

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Winterfell
<b>Centre ID:</b>	OSV-0005350
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 25 January 2018 09:15 To: 25 January 2018 18:50

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's empty build registration inspection in March 2016 were also followed up as part of this inspection. The inspection was conducted by one inspector over the course of a day.

How we gathered our evidence

The inspector met with a number of the staff team which included social care workers, assistant support workers, a deputy team leader and the person in charge. The inspector met with three of the four residents and had conversations with them regarding their experience of living in this centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

Residents expressed a high level of satisfaction with the service that they received which included positive comments with regard to the supporting of their needs, the staff team, opportunities for activities and personal development, the premises and the food provided.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included residents' files, centre data sets, self-monitoring documentation and a number of the centre's policies. The inspector also completed a walk through the centre's premises and with residents' consent, viewed their private rooms.

#### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre consisted of a large dormer style house which was located in a rural area with a village nearby. It was surrounded by a large garden space to the front and to the rear of the building.

The statement of purpose stated that the centre facilitated and supported people who used the service to pursue meaningful personalised lifestyles. Residents' support needs included their intellectual disability, acquired brain injury and mental health needs. There was capacity for four residents and on the day of inspection it was home to four gentlemen over 18 years of age.

#### Overall judgment of our findings

Eight outcomes were assessed and overall, the inspector found a high level of compliance with the regulations. In general, residents were observed to be in receipt of a good service which was underpinned by clear governance and management systems. Some areas for improvement were identified with the further provision of residents' safeguarding needs and with the facilitation of additional staff education.

These findings along with others are further detailed in the body of the report and the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector followed up on the action from the previous inspection with regard to costs incurred by residents when going on holiday type leave. It was observed that in this situation additional funding would be sought to support the proposal, and in the absence of this being achieved, the service would cover costs up to a specified amount per annum.

The person in charge noted that in 2017 no residents incurred any costs when being supported on their holiday breaks.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that residents' well being and welfare was maintained through an evidence based care planning system. Their needs were assessed, evaluated and outlined in plans which informed and guided staff practices. The resident was central to, and directed their needs assessment and care planning. Members of the multidisciplinary team (MDT) were involved as required. Residents participated in community based activities of their choice and preferences. Accessibility was promoted in residents' documentation.

From observations, a review of files and interviews with residents, the inspector found that their individual needs were assessed, supported, reviewed and evaluated. Plans were available to inform the delivery of residents' support requirements with evidence of review and evaluation. Residents were very aware of, and supported to utilise their keyworker support. In conversation, they were found to be knowledgeable with regard to their goals and plans. Family members were also involved in the resident's assessment, review of needs and future planning process

Residents, as per their individual profile were supported to have a meaningful day which involved a variety of community based activities and work placements.

The inspector noted that the resident's particular needs at times of change and transition in their life were considered, assessed and planned for.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the health and safety of residents, visitors and staff was promoted and protected in the centre. This was observed across the centre's risk management system, fire management system and infection control procedures.

The inspector found that the centre had the required policies and procedures to underpin their risk management system, including a policy for when a resident goes missing from the centre (June 2017). There was a comprehensive centre risk register that captured clinical, centre specific and staff related risks. Reasonable measures were implemented to control for matters that might cause harm and residents were noted to

be informed. There was also a process to review and learn from incidents that occurred in the centre.

There was a tracking/monitoring system in place to ensure the roadworthiness and upkeep of the centre's vehicles. One of the residents helped out with this task.

The centre had an established fire management system in place. This included an alarm system and the availability of the required fire fighting equipment which was serviced and maintained. Fire procedures were displayed in the centre and each resident's individual supports were outlined in an emergency evacuation plan. Drills were regularly completed with residents whom were found to be very knowledgeable regarding the evacuation procedure.

The centre was noted to have satisfactory procedures in situ for the prevention and control of infection.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

In general, the inspector found that the centre had measures in place to protect residents from being harmed or suffering abuse, with appropriate action taken in response to allegations and disclosures of suspected abuse. However, some improvement was required to consistently ensure that each resident's safeguarding needs were met.

Residents' emotional, behavioural and therapeutic needs were considered and supported. A restrictive free environment for residents was promoted.

It was noted that any incidents, allegations and suspicions of abuse were reported, recorded, investigated and appropriately responded to. There was an overarching centre specific safeguarding plan (November 2017) which informed and guided staff practices, and directed them to residents' individualised safeguarding support requirements.

However, due to the altered support profile of some residents, peers were noted in recent months to have experienced some emotionally upsetting incidents. The inspector acknowledged that the provider was observed to be taking appropriate actions to address this matter for all involved, however, a satisfactory safeguarding outcome was not yet achieved.

The inspector observed that residents' wellbeing, emotional and therapeutic needs were clearly recognised, supported and reviewed in keeping with changes in the resident's presentation. There was good involvement observed from members of the multidisciplinary team. This included psychiatry and psychology support from within the service and residents were also supported to access regional and specialised mental health services.

Staff members were observed to engage with residents in a person-centred and warm manner. In conversation, residents reported that they were happy in the centre. A restrictive free environment was promoted, with opportunities to reduce restrictive practice usage explored. The policies as required by regulation were available to staff.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that residents were supported to achieve and enjoy the best possible health.

The inspector observed that residents' healthcare needs were assessed, planned for, supported and reviewed. A supplementary review of the residents' healthcare plans was also conducted by the service's nurse whom the person in charge noted was also available to provide additional consultation if required. Residents were noted to have a hospital passport in their file.

It was noted that a healthy lifestyle was promoted and fostered in the service. In conversation with the inspector, residents noted that their healthcare needs were well supported.

Each resident was supported to access a community based general practitioner of their



choice which was observed on the day of inspection. Residents were also facilitated in attending allied health professionals and multidisciplinary team members in line with their individual health requirements.

Residents' food and nutrition choices and needs were observed to be considered, assessed and supported. This included being supported by the service's dietician. Residents planned their menus and were involved in shopping and food preparation in keeping with their individual wishes. Drinks and snacks were freely available with residents observed accessing same. Residents were overall, very complimentary of the quality of food in the centre.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

Staff whom administered residents' medicines were trained in the safe administration of medication. This process was co-ordinated by the service nurse with additional on-line training available post the completion of their competency based assessments.

The inspector noted that a number of residents in this centre were responsible for the administration of their own medicines. Residents outlined the established assessment process that they undertook and showed the inspector the safe storage practices that they followed.

A pharmacist was available to the residents. There was evidence of ongoing review of the residents' medical status and their medicines by their general practitioner and psychiatrist.

There was a system in place for reviewing and monitoring safe medication management practices. This encompassed a service medication error pathway.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that the quality of care and experience of residents was monitored and developed on an on-going basis. The centre had effective management systems in situ to support and promote the delivery of a safe, quality service.

There was a clearly defined management structure with lines of authority and accountability. The person in charge worked in a fulltime capacity and divided her time between this and the other centre that she was responsible for. In general she spent two to three days a week in this centre and was flexible in line with residents' evolving needs. In her absence there were two deputy team leaders working in the centre. The person in charge was line managed by a service regional manager.

The inspector observed that there were communication and meeting systems/opportunities that wrapped around the above structures. The centre utilised self-monitoring processes which included audits, the provider's six monthly visits and annual review process. There were also opportunities for staff to raise concerns with regard to the quality and safety of care provided.

The person in charge was clearly involved in the governance, operational management and administration of the centre. She demonstrated good knowledge of the legislation and was committed to her statutory responsibilities. She displayed strong knowledge of the residents' needs and support requirements, and was very identifiable to them. Staff members highlighted the support and personal guidance that they received from the person in charge. The person in charge noted to the inspector that she was currently seeking additional supports for staff.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that there were appropriate staff numbers and skill mix to meet the residents' needs and promote the safe delivery of services. Staff were supervised and training was facilitated. However, the facilitation of further training was required to ensure that residents' needs were optimally met.

From observations, review of centre data sets and discussion with residents, the inspector found that the number of staff available in the centre was in line with residents' needs. A planned and actual roster was maintained for the centre. The inspector was informed that currently there were no permanent staffing vacancies in the centre. Any leave gaps that occurred were being filled by core relief staff.

The inspector reviewed staff training records and observed that they were facilitated with mandatory training and some ancillary training which included infection control, hand hygiene and education in autism and Asperger's. However, it was noted that staff had not been facilitated with other relevant training, for example, in specific mental health conditions, substance misuse and the Recovery Model in mental health. In the opening meeting the person in charge reported that she had recently identified some of these training requirements and was sourcing options. Also, records demonstrated that a staff member had gaps with their safeguarding vulnerable persons and fire training.

Staff supervision occurred in the centre through a formalised process, the person in charge's availability when working alongside colleagues, and also through a staff meeting process which regularly occurred. The inspector reviewed minutes of a recent staff meeting and particularly noted the comprehensive template for same which encompassed centre risk and quality systems and data sets.

Staff met during the inspection process were found to have good knowledge of residents' support requirements and residents were very complimentary of staff members.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Helen Thompson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0005350
<b>Date of Inspection:</b>	25 January 2018
<b>Date of response:</b>	28 February 2018

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

As outlined in the body of the report, some residents were occasionally experiencing emotionally challenging incidents.

#### 1. Action Required:

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

1. PIC to continue to review resident's placements in consultation with residents and their representatives.
2. Safeguarding plans to be reviewed with residents on a monthly basis through key working sessions.
3. Safeguarding plans to be discussed at team meetings on a monthly basis.

**Proposed Timescale:** 28/04/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff members education and competency attainment required further facilitation to ensure that it comprehensively supported residents' needs.

**2. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

1. A training needs analysis will be completed to ascertain any gaps in staff training.
2. Identified training needs will be facilitated and scheduled for staff within the Designated Centre.

**Proposed Timescale:** 18/05/2018