



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

Issued by the Chief Inspector

Name of designated centre:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0030314

About the designated centre

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

Dreamwood aims to provide 24-hour care to adults, both male and female, aged 18 years of age and older, with a wide range of support needs. These needs include those relating to intellectual disabilities and autism. Up to five residents can live in the centre at any one time. Each resident has their own bedroom. The centre consists of a two-storey house and a converted garage. There are two bedrooms with en-suite bathrooms, and two self-contained apartments, in the house. Communal areas include a large kitchen / dining room, living room, sun room and sensory room. Each apartment has a bedroom with an en-suite bathroom, sitting room and kitchenette. The converted garage contains a bedroom with an en-suite bathroom, a sitting room and a dining room / kitchenette. The centre is in a rural location. Vehicles are allocated to the centre to support access to the community. Individual supports are provided in accordance with pre-admission assessments and continuous multi-disciplinary review. Residents can access the services of a variety of multidisciplinary professionals including a psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. A dietician will be engaged if needed. Staff in the centre use a social model of care which endeavours to mirror a home environment while also providing support in all aspects of care to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 13 July 2021	09:30hrs to 17:00hrs	Laura O'Sullivan	Lead
Tuesday 13 July 2021	09:30hrs to 17:00hrs	Caitriona Twomey	Support

What residents told us and what inspectors observed

This inspection of Dreamwood designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspectors in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn throughout the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents of the inspection.

Inspectors were welcomed to the centre by the person in charge and two senior management staff. Protocols in line with public health advice and the centre's own policies regarding infection prevention and control were followed. Inspectors were shown the communal areas of the two-storey house and were provided with a room to review documentation and meet with staff members.

On the day of the inspection there were two residents living in the centre. Due to each resident's assessed needs and preferences, they lived in self-contained apartments and did not interact with each other at any time.

In the three weeks prior to the inspection, one resident's presentation had changed significantly. They no longer wished to access the community, were refusing to take their prescribed medication and did not want staff in their home. As a result staff interactions with this resident were minimal, often consisting of very brief interactions when dropping off meals and offering medication. From the records reviewed regarding the month of July, the time that staff engaged with this resident during the day ranged from six to 57 minutes. This resident had access to a telephone and at times called staff requesting specific foods which were then delivered. Staff also attempted to initiate interactions on the telephone but from the records reviewed, most of these calls were not answered. In light of these circumstances, inspectors did not meet with this resident and were unable to see their apartment. The resident was aware that inspectors were on site and available to meet with if they chose.

The other resident was in bed at the time the inspection began. This resident had a set routine that they followed. Any events outside of this routine such as unfamiliar people, could be challenging for this resident. Inspectors observed this resident walking on the grounds of the centre in the company of staff. A tutor provided two to three hour long sessions, a few times a week and was present on the day of inspection. In discussion with the person in charge it was agreed that time with their tutor would be of more benefit to this resident than meeting with the inspectors who were unknown to them.

Both residents had been attending school in recent months. One resident was awaiting state exam results. The end of the school year was believed to be a contributing factor to the change observed in one resident and while numerous and

various attempts had been made to engage them in other meaningful activities, to date these attempts had not been successful. In the past this resident had been independent in many areas of their life and when living in another centre had accessed the community independently. This resident had previously expressed a wish to attend third level education and to get a job in the area they were from but these stated ambitions had also changed in recent weeks. As noted previously, a tutor had been sourced for the other resident and visited the centre regularly. The staff team had been successful in increasing community based activities in line with this resident's personal plan. Due to the importance of routine, structure and predictability to this person, any changes made had to be done gradually and sensitively. This approach was effective and clear progress had been made in increasing both the time spent in the community and the number of activities they participated in.

There was a large staff team present in the centre. The level of staffing assigned was in line with the provider's assessment of both residents' needs and the supports required to ensure staff safety. It was noted in some documents that the number, and possibly the gender, of staff allocated to one resident may be a contributing factor to their low levels of engagement. While a number of staff knew the residents support needs and preferences well, it was acknowledged by management that there was a high staff turnover in the centre. A staff retention plan had been initiated and it was hoped that this would support the establishment of a consistent staff team for the residents.

It was explained from the outset of the inspection that efforts were underway to find an alternative placement for one resident and to discharge them from the service. Management explained that this resident had repeatedly expressed their wish to no longer live in this centre or receive services from this provider. There had been a high frequency of significant incidents, followed by a more recent period where this resident had disengaged from both direct support staff and multidisciplinary professionals. As a result, the provider had concluded that they could no longer meet this resident's needs. Despite this, at the close of the inspection, management expressed a hope that the current ongoing efforts would result in a positive change and this conclusion could be reassessed. The provider had ensured that all possible measures to support the resident were in place.

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 to each resident living in the centre.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Dreamwood and overall a good level of compliance was evidenced.

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents. The appointed individual also had a good knowledge to the needs of the service users.

The person in charge; whom was supported in their role by two appointed deputy team leaders, reported directly to the director of operations. The person in charge was based in the centre which enabled them to have a thorough and up-to-date knowledge of residents' needs. Key duties were set out for the appointed person in charge including the supervision of staff, and the overview of action plans. Clear communication was evident between the team through regular face to face meetings and the implementation of a governance matrix and regulatory compliance reviews.

Overall, good management systems were in place. The provider had adequately resourced and staffed the service. Management systems ensured that all audits and reviews as required by the regulations were completed. The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in December 2020. The most recent unannounced visits to the centre was completed in February 2021. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that had been identified. The person in charge and director of operations completed regular reviews of action plans to ensure all actions were completed within the assigned time line.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. Leadership was provided to the team through daily handovers, team meetings and supervision. An inspector reviewed a sample of supervision records which showed that staff's daily experiences of working in the centre, and relevant policies and procedures, were regularly discussed. The provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. As referenced in the previous section, a retention plan had been put in place following the identification of high staff turnover. This included changes to who interviewed staff, ways of sharing key information among the team, and the provision of resident specific training days.

The registered provider had ensured that a signed agreement of service provision was in place for each resident. However these were generic in nature and did not reflect the service provided to each resident, reflective of their individualised support needs. Whilst these were currently under review by the provider two versions were present and it was unclear which version was in use.

Regulation 14: Persons in charge

The person in charged was a full-time employee and was based in the centre. They

had the required qualifications, skills and experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing was provided in the centre in line with the number and assessed needs of residents. A sample of staff files were reviewed and contained the required documents as outlined in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training. Staff were receiving regular supervision sessions in line with the provider's policy. The person in charge was based full-time in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place and included the required information for the current and previous residents of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was in place within the centre. Overall, good management systems were in place. The provider had adequately resourced and staffed the service. Management systems ensured that all audits and reviews as required by the regulations were completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that a signed agreement of service provision was in place for each resident. However these were generic in nature and did not reflect the service provided to each resident reflective of their individualised support needs. Whilst these were currently under review by the provider two versions were present and it was unclear which version was in use.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose had been recently reviewed and was available in the centre. Some minor amendments were required to reflect the recent change in the centre to providing services to adults.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Overall, required policies were available in the centre and had been reviewed within the prescribed time frame. Clarity was required with respect to the presence of all required policies. This included the required policy on the monitoring and documenting of residents nutritional intake.

Judgment: Substantially compliant

Quality and safety

It was evidenced during this inspection that the service afforded to the residents currently residing within Dreamwood was person centred in nature. The staff team and governance were respectful of resident's rights. Where a resident had identified that they no longer wished to reside in the centre, actions had been commenced to transition the resident to a service of their liking, whilst ensuring the safety of the residents was promoted. This was an ongoing issue, which was supported by the multi-disciplinary team and external advocates.

Each resident had a comprehensive personal plan in place. These plans incorporated

a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including positive behaviour support and occupational therapy. Each resident was supported with goals, ranging from sensory sessions to social activities, taking into account their transition from childhood to young adult. Through completion of a regular personal plan review and keyworker meetings, there was evidence of the progression of goals for one resident. As stated previously one resident had chosen not to interact in community activities at present. Staff continued to offer a choice of activities daily. Staff ensured this resident was activated in their home through DVD's, music and their computer tablet. Task analysis was used to promote skills training in the centre and to promote lifelong skills such as cooking and laundry.

Healthcare plans were in place for all areas of need identified. The implementation of physical and mental health support plans presented a challenge for staff supporting one resident. For example, it was not possible to know how much the resident was eating or drinking as they spent the majority of their day alone. In line with this person's disengagement from staff support, they were also not engaging with any forms of health monitoring such as being weighed or temperature checks. In response to this, recording sheets had been developed to record what food and drinks were provided to this resident and, where possible, staff's assessment of what had been consumed. Similarly, given the low levels of interaction and time spent together, staff's ability to accurately monitor the resident's mood was compromised. There was evidence that regular updates were provided to relevant healthcare professionals, and of regular reviews and recent visits to the centre by these professionals.

The registered provider had effective systems in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with the appointed designated officer, for guidance and support. The intimate care supports needs of each resident was documented within each personal plan, in a respectful and dignified manner.

Both residents had a behaviour support plan. There was evidence of regular review of these plans in line with the residents' changing needs. The use of restrictive practices was included in one plan reviewed. The person in charge informed inspectors that staff practiced restraint techniques daily to ensure that they maintained this skillset. A two-day training session, specific to the needs of one resident, had recently been provided to staff working in the centre. In addition to addressing current support needs and challenges, this training also included information for staff about the resident's history, abilities and strengths.

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual. However a number of risks required review to ensure the risk rating assigned reflected

accurately the current risk. To ensure the safety of an individual when staff were not present, visual checks were completed every thirty minutes. A manager informed inspectors that consideration had also been given to the installation of closed-circuit television (CCTV) cameras in this part of the centre. Inspectors were informed that due consideration would be given to the resident's rights and the organisation's own policy prior to installation. This resident had access to an advocate and had recently chosen to re-engage with their court appointed guardian, with a visit planned for the day following this inspection.

This inspection took place during the COVID-19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere to in a suspected or confirmed case of COVID-19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene, ensuring adherence to these guidelines.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents were supported to transition between residential services or leave services through the provision of information and appropriate supports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that a risk management policy was in place. While comprehensive individual risk management plans were documented, these required review. The risk posed by an identified hazard was not always clear. A number of documented control measures and risk ratings were not reflective of the current situation in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection were protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

Healthcare was provided to each of the residents in line with their assessed needs and personal plans. A range of allied health professionals were available and providing services in the centre. Where a resident was refusing treatment, their medical practitioner was aware and was providing additional support and oversight to the resident and the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Both residents had behaviour support plans in place that were regularly reviewed and updated to reflect any changes. All staff had up-to-date training in the management of behaviour that is challenging. The restrictive practices in place in the centre had been implemented and reviewed in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured effective measures were in place to protect residents from all forms of abuse. Where an identified risk was present, the provider had ensured measures were in place to address this and review as required.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the designated centre was operated in a manner which respected and promoted the rights of the residents. Residents were supported to avail of advocacy services as required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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

Compliance Plan for Dreamwood OSV-0007290

Inspection ID: MON-0030314

Date of inspection: 13/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: PIC to review the Contract for the provision of service for each Resident to ensure it is individualised and reflective of the Residents needs (30.08.2021)</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: PIC to review the Statement of Purpose (SOP) of the Centre and amendments made to reflect the recent change in the centre to providing services to adults. (completed 20.08.2021)</p>	
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: Policy on Nutritional intake was reviewed. This policy now includes the monitoring and documenting of residents nutritional intake. (Completed 12.08.2021)</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC to complete a review of all Individual Risk Management Plans (IRPM) to ensure all control measures are clear, concise, and reflective of the risks in the Centre. (30.08.2021)</p> <p>PIC to discuss all updated Risk Management Plans(IRMP) in team meeting (30.08.2021)</p>	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/08/2021
Regulation 03(2)	The registered provider shall review and, where	Substantially Compliant	Yellow	20/08/2021

	necessary, revise the statement of purpose at intervals of not less than one year.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	12/08/2021