



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

Name of designated centre:	Winterdown
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	25 June 2018
Centre ID:	OSV-0005302
Fieldwork ID:	MON-0021494

## About the designated centre

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

It is the purpose and function of Winterdown to deliver services to individuals who require support with autism, intellectual disability and mental health. The Person in Charge and the Management Team are committed to ensuring residents receive the highest quality of care and support at Winterdown. All residents undergo a full pre-admission assessment, which includes an impact assessment of the new resident on existing residents. Residents are continuously reviewed and supported by the Multidisciplinary Team. Where the needs of the resident can no longer be met by Winterdown, this is identified by the Person in Charge, staff and Multidisciplinary Team, and residents are supported to transition to alternative services. Winterdown provides 24-hour care to adults only male and female Residents from age 18 years onwards. The number of Residents to be accommodated within this service will not exceed six. The Centre will look after any specific healthcare needs of all residents i.e. epilepsy, diabetes and asthma.

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

Current registration end date:	15/11/2018
Number of residents on the date of inspection:	5

## 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
25 June 2018	10:00hrs to 19:00hrs	Andrew Mooney	Lead

## Views of people who use the service

During the inspection the inspector met with and spoke to four residents. The inspector also viewed documentation such as personal plans and completed residents' questionnaires.

Residents expressed their satisfaction with the service and stated they were happy in their home. Residents told the inspector about how staff had supported them with achieving their goals. Some of these goals included the completion of FETAC courses and attending family events. Other residents spoke about future plans that they were looking forward to, including going on holidays and completing further education. Residents appeared very comfortable in the presence of staff.

Residents appeared very content in their home and were proud to show the inspector around it.

## Capacity and capability

The positive progress made since the centres last inspection illustrated the centres enhanced capacity and capability.

The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. This included regular multi-disciplinary meetings to review residents needs. The provider had initiated clear assurance procedures to increase oversight on all adverse events. These were reported to and reviewed by the person in charge and their line manager.

The use of available resources were planned and managed to provide person-centred effective and safe residential services and supports to the residents within the centre. The assessed needs of residents were being well supported by a settled staff team that clearly demonstrated an understanding of residents needs throughout the inspection.

There was a user friendly complaints procedure in place. Residents and staff understood the complaints procedure and any complaints made were managed appropriately.

## Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Education and training provided reflected the statement of purpose.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were well managed and residents were made aware promptly of the outcome of any complaint.

Judgment: Compliant

## Quality and safety

The service had made substantial progress since their last inspection and this resulted in a quality and safe service being delivered to residents.

Each resident had a personal plan which detailed their needs and outlined the supports they required to maximise their personal development and quality of life. Each resident exercised choice and control in their daily life, in line with their preferences and assessed needs. Residents were regularly involved with activities of their choosing including attending educational courses and going on

holidays. However, some aspects of the personal planning review system did not assess the effectiveness of plans and this led to some goals not being progressed sufficiently.

Residents' assessed healthcare needs were generally supported very well. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. However, when a resident declined agreed treatment, the provider did not demonstrate a timely and consistent approach to informing the resident's general practitioner.

The privacy and dignity of each resident was respected. Residents were not subjected to restrictive procedures unless a restriction was assessed as being required due to a serious risk to safety and welfare. This resulted in each resident being protected from abuse and neglect and ensured residents' safety and welfare was promoted.

Where required, residents had access to positive behaviour support and this was utilised to support their assessed needs. Furthermore, support plans were regularly reviewed and where previously identified supports were deemed no longer necessary, they were removed. Staff were familiar with the recommendations from the positive behaviour support team and this promoted a positive quality of life for residents.

Residents who transitioned from the service received appropriate supports to ensure the transition was managed effectively.

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

Planned supports were in place when residents transferred to a new service.

Judgment: Compliant

#### Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

#### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Practice relating to the ordering; receipt; prescribing; storing; including medicinal refrigeration; disposal; and administration of medicines was appropriate.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had a personal plan that was kept under review and reflected practice, but the review of some personal plans did not always measure the effectiveness of the plan.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Where residents had persistently refused medical treatment, there was not sufficient evidence that this had been brought to the attention of their medical practitioner in a timely fashion.
Judgment: Not compliant
<b>Regulation 7: Positive behavioural support</b>
Appropriate supports were in place for residents with behaviours that challenge and residents who were at risk from their own behaviour.
Judgment: Compliant
<b>Regulation 8: Protection</b>

The person in charge initiated and put in place investigations in relation to any allegation of abuse and took appropriate action where residents were harmed or suffered abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Winterdown OSV-0005302

Inspection ID: MON-0021494

Date of inspection: 25/06/2018

## 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  1. Personal plan action plans and monthly outcomes to be reviewed monthly to ensure outcomes are achieved. If outcomes are not achieved PIC and keyworkers to identify any additional resources required to achieve outcomes. If patterns of refusal to engage in set outcomes are identified the PIC will link in with the Centre's Behavioural Support Team for additional resources to support the residents if required.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:  1. The Specific Health Management Plan identified on inspection is to be reviewed to include information in relation when to contacted resident's GP, if the resident persistently refuse medical treatment.	

## 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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30 August 2018
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Not Compliant	Orange	15 August 2018