



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:	15 July 2020
Centre ID:	OSV-0005302
Fieldwork ID:	MON-0029574

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 from age 18 years onwards in Co. Kildare. The property is a two-storey detached house with a detached 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:	6
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 July 2020	11:00hrs to 16:35hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector met with four of the six residents living in the designated centre over the course of the inspection. All residents were being supported to go about their day in their own preferred way, including those who spent time with staff in the house, went out into the local community for the day, or who lived independently in their own apartment or annexe.

Residents told the inspector that they liked their home and that “while there are ups and downs like any house” everyone got along together overall. The inspector observed a relaxed and homely atmosphere in the house, and examples of casual, friendly and mutually respectful support interactions and chat between staff and residents. Staff had a good rapport with residents and were knowledgeable of their assessed needs, interests, personalities and personal news.

The residents had been spending the majority of their time in the house over recent months due to the social restriction implemented in response to COVID-19. Residents spoke with the inspector about how they were keeping occupied in the house, including a resident who was preparing coursework for college which was operating remotely, a resident who had recently won an award and a prize for their artwork in a regional competition, and a resident who was enjoying the extra time to catch up on their collection of TV series boxsets. Some residents did their grocery shopping individually and took turns splitting up the household jobs and preparing the dinner. The residents and staff also enjoyed coming together in the house to order in food from local takeaways and restaurants at weekends.

The concerns, suggestions and commentary of residents on the running of the house made up a meaningful portion of house meetings and provider inspections, to ensure that resident choice and feedback contributed to the quality and effectiveness of the service.

Capacity and capability

Overall the inspector found that the services provided in this centre were providing safe and effective care and were supporting the residents in accordance with their assessed needs, choices and interests.

Residents were supported by a person in charge and support team who were suitably qualified and experienced to meet the assessed needs of the residents. During the day, the inspector observed friendly, positive and supportive interactions between residents and staff, and staff displayed a good knowledge of each person’s preferences, choices, hobbies and personalities. Each resident had a keyworker with

whom they got along well. Through speaking with the residents and reviewing records of meetings with these keyworkers, the inspector found evidence of residents being well supported to achieve and progress towards their personal goals and discuss things which might be worrying them.

There were no staffing vacancies at the time of inspection. A review of staffing rosters indicated a good continuity of staffing during the recent social restrictions, with a minimal use of relief staff and no requirement to avail of staffing through an agency. Hours of shifts were clearly recorded, as well as shift changes due to holidays or sick leave. Of a sample of personnel files reviewed, all contained the documentation required under Schedule 2 of the regulations, including evidence of qualifications and vetting by An Garda Síochána.

There was a robust structure for the supervision of staff by their respective line managers. Regular performance appraisals took place in which goals and objectives were outlined for people to develop further in the role or address areas in need of improvement, with a time-bound action strategy on how their manager can support the achievement of same.

All staff were up to date in mandatory training including fire safety and safeguarding of vulnerable adults, and staff had also attended training in delivering effective support for the assessed needs specific to residents living in the house.

The inspector found evidence of effective and regular oversight and engagement of the designed centre by the service provider. The provider had completed the annual review of the service in November 2019, followed by an unannounced visit to the service in April 2020. These reports identified that overall the service was providing safe and effective support for residents, and where areas in need of improvement were identified, it was done with a measurable time-bound action plan, including follow-up notes indicating the progression and achievement of these actions. As part of the evidence gathered for these reports, residents provided their commentary, suggestions or concerns on the service and this feedback was incorporated to ensure the residents' voice was heard on the running of their home.

The person in charge of the service attended meetings with the provider management and their counterpart in other centres, to share learning opportunities, raise concerns related to ongoing issues, and be advised on updated guidance and directives related to the management of the COVID-19 pandemic which was then disseminated to staff and residents.

The centre maintained a complaints procedures and a record of written and verbal complaints raised in the designed centre. For each entry there was a clear record of engagement with the complainant, actions taken to resolve the matter and a note of whether the outcome was satisfactory. Residents told the inspector that they would be comfortable making a complaint if necessary and were assured that the matter would be taken seriously.

Regulation 15: Staffing

Residents were supported by a suitably qualified and experienced team of staff who were experienced and knowledgeable on residents' support needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were suitably trained to carry out their duties and support the residents in line with their assessed needs. There was a structure of supervision arrangements to support staff members in developing their skills.

Judgment: Compliant

Regulation 23: Governance and management

The provider had an auditing system and reporting structure in place which provided sufficient oversight of this designated centre to ensure that this service was suitably resourced and appropriate to support the needs of the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications regarding adverse incidents to the chief inspector within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were facilitated and encouraged to use the complaints process when needed. Formal and verbal complaints made by residents were addressed in a timely fashion by the provider.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the person in charge and their team were striving to ensure that the quality of the service was person-centred and suitable for the residents' assessed needs. The residents were encouraged and facilitated to exercise choice in their activities, outings and routine, and encouraged to raise any concerns or feedback with staff.

The inspector reviewed a sample of comprehensive needs assessments which clearly identified each resident's personal and clinical support requirements, preferences and interests, and level of independence on aspects of daily life such as household chores and managing money and medicine. From this, the provider had developed a detailed and person-centred support plan for each resident. These plans were reviewed regularly or as required, and was discussed and developed with input from resident and relevant allied health professionals. Where there was a change in personal support planning, this was communicated to staff through team meetings and handovers to ensure staff were provided the most up-to-date guidance on providing quality support and helping residents achieve personal goals, participate in hobbies and pursue employment and education opportunities. Residents had been engaging regularly with their doctor and health professionals remotely during recent months. If a resident refused to avail of an advised treatment or intervention, this was respected and relayed to the relevant professional.

The person in charge and their team had ensured that the residents were facilitated to provide feedback into the running of the house and express their opinions, feedback and concerns. Regular house meetings took place which provided meaningful information on news related to the designed centre, information regarding the global pandemic, and plans for upcoming events and outings. These meetings were also used to plan out what the house would cook or order in for dinner, and who was responsible for organising it, as well as splitting up the household chores in their home.

Residents were provided advice and guidance on how to keep themselves safe. One-to-one meetings between residents and their respective keyworkers provided a meaningful opportunity for residents to talk about what was upsetting them and plan together on how to best alleviate the concern. The inspector spoke to residents and staff about examples of things that were bothering residents and how the plan would change over time to be as effective as possible in keeping everyone safe. The inspector found evidence of resident safety being well-balanced against residents' choice, autonomy and positive risk-taking being respected.

Residents had detailed and person-centred plans for how to proactively identify and respond to situations where residents expressed frustration or anxiety in a way which may create a risk to themselves or others. There were different strategies

outlined depending on the people present or setting, such as in public or in a car. If the interventions employed involved restrictive practices, this was done with clear protocols to ensure it was a last resort option which was the least restrictive option for the shortest duration necessary to deescalate a risk. Restrictive practices were employed with the consent of the resident and with input from the relevant allied health professionals. The inspector reviewed evidence which indicated that where a method of restriction was no longer required, it was discontinued and removed from staff guidance.

The provider and person in charge maintained a risk register which was specific to the house and its occupants, with risk levels analysed and control measures implemented to reduce said risk. A register had been introduced for risks related to the COVID-19 pandemic, as well as for secondary risks such as staff needing to stay off-duty, restricted access to the local community, and a restriction on social outings and visits. All risks were well-managed and control measures updated as national and provider-level instruction progressed. The house was suitably equipped with masks and hand sanitizer, and staff and residents were engaged in social distancing as far as was practical.

The house was suitably equipped to detect and extinguish fire. Doors could effectively contain smoke and flame in the event of fire and the primary evacuation routes were clearly identified with signage and emergency lighting. All equipment was certified and maintained on a regular basis. Both staff and residents had attended sessions on fire safety and were familiar with what to do in the event of an emergency. Regular practice evacuations took place in the house and all residents could safely and efficiently evacuate if required.

Regulation 26: Risk management procedures

The provider maintained risk management policies and a risk register which was centre-specific and reviewed in response to incidents and changing support requirements in the house.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had suitable contingency arrangements for managing the risks associated with the COVID-19 pandemic. The centre was clean and suitably equipped for effective hand hygiene and use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions
Staff and residents had attended training in fire safety and had practiced evacuation to ensure a safe and efficient exit. The designated centre was sufficiently equipped to detect, contain and extinguish fire, and all equipment was certified and serviced regularly.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a comprehensive assessment to establish their support needs. A detailed and person-centred personal plan, providing guidance on how each person is supported in daily life and in the achievement of personal goals, was updated regularly and as required.
Judgment: Compliant
Regulation 6: Health care
Appropriate healthcare was made available for each resident, having regard to that resident's personal plan. The residents had continued to access relevant allied health services remotely during the social restrictions.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents had positive behaviour support plans in place which were kept under review and provided detailed guidance on how to safely support service users. Restrictive practice in the centre was kept under review to ensure that measures in place were the least restrictive option for the shortest duration of time necessary.
Judgment: Compliant

Regulation 8: Protection

Systems were in place to identify and respond to alleged, suspected or actual incidents of abuse. Residents told the inspector they felt safe living in the designated centre. Residents were encouraged and facilitated to raise their concerns with staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed good practices regarding the protection of residents' dignity and privacy. Resident choice led the provision of support and all residents had a substantial say in the running of the house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant