



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

Issued by the Chief Inspector

Name of designated centre:	Winterfell
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	14 December 2021
Centre ID:	OSV-0005350
Fieldwork ID:	MON-0027198

About the designated centre

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

This centre provides full-time residential support for up to four male adults. The centre supports individuals who may require support with mental health, intellectual disabilities and/or acquired brain injuries. The centre is a detached dormer style house split over two floors. Each resident has their own bedroom decorated to their own choice. There is a large garden to the back of the property. Some residents attend a formal day service and some residents plan their activities on a daily or weekly basis in line with their own wishes. Transport is provided so residents can access their local community. The centre is staffed on a full time basis by social care staff with one staff on duty at night for a sleepover shift. The person in charge is supported by a team leader in order to ensure effective oversight of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 14 December 2021	10:45 am to 6:45 pm	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During the day, the inspector had the opportunity to meet with all residents currently living in the designated centre as well as observe interactions between residents and staff and review the record of ongoing resident engagement. Some residents filled out questionnaires prior to the inspection while other preferred to speak directly with the inspector to discuss their experiences in the house.

The residents had been advised that an inspector would be visiting their home and one resident showed the inspector around the house. The inspector was also invited to have lunch in the kitchen with the residents where they chatted about their work, family news, hobbies and community activities. The inspector also spoke with residents in private space. Overall the residents liked the house and the regular staff, and were kept up to date on news and events in the centre and in the local community.

At the time of the inspection, the service was preparing to admit a new person into the house. All of the existing residents had had the opportunity to get to know their new housemate who had visited, met the residents, got a takeaway together and taken a trip to the zoo. All the residents said that they were looking forward to living together. The vacant bedroom was set up with the new person's furniture, belongings and clothes, ready for them to move in later in the week.

The residents were supported to decorate and personalise their bedrooms how they wished and the communal areas were homely and comfortable, with a Christmas tree and decorations put up in the living room. The residents had free access to all areas of their home, and all office spaces were separated from the resident living space. There were suitable bathroom and kitchen facilities available and residents were observed making their lunch with minimal or no support from staff. To the rear of the house was a large enclosure in which one resident looked after their pet rabbits.

The residents came together weekly for house meetings. In these they were provided news and updates including upcoming events, and the status of the COVID-19 pandemic and the associated social restrictions. The meeting was also used to plan out the dinners for the coming week with each resident getting their days to choose, and to divide out the household chores. Residents also had one-to-one meetings with their keyworkers to raise concerns or plan out the next stages of their personal objectives.

Residents were involved in work opportunities, social groups, gardening allotments, talent competitions, creative writing, sports, swimming and going to the gym. Residents had access to two cars belonging to the house to attend their appointments and social engagements, and there was a nearby bus route available as well. This allowed residents with assigned direct support staff to come and go as they wished. However, a resident who did not have specific staff due to their

assessed level of independence commented that as the weather got colder and the days got darker in the winter, this had an impact on their ability to come and go from the house unless another resident was travelling in their car or an extra staff member was available on-site to drive them. This resulted in the resident feeling bored, and isolated in their home on days on which they could not safely travel along the road in their wheelchair. A resident also commented that trips in the community were less frequent, long and varied compared to how they used to be. While residents got along well with the regular staff, they did not like when they were supported by staff with whom they were less familiar.

The inspector observed a relaxed atmosphere in the house and a friendly rapport between the people living and working in the designated centre. The inspector observed good examples of how residents' feedback and experiences had improved following a review of housemate compatibility in the past year. From this, some people were supported to relocate to services which were more suited to their needs during 2021, which resulted in the residents who remained feeling more comfortable and satisfied with their living arrangements. Examples were observed through the day on how support delivery was achieved in a manner which encouraged independence and averted restrictive practices.

The next two sections of this 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 inspector found that this designated centre was appropriately resourced, managed and governed, led by a service provider which maintained oversight of the service operation. The provider conducted comprehensive audits and reviews of the service to identify good practices and areas in need of improvement to ensure and maintain the quality and safety of resident support. Some improvement was identified to ensure the availability and continuity of staff, with some measures being taken which were already in progress during this inspection.

The service had recently completed a recruitment campaign and at the time of inspection had a full complement of staff. The service also had a complement of regular relief personnel to cover annual leave and other absences. In reviewing eight weeks of staffing rosters, the inspector found that while the house was always fully staffed, the assigned relief staff combined with a backup relief panel had not always been sufficient to ensure that shifts were filled. This required five different staff contracted to work in other designated centres to work shifts in this house to make up the numbers. Residents commented that they preferred not to be supported by staff they did not know very well. One resident without designated staff support commented that staff were not always available to support them to go

into the community on days where they could not safely go alone, with their access contingent on their peers travelling somewhere, or supernumerary staff being available on-site to drive.

The inspector reviewed a sample of personnel files and found them to be complete. Staff on the core and relief teams were supported to stay up to date on their training requirements. The inspector reviewed a sample of supervision and disciplinary records and found these to be detailed in ensuring the safety, skills and quality of resident support. The inspector observed resident support being led by a committed team of staff led by appropriate management personnel, all of whom evidenced a good rapport with residents and knowledge of their support needs.

Improvement had been made in the pre-admission process to evidence how the provider was assured of the compatibility of incoming residents with existing people. Since the previous inspection, two service users had transferred out of the designated centre, and two people had transitioned into the service. The inspector reviewed a timeline of introductions to the house, staff team and existing residents. This included moving belongings into the house to be ready for them, going on day trips with the other residents and having dinner together to get to know them. The inspector spoke with all three current residents about this, who had met their incoming housemate and predicted that they would get along well with them.

Residents were encouraged and supported to raise complaints and feedback regarding their support. The inspector found evidence of where action had been taken to address these and return the outcome to the resident. Some improvement was required to ensure that complaints raised in keyworker sessions, complaints addressed in-house, or complaints made multiple times on the same issue, were consistently recorded in line with centre procedures and captured in the trending and analysis collated at provider level.

Regulation 14: Persons in charge

The person in charge worked full time between this and one other designated centre. They held a qualification in the management of people, and were experienced in management and supervisory roles.

Judgment: Compliant

Regulation 15: Staffing

Some review was required to the designated and supplementary relief staffing arrangements to ensure they were sufficient to mitigate the impact of vacancies and absences on the continuity of support, and did not require staff to transfer from other centres to fulfil shifts. Some review was required to provide assurance that

staff were available to support the resident to access the community on days when resident independent access was impacted.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff supervision, support, disciplinary processes and training in required skills were appropriate and provided ongoing team learning to enhance support delivery.

Judgment: Compliant

Regulation 23: Governance and management

The provider had measures in effect to ensure effective oversight of the centre operation and the safety and quality of resident support. The provider conducted detailed audits to identify good practice and areas in need of development which resulted in time-bound improvement planning. Service reviews took into account the experiences and feedback of the residents and their representatives.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been major improvement in admission processes since the previous inspection to ensure that resident compatibility was assured, and that new residents were appropriately introduced to existing residents before they moved into the designated centre. All residents had signed an agreement with the provider outlining the terms of their residency.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted information on notifiable events and practices to the chief inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Some improvement was required to ensure that the complaints raised in house meetings and keyworker sessions were included in the oversight of complaints trends and analysis by the provider.

Judgment: Substantially compliant

Quality and safety

The inspector observed good examples on this inspection on how residents were supported to be independent, receive support in accordance with their assessed needs, and be protected from identified risks. Some review was required to ensure that personal plans and risk assessments were complete and up to date, but overall staff were provided clear guidance on meeting residents' needs and keeping them safe in a non-restrictive environment.

The house and vehicles were clean and well-maintained. Emergency routes in the house were equipped to be safely contained in the event of a fire, featuring lighting, maps and signage to escape. The provider had evidence of how they were assured that residents and staff could achieve a consistently swift evacuation in an emergency, including in scenarios of higher risk. The house was equipped with suitable waste management, cleaning equipment and infection control supplies which were all readily available, yet stored in a manner which did not impact on the homely appearance of the premises.

The house was equipped with hand sanitising dispensers, and staff wore appropriate personal protective equipment in the house. Mops and buckets which were stored clean and dry when not in use. Staff monitored the temperature and symptoms of visitors to safeguard themselves and residents from COVID-19.

Residents had support plans and guidance which were person-centred, detailed and contained relevant input from the residents and their healthcare supports. Comprehensive needs assessments took place at least annually. Of the sample of plans reviewed, the inspector found some minor examples of where supports were described which were no longer relevant, or where support plans did not correspond to the most recent needs assessments. Some risks had been identified for individual residents which had not been assessed, risk rated or had control measures clearly established. Some of the residents' personal development goals were noted as not started or not progressing in accordance with the planned time frames, with their progress notes unclear as to why they hadn't started or what new target date was

planned. Other goals were listed as achieved where they had actually been cancelled or not been successful. However, plans overall directed resident support to keep people safe, including safeguarding residents from risks related to their behavioural presentation, supporting residents through difficult personal challenges, and staying safe online and in the community.

Where residents expressed frustration or anxiety in a way which created a risk to themselves or others, staff were provided clear and evidence-based strategies to deescalate incidents. Where some residents were prescribed physical interventions as last resort measures, plans clearly specified which types of behaviours did, and did not, warrant the use of these, and de-escalation measures which needed to be exhausted before using restrictive practices. The designated centre featured low levels of environmental restrictive practices, and where each measure was introduced, the provider set out strategies to be assured that they were the least restrictive option to control each identified risk. The person in charge was required to submit evidence every month to an oversight panel to justify the continued use of each measure, and the inspector found examples of where restrictions had been removed or lessened based on trends of incidents and up-to date risk assessments.

Adverse incidents were recorded in detail, and learning was taken for future reference from all events and allegations. Where safeguarding concerns arose, the provider took short-term action to protect the resident during their investigation, and there was evidence of how the outcomes of these investigations were used to drive quality improvement going forward. The provider engaged with outside parties in a timely fashion where relevant, including the Health Service Executive safeguarding team, the office of the Chief Inspector, and An Garda Síochána.

Residents were encouraged and risk-assessed to manage their medication independently, and for each resident an appropriate level of support was established based on these assessments. In reviewing medication practices in the service, the inspector found that all storage, administration and record-keeping was appropriate, and that all prescribed medicines were readily available, including emergency intervention medicines, PRN medication (administered only when required) and medicines with additional security protocols.

Regulation 17: Premises

The premises of the designated centre was of a suitable size and layout for the number and needs of residents and was kept in a good state of maintenance.

Judgment: Compliant

Regulation 26: Risk management procedures

Some risks had been identified for residents which had not been risk assessed with control measures outlined to mitigate the respective hazards.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The centre was clean and well maintained. Protocols around storage, personal protective equipment, hand hygiene and COVID-19 risk precautions were appropriate and effectively managed.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to contain flame and smoke, and had an addressable alarm system, emergency lighting, maps and signage to support an effective evacuation. Evidence was available on how the provider was assured that staff and residents could efficiently and consistently evacuate the house without delay.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Procedures and instructions regarding the prescription, storage, administration and recording of medicines was clear and appropriate. Residents were supported to be independent in managing their medication in accordance with their assessed needs.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident support plans were detailed and person-centred with suitable input from the residents and their healthcare professionals. Some improvement was required to ensure that life development goals commenced or were progressing in accordance with the established time frames. Support plan review required minor improvement to ensure that obsolete information was removed from support plans where no

longer required.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
The provider had established clear and evidence-based guidance on keeping residents and staff safe during incidents of distress or frustration. Where physical interventions were prescribed, it was clear and specific on which scenarios they were not to be used in, and which measures to use prior to deciding to use restraint. All environmental restrictive practices were subject to regular review to justify their continued use with current evidence and risk assessment.
Judgment: Compliant
Regulation 8: Protection
Residents were supported to stay safe at home, online and in the community. Where safeguarding concerns arose, the provider took appropriate short-term and long-term action to ensure the safety of the residents and others, and set out learning to prevent re-occurrence.
Judgment: Compliant
Regulation 9: Residents' rights
While the provider had measures in effect to keep track of how often one of the residents was getting out of the house, it had not resulted in them being satisfied with the quality and variety of their access to the community and transport on days when it was not suitable to travel by wheelchair, or helped with their feeling of boredom and inactivity at times in the house.
Judgment: Substantially 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	Substantially 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Winterfell OSV-0005350

Inspection ID: MON-0027198

Date of inspection: 14/12/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Centre has a full staff compliment that meets the assessed needs of the Service User's supported. Relief staff have been recruited to support in the centre should staff be absent for any reason. Completed 14/12/21</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure has been reviewed with all staff working in the Centre through the team meeting on the 18/12/21, this review including educating staff on what constitutes a complaint Completed 18/12/21</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC has reviewed risk management procedures within the Centre to ensure that all risks were identified in each individual's risk management plan, these plans are reviewed following any adverse incident or no less than three monthly as per Risk Management Policy. Completed 31/12/21</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Comprehensive needs assessments are completed yearly for each Service User these have now been reviewed and updated by the PIC to ensure all needs and control measures to support the Service User have been identified. Completed 31/12/21</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Any complaints made have been escalated to the complaints department and the PIC has worked with the Service User to resolve same to each person's satisfaction. Completed 31/12/21</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	31/12/2021

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/12/2021
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	31/12/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended	Substantially Compliant	Yellow	31/12/2021

	following a review carried out pursuant to paragraph (6).			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2021