



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:	Announced
Date of inspection:	02 July 2024
Centre ID:	OSV-0005302
Fieldwork ID:	MON-0034896

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 up to six adult male and female residents in a rural area of Co. Kildare. The property is a two-storey detached house which includes a self-contained apartment, and second standalone apartment adjacent to the main house. The centre supports a wide range of needs including autism, intellectual disability, acquired brain injury and mental health issues. 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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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 July 2024	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision.

There were six residents on the day of the inspection, and the inspector spent some time with five of them as one person chose not to interact with the inspector, although they did say that the inspector could see their room. The inspector also spoke to three staff members, reviewed documentation and made observations about the daily operation of the designated centre.

On arrival at the centre, one of the residents came out to greet the inspector, and had been informed about the inspection and the purpose of it. The resident very clearly outlined their preferences for interactions with the inspector, and these preferences were respected.

Other residents were going about their morning routines, and some were preparing for activities and some had already gone out. The inspector met one of the residents as they were heading out in the car for an activity, and they interacted with the inspector briefly in their own way. The inspector observed that they were smiling and appeared to be looking forward to their outing.

The inspector conducted a 'walk around' of the designated centre, and found that it was spacious and well maintained. There were sufficient shared spaces and personal spaces to meet the needs of residents. Two residents had self-contained apartments, one within the main building, and one adjacent. Each of the others had their own bedroom, and each of these was furnished and decorated according to their preferences.

Three of the residents had a chat with the inspector, and it was apparent that they were comfortable in their home, and that they were supported to make choices and decisions about their daily lives. One of the residents said that they were happy in their home, and that it was much better than their previous house. They described various activities that they were engaged in, including doing voluntary work, and beginning work experience in the local town. They described local community groups that they were involved in, and also spoke about pastimes that they enjoyed at home.

All of the residents said that they liked living in this house, and that they felt safe. They knew who to approach if they had a problem, and how to make a complaint. One of the residents spoke about issues that were personal to them, and explained that they felt very well supported by their staff.

One of the residents explained the arrangements in their apartment at length to the inspector, and was very clear about the arrangements of their personal items. It was evident that the resident was supported to make decisions about these

arrangements.

Staff had covered some of the issues relating to human rights in their training, and some had completed human rights-based training. Further training was being planned by the organisation. However, all staff spoke about the importance of supporting the rights of residents, and could give examples of supporting choices, and of respecting the dignity and privacy of residents. For example, all residents had keys to their own rooms or apartments, and chose who to invite into their personal spaces. They were supported to make their own decisions, even if those were sometimes unwise decisions, and staff ensured that these were informed choices by making all relevant information available, and by discussing the potential outcomes of decisions with residents.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was supported by a shift lead manager every day.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by a person in charge and shift lead manager.

All required documentation was in place and was regularly reviewed.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. They had oversight of two designated centres, and spent approximately half of their time in this centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support

needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

The inspector spoke to the person in charge and two staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were familiar with the healthcare needs of residents, their routines and activities and the various ways in which residents communicated.

Residents spoke positively about staff, and said that they felt supported by them, and that they would go to them if they had any concerns. One of the residents particularly mentioned their key worker, who they said they had a good relationship with.

The inspector reviewed three staff files and found that they contained all the information required by the regulations, including current guarda vetting.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date and included training in fire safety, safeguarding, behaviour support and infection prevention and control. Additional training had been undertaken in relation to the specific support needs of residents including the support of people with autism.

Staff were appropriately supervised on a daily basis, by the person in charge and their deputies. Formal supervision conversations were held twice a year, and the inspector reviewed the records of three of these conversations. These sessions include a detailed discussion, and the identification of any actions required or requested. A schedule of supervision conversations was maintained, and this was up to date.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. There was a person in charge and their deputy in the centre, and a shift leader manager on duty each day.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. Any required actions identified during these processes were monitored until complete.

There was a schedule of audits in place, including audits of person-centred plans, restrictive practices and the management of behaviours of concern. A sample of these audits reviewed by the inspector found that they were detailed and included comments to support the findings. Any required actions were monitored via a quality assurance system, and were overseen by the person in charge until completed.

A 'governance matrix' was submitted on a weekly basis to senior management, so that it was clear that there was effective oversight of the quality and safety of the care and support offered to residents.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. There had been very few incidents in the year prior to the inspection, and a review of the records assured the inspector that each incident had been well managed, and that a report was made to senior management for oversight.

Regular staff meetings were held, and a record was kept of the discussions which included accidents and incidents, risk management and the care and support of residents. The records of these meetings was emailed to the staff team to ensure that those not in attendance were aware of the discussions and any required actions.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the information required by the regulations, and described the service offered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were submitted to HIQA within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. The procedure had been made available in an easy-read version.

Any complaints were recorded and remained open until resolved. The records over the year prior to the inspection included only one complaint, and this issue had been addressed and resolved, and there was a written response to the person who made the complaint. Residents could describe to the inspector how they would make a complaint, could name the people responsible for the oversight of complaints.

There was also a record of any compliments received by the designated centre, and these included compliments about the care and support of residents, and on one occasion about the support offered to a resident who went to visit family living abroad.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, based on detailed assessments of needs.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Healthcare was effectively monitored and managed and residents were offered positive behaviour

support if required.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines, and a detailed contingency plan was in place to guide staff in the event of an outbreak of an infectious disease. There were risk management strategies in place, and all identified risks had effective management plans in place.

The rights of the residents were well supported, and they were consulted with about all aspects of their lives and the operation of the designated centre.

Regulation 13: General welfare and development

Residents were involved in a range of different activities both in their homes and in the community, in accordance with their preferences. Residents told the inspector about various activities and outings, including concerts and days out, and also spoke about further outings that were planned in the near future.

Many different leisure activities and hobbies were taking place at home as well as outside the centre. One of the residents was particularly interested in art, and had a small studio set up in a small garden cabin, and they showed the inspector some of their work, which they were clearly very involved in.

A record was kept of the activities each resident engaged in, and these records included information about the response of the resident to the activity, in terms of their engagement or enjoyment.

Judgment: Compliant

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room or apartment. There were also various communal areas including two living areas and a sunroom which was utilised by some residents for home-based activities.

There were spacious outdoor garden areas for the use of residents, and one of the residents had an external cabin for their artwork activity.

All of the required actions agreed following the previous inspection had been

completed. The inspector observed some damaged worktops in the kitchen, and the person in charge provided evidence that this had been identified, and that there were plans in place to address the issue, including timeframes which indicated that the improvements were planned for the month following the inspection.

The inspector questioned the double use of one of the two living rooms as a 'sleepover' area for staff. There were two staff each night who had sleepover shifts, in that they were on duty until 11pm, and slept over in the centre so that they were available on an on-call basis should residents require their assistance. There was a dedicated room for one staff member, and the other staff member converted the smaller living room to a staff bedroom later in the evening. The inspector asked residents if they were affected by this arrangement, and they said that it was fine with them, in that they didn't use that room later in the evening. The inspector was therefore satisfied that this arrangement was functioning well, and requested that the floor plans which go towards informing the decision to renew the registration of the designated centre be updated to reflect the dual purpose of this room. The updated floorplans were submitted by the provider immediately after the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There was risk management policy in place which included all the information required by the regulations.

There was a 'centre risk summary' in place which listed all identified risks in the centre relating to residents, both individually and in their interactions with each other. Each of the identified risks had a detailed risk assessment and management plan which included clear guidance to staff as to how to respond to each risk. For example, there was guidance as to how to support residents who might be vulnerable due to their activity on social media, and for others the risk posed by behaviours of concern. Each of these risk assessments and management plans included a section on the impact that any interventions might have on the rights of residents.

There was also a risk register which included information about generic risks such as environmental risks. The inspector was assured that all risks to residents had been identified and that structures and processes were in place to mitigate the impact.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and well maintained.

There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease. There was a detailed risk assessment in place, and an isolation plan for each resident should such an intervention be required.

Where there had recently been an outbreak of an infectious disease it had been well managed and contained, and there had been minimal impact on residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. Residents explained to the inspector how they would respond if the fire alarm went off.

All staff had received training in fire safety, and the staff who spoke to the inspector could describe the steps they would take in the event of an emergency that required the evacuation of residents. In addition the organisation's fire officer had conducted 'in-house' training in the designated centre which was attended by both staff and residents.

It was therefore clear that all measures were in place in relation to the prevention and containment of any fires, and that residents could be safely evacuated in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of need, and each of them had been regularly reviewed. The assessments included information about each resident's preferences and abilities. The assessments were thorough and included information about all aspects of the required care and support needs of residents.

The inspector reviewed three of the personal plans, and found sections in these personal plans included healthcare, independent living skills and choices, and that each section was detailed and provided clear guidance to staff.

As part of the personal planning process, goals were set with residents, some relating to learning new skills, and others to maintaining independence. Clear action plans towards meeting these goals had been developed, and progress was recorded. One of the residents was working towards international travel, and another was learning skills required to gain independence in managing their own medications.

The personal planning system was effective in guiding staff when providing care and support residents, and in supporting residents in a meaningful life.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed and there were detailed care plans in place in relation to any identified healthcare needs. For example, care plans were in place for the management of epilepsy, diabetes and for skin integrity. The care plans included sufficient detail as to guide staff, and staff could describe their role in providing support to residents in accordance with these plans.

Residents had access to various member of the multi-disciplinary team including a dietician, psychologist, occupational therapy and psychotherapy. Residents had their own general practitioner, and all appropriate screening had been made available to them.

Staff were all in receipt of training in first aid and cardio-pulmonary resuscitation, and first aid equipment was readily available, and checked weekly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, they had access to a multi-disciplinary behaviour support team. At the time of the inspection this support was not required by residents, and there were brief strategies in place to support any minor issues that might arise. These plans were regularly reviewed and the inspector read two of these strategies and found them to be available in sufficient detail as to support staff.

Where some restrictive practices had been identified as being necessary to ensure the safety of residents, these were well defined and there was detailed guidance in

place to ensure that they were applied appropriately, and that they were always the least restrictive required to ensure the safety of residents. They were regularly reviewed by a multi-disciplinary team.

Where restrictions were in place, residents had a 'restriction passport' and residents had signed these passports to indicate their consent. Easy read versions of the information had been made available to residents to ensure their understanding, and the use of any restrictions was recorded on a daily basis.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training and describe their role in protecting residents from all forms of abuse.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents and also to ensure that residents felt safe at all times. For example, where an allegation was raised about a historical situation, supports were put in place relating to the gender of staff offering personal care to the resident to ensure that they felt safe.

Residents told the inspector what they would do if they felt unsafe, or if they had been abused, and named the person they would go to with any concerns. It was clear that systems were in place to ensure the safety of residents, and to support them to raise any issues of concern.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
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