. Residents are supported by social care workers, assistant support workers and a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

5

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 1 July 2021	10:35hrs to 17:45hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector found that the residents enjoyed a busy and enjoyable time in their home, and were supported with a range of meaningful personal goals and projects with the staff. Residents felt safe and happy in their home and got along well with their housemates. The inspector observed a friendly, encouraging and mutually respectful relationship between the residents and the staff members.

The inspector met with four of the five residents living in the designated centre, and all residents filled in questionnaires during the inspection in which they wrote their opinions and experiences of the service. Most of the residents were out for the day, running errands, attending appointments, going shopping, and attending college courses. The number of staff on duty and cars available to the service allowed for each resident to pursue their own routine. The inspector observed examples of how the day was planned so that staff who supported residents in the morning were back in time to support residents who preferred to go into the community later in the afternoon. Residents commented that they enjoyed going shopping, to the cinema, swimming, or for walks and were looking forward to some of their favourite community activities reopening following the social restrictions.

The premises consisted of a large two-storey house in a rural area. Two of the residents lived in apartments separate to the main house, in which they had their own living and kitchen facilities. These residents had been supported to decorate and personalise their space how they wanted, and were welcome to freely come and go between their space and the rest of the designated centre to spend time with the other residents and staff. There were no locked doors or gates on the premises and residents could navigate the centre safely and without undue restriction. All residents had sufficient space for their belongings and where they chose to do so, cleaned and maintained their own space. Shared areas such as the kitchen and sitting room were comfortable and homely, with photographs and artwork from the residents. In the entrance hall each resident had their own notice board with information relevant to them and their weekly planned routine and activities, which was signed and agreed each week.

The inspector observed a nice rapport between the residents and the staff members. Staff displayed a good knowledge of residents' interests, personalities and communication methods. Residents commented that staff were kind and supportive, and were available if they had any concerns. Residents commented that they felt safe with the staff members, and residents who had made a complaint in the service commented that they were happy that their issue had been taken seriously and resolved to their satisfaction.

Since the previous inspection, a resident had achieved their long-term goal of transitioning out of the designated centre to accommodation in which they could be more independent. The inspector found evidence of how the team of this service had worked with the resident to ensure that they had the skills to be more self-

sufficient, that the new accommodation was suitable and personalised, and that they retained the same clinical and community facilities they enjoyed previously to effect a successful move.

The next two sections of this 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 on the safety and quality of the service being provided.

## Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was suitably resourced with familiar staff and appropriate premises and vehicles to support the residents' needs and separate routines. The person in charge and staff team commented that they felt appropriately supported by each other and by the provider-level management, and the inspector found evidence indicating that the service provider was continuously monitoring and enhancing the operations of the designated centre with input from the residents of the service. While the provider had notified the chief inspector of the majority of adverse incidents which had occurred in the service, they had not done so for incidents which resulted in the residents sustaining injuries.

The inspector reviewed a sample of how staff members were supervised by their line manager. Records of these one-to-one meetings covered meaningful topics such as job progression opportunities, requests for training and education, and how they could be supported in their workplace. The number and skill mix of the staffing resources was suitable to support the residents and absences and leave were covered in such a way that continuity of support by familiar personnel was not impacted. Staffing rosters were clear on times worked, shift patterns and leave days. Importation and updates regarding the designated centre and its residents, as well as shared learning from other centres in under this service provider, were discussed in regular meetings.

The provider had conducted an annual review of the service in November 2020 and six-monthly audit of its operation in April 2021. In these the provider acknowledged the achievement of resident goals such as going on breaks away and redecorating parts of the house, as well as ongoing target achievements such as staff attending supervision sessions and residents keeping in remote contact with their friends and families. Where areas had been identified as in need of development in the service, an action plan was created to address same. The annual report incorporated the commentary attained from each resident living in the service to ensure that they felt safe in the service, were comfortable with the staff and their living space, and were supported to pursue their own choices and interests.

Registration Regulation 5: Application for registration or renewal of registration
The provider had submitted their application to renew the registration of this designated centre, with associated documentation.
Judgment: Compliant
Regulation 15: Staffing
The staffing complement was sufficient to support residents with their assessed support needs and their individual routines.
Judgment: Compliant
Regulation 22: Insurance
The service provider had the required insurance cover in place.
Judgment: Compliant
Regulation 23: Governance and management
The provider had systems in place to monitor the operation of a safe and effective service, and to provide performance management to staff members. The provider had conducted their annual and six-monthly reviews of the service, which included consultation from the residents.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
Residents had a signed contract agreed with the provider which outlined the terms associated with living in this designated centre.
Judgment: Compliant

## Regulation 31: Notification of incidents

The provider had not notified the chief inspector regarding adverse events resulting in injuries to residents in the designated centre.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Residents were provided information on making complaints in the service, and residents who had done so commented that their concerns were responded to and addressed satisfactorily.

Judgment: Compliant

## Quality and safety

The inspector found this to be a designated centre which was homely, promoted and supported meaningful opportunities for its residents, and delivered support in a manner which was respectful of residents' choices, preferred routines and levels of independence. Residents were supported to stay busy and progress their personal objectives and support goals alone or with support from staff. Plans were in effect to safeguard residents from risks related to their assessed needs and incidents which had occurred in the service. Some improvement was required to ensure that guidance on resident support was accurate and up to date, however staff displayed a good knowledge of residents to support their needs and respect their privacy and autonomy.

The inspector reviewed a sample of assessments of need and incident logs and how these informed the creation and review of personal support plans for residents' personal, social and health needs. Overall plans were person-centred, detailed, and written in a respectful manner. Where relevant, residents were provided simplified version of these plans, and social stories with prompts and pictures, to support them to understand and consent to the outlined supports. Assessments of need included historical context and learning from recent incidents to inform the necessity for support plans. Regular discussions were held between the resident and their respective keyworkers in which they discussed consent for supports, aspects of daily living in which residents required no support, and planning out goals and objectives for the coming months.



Some improvement was required to ensure that holistic reviews of assessments and personal plans were conducted to remove information which was no longer relevant and ensure commentary and instruction from healthcare professionals was current. In the sample of assessments and support plans reviewed, the inspector found examples of where staff were instructed to support residents using methods which were deemed no longer necessary by the relevant healthcare professional, and another in which the commentary advised in the support plan had been superseded by more recent guidance. In another example, reference was made to safeguarding supports which had been discontinued years prior. In staff guidance on pre-empting and responding to resident behaviour which may pose a risk to themselves or others, the description of what the resident was likely to do during a distress incident did not reflect how they actually presented, to ensure staff were appropriately guided on the most appropriate response.

The provider had strived to promote a restraint-free environment in the designated centre, and where restrictive practices were implemented, there was clear and detailed rationale for their necessity. Where restrictive practices were put in place, they were accompanied by a strategy to relax the practice if the desired outcome was achieved. For example, where restrictions were implemented due to specified risk to resident or staff safety, a timeline was set out where if there was no evidence of a repeat incident, the magnitude or frequency of the restriction would be reduced, and if the risk likelihood continued to fall, the practice would be eliminated. All restrictive practices were subject to oversight to ensure they were the most appropriate response to the relevant risk, and the practices were discussed with the resident also, to ensure that they understood their rationale, consented to the practice, and agreed to the steps required for relaxing the practice in the future.

House meetings took place in which residents could plan out events, outings and activities, decide on meals for the week, divide up household chores, and raise maintenance requests for the house to communicate to the provider. Residents in this service and the other designated centres under this provider were involved in a "resident of the month" campaign, and two of the residents of this service were recently nominated in recognition of their successful achievement of important life enhancement goals.

### Regulation 10: Communication

Residents had suitable support plans and devices to aid them to communicate effectively.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to pursue meaningful education, recreation, social and personal development goals and projects.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable in size and design for the number and support needs of the residents.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

A resident had recently been supported to transition out of the designated centre, with evidence of how the provider supported them to be comfortable with the move and have continued access to their preferred facilities.

Judgment: Compliant

### Regulation 27: Protection against infection

The designated centre was clean, and equipped with protection and sanitising material to reduce risks related to infection control.

Judgment: Compliant

### Regulation 28: Fire precautions

The house was equipped to detect, contain and extinguish flame and smoke in the event of a fire, and the provider had measures in place to be assured that a swift and efficient exit could be achieved.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services
Residents were assessed for their capacity to manage medications independently, and where residents required support, staff were provided clear guidance on meeting their medication needs.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Overall, support plans were detailed and person-centred, however some review was required to ensure that all support plans were accurate, up to date, and reflected the most recent guidance from health care professionals.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
Some of the guidance regarding resident safety during incidents of distress or frustration required review to ensure they accurately described potential risk.
Judgment: Substantially compliant
Regulation 8: Protection
Residents had detailed, evidence-based plans in place to keep them safe from harm and provide appropriate support for people to self-protect from general and specific hazards.
Judgment: Compliant
Regulation 9: Residents' rights
Resident were encouraged and facilitated to be consulted on the operation of the designated centre. Support planning and safety procedures respected residents'

levels of independence, choices and preference.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Winterdown OSV-0005302

Inspection ID: MON-0027685

Date of inspection: 01/07/2021

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> <li>1. The PIC will complete a review of all adverse events resulting in injuries to Service Users identified during the inspection and ensure all are submitted to the Authority in line with the Statutory Notifications Guidance for designated centres.</li> <li>2. The PIC will review all Quarterly notifications with Behavioural Specialist and ensure any injuries to Service Users which do not require a 3-day notification are submitted to the Authority in line with the Statutory Notifications Guidance for designated centres.</li> </ol>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> <li>1. The PIC will review Service Users support plans to ensure all support plans are accurate and up to date.</li> <li>2. The PIC will complete a review of Service Users most recent guidance from health care professionals and ensure that it is reflected clearly in each individual care plan.</li> <li>3. Following review of the above actions the updated information in the Service Users Personal Plans will be communicated to staff team through daily handover logs and the next staff monthly team meeting for learnings.</li> </ol>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. The PIC in conjunction with the Behavioral Specialist completed a full review of all Service Users Personal Plans and Individual Risk Management Plans ensuring all</li> </ol>	

information relating to resident's presentation during incidents was up to date and accurate and appropriate strategies are in place to guide staff in managing adverse incidents.

2. Following review of the above actions the updated information in the Service Users Personal Plans and Individual Risk Management Plans has been be communicated to staff team through daily handover logs and will be discussed in depth at next monthly staff meeting.



## 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 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/08/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	30/08/2021
Regulation 07(1)	The person in charge shall	Substantially Compliant	Yellow	30/08/2021

	ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
--	--	--	--	--