

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:	Unannounced
Date of inspection:	09 February 2023
Centre ID:	OSV-0005302
Fieldwork ID:	MON-0034929

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 which includes a self-contained apartment, and second standalone apartment adjacent to the main house. The centre supports a wide range of 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:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 February 2023	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead
Thursday 9 February 2023	10:30hrs to 19:00hrs	Karen Leen	Support

What residents told us and what inspectors observed

During this inspection, the inspectors met with the residents living in the designated centre and their support staff members, as well as reviewing documentation and support planning related to their health, personal and social care needs. Inspectors also observed their living arrangements and daily routines alone or with support as part of the evidence indicating their experiences living in this designated centre.

Residents complimented their support team and were observed to have a good rapport with staff members. This included staff deployed from the relief panel and the person in charge who had joined the service in January 2023. Each of the residents were seen to be engaging in meaningful activities both in their home and in the wider community. Inspectors observed examples of how residents were involved in the running of their house. For example, meals were prepared in the centre by the residents and support staff, as chosen by residents. Examples were also observed of residents being supported to clean and tidy their living space alone or with an appropriate level of assistance, to respect their wishes to independently maintain their living space while also ensuring the space was safe and healthy.

The premises consisted of a large two-storey house with two of the residents living in apartments separate from the main house, in which they had their own living and kitchen facilities. It was evident that the centre was decorated to residents' tastes, including artwork completed by residents being prominent throughout the living areas in the centre. The centre was clean, spacious and homely with the provider self-identifying areas for improvement. This included areas for cleaning and maintenance, as well as changes for the house décor as agreed with residents such as a query on removing a large unused fireplace. It was evident that residents' choices and preferences were a key factor in decisions made about the house operation. There was a low level of restrictive practices in the house, and where these were implemented, evidence was available through documentation and speaking with people that residents had consented to it and worked with the staff to reduce the risk associated with it.

Residents were attending college courses, appointments, and family visits during the day of inspection, with some residents gone in the early morning and others coming and going later in the day. Residents who did not have any specific engagements were still up and busy around the house. Support staff were available to help residents access their local community and activities at times that suited their personal choice. The centre had four vehicles assigned to support activities which meant that residents could pursue their chosen routines without being affected by those of their peers.

Inspectors observed the staff catering for different diets for residents and adhering to dietary guidelines. The kitchen was well equipped and accessible for each resident, with a variety of healthy meal options as well as plans for snacks and

takeaways.

Residents were supported by a team of social care workers and social work assistants. Staff interactions with residents were observed to be friendly and respectful. Staff were aware of residents' supports and responded to requests in a prompt and caring manner. As will be referred to later in this report, some of the records and information guiding staff practice, meaningful activities and life goals progress did not reflect the good level of support quality from the team, which was observed on this inspection.

Residents' rights were promoted by the care and support provided in the centre. Residents' rights were discussed at each house meeting and support staff were assisting one resident to access an external advocate should they choose in relation to financial decisions.

Inspectors met with a new resident who had joined the centre within the past year, and found evidence of how they had been supported in their transition and introduced to the existing residents to identify any potential compatibility issues. This resident was content to pursue their own routines alone, but they and the other residents indicated they had settled in to the house well.

There had been an increase in the frequency of instances in which residents argued with each other or engaged in disrespectful behaviour to each other. The residents and provider discussed this with inspectors, and the management provided evidence that they had identified this risk and were due to trial a potential solution in consultation with the affected residents to mitigate the impact and likelihood of upsetting interactions. In addition to this proposed risk control, a regular topic of discussion with residents was mutual respect for the shared living space, and residents commented that they would feel comfortable reporting any concerns they had to staff members.

Commentary and feedback from all six residents and some of their family members made up a section of the annual report on the service for 2022. This commentary included praise for the front-line staff on how well they knew the service users, supported them in their routines and got them to their social and personal engagements. Residents also commented on their ability to have their own private space, make friends through social and educational outlets, and take the lead in household chores in their home.

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

Capacity and capability

The registered provider had implemented governance and management systems to support the delivery of a safe, consistent and appropriate service to meet the needs of residents. There were staff vacancies highlighted within the centre; however the provider had a consistent relief panel in place to support the team, ensure shifts were filled, and maintain continuity of care and support for residents.

Overall it was evident that the provider had the capacity and capability to ensure a safe and effective service was delivered. The inspectors reviewed actions from the previous inspection and evidence that action plans had been progressed.

Arrangements for the governance and management of the centre were robust and effective systems were in place to ensure the service was monitored. The inspectors reviewed six-monthly and annual reports for the centre in which the provider had self-identified actions and set timelines for completion by the team or management.

The person in charge ensured that staff had access to necessary training and development opportunities and a schedule was in place to review staff supervision and training. Staff had completed mandatory training and had also received training in areas specific to residents' needs, such as supporting residents with Autism Spectrum Disorder (ASD).

There was a complaints policy and clear complaints procedures in place. A review of records by the inspectors found that complaints were managed in accordance with the provider's policy. Residents had access to an external advocate and this was promoted to residents through the complaints process and resident meetings.

The registered provider had prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated to reflect changes in the management structure.

Regulation 14: Persons in charge

The person in charge, who had commenced in their role in January 2023, was appropriately qualified and experienced for their role, and demonstrated a good working knowledge of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Inspectors reviewed a sample of worked rosters for the designated centre. In the sample reviewed, 15-23% of the shifts were covered by relief staff, however these shifts were covered by the same small number of people who worked through the week. From speaking with residents and these relief personnel, inspectors observed

that the quality and familiarity of support was not impacted by these arrangements and support continuity was maintained. The provider was in the process of recruiting permanent positions to reduce use of contingency measures.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their continuous development, and to support them in the delivery of safe and effective care. Training was made available in areas specific to residents' assessed needs.

The person in charge had ensured that staff were appropriately supervised and supported. The person in charge provided formal and informal supervision, with a planned schedule in place for the coming year.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was suitably resourced for the number and support needs of residents, with appropriate premises, vehicles and staffing personnel. The local and provider level management had conducted quality and safety reviews and audits and there was evidence on how the findings and actions from these were shared with the front-line team. Evidence was available to indicate resident commentary forming part of service reviews.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors were provided evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting a new service user's support needs, and that an impact assessment had been conducted in relation to their compatibility with the five existing residents to identify any potential risk during this transition.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations, and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was access and information available to residents in relation to advocacy services. There was evidence of complaints within the centre being recorded, investigated and addressed in accordance with the provider's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as required by Schedule 5 of the regulations. However, a number of these policies were overdue for review and revision.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and informed by their needs, wishes and preferences. Residents were supported to be part of the local community and were engaged in meaningful educational and leisure opportunities.

Residents' supports needs were informed through comprehensive assessments, however not all needs described in assessments had corresponding plans and staff guidance on supporting these personal, health and social care objectives. Personal plans contained large amounts of information, including information which was no longer relevant to active support plans which resulted in conflicting information for the reader. Not all plans had been evaluated to determine their effectiveness in achieving or progressing their objectives, and it was not consistently evident how residents had engaged with the content of plans and contributed to their review. Some support plans had not been reviewed to reflect incident history related to the assessed support need.

The person in charge and support staff were endeavouring to support residents to develop and maintain personal relationships and links with the wider community in accordance with their preferences. Two residents in the centre were attending college with one resident being supported by staff to take some time away from study while making a choice on future educational plans. The inspectors observed that one resident was being supported to avail of an individualised day service while a discovery process was ongoing to find a day service that one resident would like to attend.

The registered provider had implemented safeguarding arrangements to ensure that residents were protected from abuse. The registered provider demonstrated responsiveness to safeguarding concerns with clear learning and guidance for staff to support residents. The provider was in the planning stage to take action to address a identified risk in a manner which protected residents and ensured they were safe and content in their home.

Residents' medicines were administered by support staff with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed and were accurate and sufficiently detailed. Medicines were found to be ordered, received and stored appropriately. The person in charge had a follow-up system in place in relation to residents who required regular blood reviews in relation to medications that were prescribed.

Regulation 12: Personal possessions

Residents were provided with support to manage their financial affairs in line with their assessed needs. Residents were supported to personalise their home and had sufficient space for their belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Residents were supported to maintain and develop personal relationships and friendships in the greater community.

Judgment: Compliant

Regulation 17: Premises

In the main, the premises was suitable for the assessed needs of residents and was appropriately furnished and personalised. Some works were required to address flooring and furniture which were observed to be badly damaged.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Inspectors observed evidence of how the provider was identifying and continuously reviewing active risks, their rating and their control measures, in accordance with changing needs, incident trends and progression of support objectives.

Judgment: Compliant

Regulation 27: Protection against infection

The environment and staff practices observed during this inspection were suitable to mitigate risks related to healthcare-associated infection. Suitable procedures were observed in effect related to cleaning equipment, use of face coverings, management of food items and waste disposal.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medication was administered by support staff with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed and were accurate and sufficiently detailed. Medicines were found to be ordered, received and stored appropriately. The provider had access to a pharmacy for medication management. Capacity assessment was completed through the assessment of need for each resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Generally, while residents' health and personal care needs were met, there were significant deficiencies in the documentation of their assessments, personal plans and staff guidance.

In a sample reviewed, inspectors found areas of discrepancy between the most recent assessments of need and the corresponding personal support plan, with assessments indicating the need for support plans to be developed which could not be located. Inspectors found that there was a high volume of information in personal plans, with patterns of inconsistency in the information documented. This was advised as being due to information carried over from old versions or assessments mixed into the active support structures instead of being removed when no longer relevant to their assessed needs.

There was a lack of evidence in a number of support plans on how the effectiveness of the plan was evaluated in consultation with the residents. Personal plans were made available to residents, but not in an accessible format that could be easily accessed and understood by them.

Daily activity planners were in place for residents in three different formats, and on review of these records limited access to activities was documented. In some examples identical weekly routines were listed out. However when inspectors viewed the daily report for each resident it demonstrated a greater level and variety of community access and flexible routines due to resident choice. It was unclear what benefit the identical activity planner charts had for more independent and self-advocating residents, and it resulted in instances of conflicting records, duplication of work, and a lack of reflection of the work done by residents and staff and how active and varied residents' weeks actually were.

Some of the evidence of life enhancement goals had not progressed and it was unclear what the plan was to continue with them. For example, goals related to going on holiday, developing independent living skills, or attending events and new hobbies were listed as being unsuccessful or had no indication of status or actions

six months after their last update. It was unclear what was due to happen next or what the resident, staff or key worker was doing to progress the goals or to amend or replace unsuccessful plans.

Judgment: Not compliant

Regulation 7: Positive behavioural support

In the sample of behaviour support plans reviewed, a number of behavioural risks were described with common triggers and antecedent presentations. This included behaviour presentations which were very frequent, and those who had not occurred in more than five years, being described collectively with limited functional analysis based on incident history.

The provider was striving for a restraint-free environment, with examples observed of restrictions being retired when risk was assessed as low, and where resident and multi-disciplinary consultation was planned before implementing a proposed new restrictive practice to address an identified risk. Practices in restricting access to items of risk or to finances was informed by ongoing risk assessment.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured that there were systems in place to safeguard residents from all potential forms of abuse. Staff had received training in relation to safeguarding residents. The provider and person in charge were responsive in the review of safeguarding incidents in order to reduce possible recurrence, and at the time of the inspection were planning to implement a control measure to address an ongoing safeguarding risk between residents. There were clear lines of reporting in place to guide staff. Where residents required assistance with their personal care, there were support plans in place that guided care that was dignified and upheld residents' wishes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Winterdown OSV-0005302

Inspection ID: MON-0034929

Date of inspection: 09/02/2023

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will complete a review of all schedules 5 policies within the Centre to ensure the most up to date schedule policies are available and on the Centre’s IT SharePoint System. 2. The above points will be discussed with the staff team at monthly team meeting. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) and Director of Operations (DOO) shall complete a review with the maintenance department and set a completion time for required works identified during the inspection. Note: Flooring in the sitting room area is to be replaced and a schedule for works has been identified. 2. The PIC in conjunction with Maintenance supervisor has completed a review of all furniture within the Centre and has removed any damaged furniture and ensured this has been replaced [Complete: 01 March 2023]. 	

Regulation 5: Individual assessment and personal plan	Not 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"> 1. The Person in Charge (PIC) in conjunction with The Behavioral Specialist will complete a full review of each Service Users Comprehensive Needs Assessments (CNA's) to ensure that all information in relation to assessed needs is captured. 2. The PIC in conjunction with The Behavioral Specialist shall complete a full review of each Service Users Personal Plans. The review will focus on ensuring actions are SMART (Specific, Measurable, Achievable, Relevant, Timely) and step by step guidelines are in place to measure progress. 3. Following updates to Service Users Personal Plans, the PIC will ensure, where appropriate each Service User has access to a Personal Plan in an accessible format. 4. The PIC will complete a review of the minutes of each Service Users last annual review meeting to ensure all identified actions and goals have been achieved. In the event of any actions or goals not being achieved, these will be revisited with a plan implemented to support each Service User. 5. Where appropriate, and with the consent of the Service Users, the PIC will ensure each Service Users representatives are informed and involved of any updates to Comprehensive Needs Assessments (CNA's) and Personal Plan's. 6. The PIC will complete a full review of each Service Users weekly activity planners. 7. The above points will be discussed with the staff team at monthly team meeting. 	
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"> 1. The Person in Charge (PIC) in conjunction with The Behavioural Specialist will complete a full review of six (6) Service Users Behavioural Support Plans to ensure all information is up to date and reflective of each Service User's current presentation. 2. The above points will be discussed with the staff team at monthly team 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 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	30/04/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	15/04/2023

	in accordance with best practice.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/04/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/04/2023
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/04/2023
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	30/04/2023

	is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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.	Not Compliant	Orange	30/04/2023
Regulation 07(1)	The person in charge shall 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.	Substantially Compliant	Yellow	30/04/2023