



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:	26 November 2024
Centre ID:	OSV-0005350
Fieldwork ID:	MON-0037244

About the designated centre

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

Winterfell is a designated centre which provides full-time residential support for up to four 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. Transport is provided so residents can access their local community. The centre is staffed on a full time basis by social care staff, with a person in charge who is supported by a deputy and shift manager 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:	4
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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 26 November 2024	10:15hrs to 17:45hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to have one-to-one conversations with all four residents in this designated centre. Residents spoke to the inspector about their news and hobbies, what they had been doing during the year, their relationships with the staff and their fellow residents, their current goals, and their opinion on the care and support received in this service. In the main, the inspector observed that residents were enjoying a good quality of life and their assessed health and social care needs were being met, and where residents were not satisfied with their experiences in the house, they were supported and encouraged to make their voices heard.

Three of the residents spoke privately with the inspector, with the fourth resident supported by a staff member. Each resident invited the inspector to see their bedrooms, and showed examples of how they had personalised their living space to be unique to them. For example, residents showed off furniture they had bought or built, how they had decorated their living space for Christmas, and their personal collections of movies, music or video games. Residents were facilitated to use the kitchen and living room areas as they wished, while also having individual lockable space in which they kept their own personal groceries such as coffees and teas. One resident baked lemon cakes during the inspection which they shared with the staff and inspector. One of the residents went to the cinema with their staff member in the afternoon after meeting with the inspector. Another resident had returned from buying and selling items in shops, and brought home some board games for the residents and staff to play.

Some of the residents had met the inspector previously and spoke about how things had changed in the centre since the last inspection. Residents commented that in the past year there had been improvements in the atmosphere of the house following changes in peer residents. There had also been a positive change in the staffing allocation which had been of benefit to a resident who did not have full-time staffing to access their community more often and with more flexibility. The residents spoke to the inspector about a recent incident which had upset them in the house. The residents told the inspector they were putting the incident behind them, but knew that they had the right to not tolerate abuse in their home, and could speak up when they were unhappy or upset. The residents also told the inspector about complaints they had made to the staff and management, commenting that they felt confident that they would be taken seriously and result in action being taken.

Residents were supported with personal development objectives related to work, education and skills development. Two of the residents were due to attend a conferring ceremony for a course they had completed in information technology. One resident had completed a certificate course in healthy eating, and another resident had finished a training course for barista work with their next step being seeking work experience in this. One resident had completed their driving theory

test and attained their learner permit, with their current goal being attending driving lessons. One resident had a job doing office work. Residents showed the inspector a photo of their five-a-side football team which had competed in a tournament in the provider group.

Residents demonstrated a good knowledge and understanding of their care and support needs to the inspector, and told him about some of the objectives they were working on related to their health, independence and autonomy. Residents commented on restrictive practices in the house which affected them, and their role and actions agreed to get these phased out. Residents were supported to engage in positive risk taking and objectives related to their personal independence, including residents who took responsibility for managing their medicines, money, and household chores, and residents who were organising holidays abroad and trips away at Christmas. Residents told the inspector about their current needs related to their personal health, dieting, smoking and drinking, and had been supported to understand the impact of their health choices. One resident told the inspector of their success with exercise and weight loss goals.

Residents spoke positively of their relationship with their support team, with one resident telling the inspector that the team are "not on my back, they've got my back". The same resident particularly praised one of the shift leaders, commenting that they "couldn't ask for a better key worker". The inspector observed a casual and respectful rapport and joking between staff and service users throughout the day.

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.

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. At the time of this inspection, the centre did not have a full-time person in charge in place since August 2024 due to a long-term absence. However, the role was sufficiently covered by local deputation and supported by provider-level management to ensure the service operated effectively in the interim period until a new manager was due to fill the person in charge role in December 2024. This inspection was primarily facilitated by the deputy to the person in charge, who had taken on the supernumerary role and was supported by the shift leader.

Staff supervision, incident reporting and oversight and accountability structures had been maintained to ensure the service remained in compliance with provider policy, regulatory requirements, and auditing schedules. The inspector observed examples

of how improvement actions identified following quality reviews had been completed or were in progress. The inspector observed good examples of how staff members were facilitated to raised concerns through team meetings and individual discussions, and evidence of how the interim management was supporting staff members during challenging periods and escalating matters as necessary.

Regulation 15: Staffing

The inspector reviewed a sample of staffing rosters, the statement of purpose and personnel files for staff in this centre. The centre was appropriately resourced based on the assessed needs of the service users, by a knowledgeable staff team with whom the residents had a positive relationship and rapport. Changes in staffing allocation had enhanced the frequency and flexibility with which residents could access the community. The inspector found that contingency staffing resources were sufficient to address shifts affected by absent staff members to maintain continuity of support for residents, and staffing rosters were clearly recorded. Personnel files reviewed on this inspection included information required under Schedule 2 of the regulations including work history, qualifications, and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the quality and safety audits carried out by the provider's quality assurance team, most recently in July 2024. This report was clear in identifying the findings and areas requiring development in adhering to provider policy, ensuring assessments and risk reporting was clear, that the premises was suitably maintained, that medicines were appropriately managed, and that consultation with residents was clearly documented. Where actions were required to address service deficits, specific and timebound actions were set out. The inspector observed examples of these actions being completed and sustained. Resident and front-line staff commentary was invited in these audits.

The inspector reviewed minutes of team meetings in which the staff team discussed recent events and changes in the service or with the residents, actions required following audits, and what short term objectives the team could support residents to achieve.

The inspector reviewed supervision and performance appraisal records for four staff members and observed that these had continued during the absence of the person in charge. These included discussions of where staff needed to improve in their duties, where staff were pursuing new training or courses, and opportunities for staff to raise matters about which they were unhappy or required support. The

inspector was provided information on recent disciplinary matters and conflicts within the team, observing how staff members were being supported by provider level management and offered to avail of employee assistance programmes.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

One new service user had moved into this centre since the previous inspection. The inspector observed from a review of documentary evidence and speaking with the new resident that they had been supported to visit the house, meet their future housemates, and explore the local area over the month prior to being admitted to the service. This had provided the new and existing residents assurance that they would get along together, and provided the new resident assurance that they were satisfied with their new home before they moved in.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed reports of incidents, accidents, practices and concerns occurring in the designated centre through 2024, and found that the provider had submitted notifications where required to the Office of the Chief Inspector within the associated timeframes.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Chief Inspector when the absence of the person in charge had extended beyond the timeframe identified in this regulation.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The arrangements regarding the running of the designated centre and details of who was responsible for the centre during the absence of the person in charge was

submitted as part of the above notification to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the records of complaints raised in or about the designated centre in 2024. This was not limited to matters submitted through the formal complaints process and included comments and feedback made by residents in meetings and in conversations with staff. The inspector reviewed the details of these complaints and observed a clear record of what actions were taken, the conclusion reached, and how the complaints officer was assured that the complainant was satisfied or not with the outcome on the matter.

Judgment: Compliant

Quality and safety

In the main, the inspector observed residents to be in receipt of a service which was safe and suitable for their assessed needs and levels of independence and autonomy, and in which residents' choices were respected. Residents were encouraged and facilitated to pursue meaningful opportunities for work, education, life skills, community engagement and personal relationships. Residents told the inspector that they felt safe and respected in their home, and that if they felt unsafe or unhappy, they could raise issues with their support team.

The inspector observed evidence that residents received advice from clinicians, doctors and allied healthcare professionals. Some personal plans required development to ensure they were tailored to the needs of residents, and incorporated the most recent reviews and contributions from healthcare professionals and consultation with the service user, particularly in plans which were not effective in their planned objective. Staff were provided suitable strategies in identifying and responding to safeguarding or responsive behaviour risks, and strategies were in progress for some environmental and rights based restrictions to move towards a restraint-free environment for residents in their home.

Regulation 12: Personal possessions

All four service users had accounts with financial institutions which were in their name, into which they received their personal income. Residents had access to

associated bank cards, banking applications, and cash money as required. Residents were supported and facilitated to look after their own money and to alert staff to unusual activity.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector was provided evidence from staff and residents, that residents were supported to maintain personal relationships with friends, family members and peers. Residents were supported to engage in meaningful and fulfilling opportunities for education, employment, skills development, recreational activities and social outlets, and to access and participate in their community, including examples referenced earlier in this report.

Judgment: Compliant

Regulation 17: Premises

The inspector conducted a walkabout of the premises and observed the house to be in a good state of maintenance, clean and bright. Each of the residents had a private bedroom and suitable bathroom facilities either beside their bedroom or as an en-suite. Residents had been facilitated to personalise their bedrooms as they wished. In one bedroom, the provider had plans to turn a storage room for centre files into a walk-in wardrobe for the resident. Residents had access to suitable outdoor garden space including space to smoke safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices and procedures related to the recording, storage, disposal and administration of medicines with a member of the front-line support team. The inspector reviewed administration records which indicated that residents received their medicine in accordance with their prescriptions. Staff were provided instruction on the use and purpose of each medicine, with which the staff member was familiar. An assessment of the residents' capacity to self-administer their medicine was conducted which informed their individual levels of required support.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the most recent assessment of health, personal and social care needs and associated support plans in full for one resident, and in part for other residents. The assessment of need was completed with input from the multidisciplinary team and the inspector observed later advice attained from relevant healthcare professionals where required. In the main, support plans were composed as required based on the needs assessment, however some plans had not been developed to reflect changes in needs, unsuccessful objectives, and the most recent advice and guidance from clinical referrals. Some gaps were observed in plans related to healthy eating, personal hygiene support and maintaining healthy sleep, such as guiding staff on what to do when plans were not effective or required escalation due to trends in data collected. The guidance to staff in some support plans was generic and required tailoring to the specific needs of the resident, or had not been updated to incorporate the most recent review and recommendations from the allied healthcare professional. There was also limited evidence in assessments and plans of how the input from the service user was used to inform the creation and subsequent review of support plans.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector observed evidence to indicate that residents were supported and informed on their healthcare needs, including education and advice from clinicians related to alcohol, tobacco and dieting. Residents had been supported to receive their vaccinations against seasonal flu and COVID-19, and where eligible, avail of national screening services and routine checks. Residents had access to allied healthcare professionals relevant to their assessed health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided guidance and training in appropriately identifying and responding to risks related to residents who expressed their frustration or anxiety in a manner which presented a risk to themselves or others. The inspector reviewed the register of restrictive practices utilised in this designated centre to control risk levels. This included examples of practices for which there were strategies identified

with the view to reduce or phase out the restriction, where no longer deemed the minimum measure to control the relevant risk. For example, where coded locks were in place in the premises, residents were at different stages of being given the codes. Plans were also in progress to phase out plastic plates and bowls in favour of regular kitchen ware, and restrictions while traveling in the centre vehicle were also observed as being phased out where no longer needed.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples from speaking with residents, reviewing documentary evidence and observing what staff discussed in their meetings and audits, that residents were being supported to pursue their preferred routines and choices. Residents were supported to engage in positive risk taking to explore new opportunities, develop their independence and autonomy, and manage their own affairs.

Residents were supported to self-advocate and speak up on matters which were meaningful to them. One resident was supported to get in contact with local transport links to advocate for more accessible services. Residents spoke to the inspector on their understanding on their right to not tolerate or accept people being abusive or unkind to them in their home. The inspector observed constructive use of resident feedback and complaints processes to ensure they felt listened to and respected in their home, and that changes would take place in the service where they were not satisfied.

One of the residents was registered to vote in the area and told the inspector they intended to vote in the upcoming general election. In line with assessed capacities, residents were encouraged and facilitated to manage their personal money and their medicine with reduced or no staff support.

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 15: Staffing	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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Winterfell OSV-0005350

Inspection ID: MON-0037244

Date of inspection: 26/11/2024

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 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:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall complete a review of all Individuals Comprehensive Needs Assessments (CNA’s) and Personal Plans. In addition, as part of this review, the PIC will ensure that all recommendations from allied healthcare professionals are incorporated into the Personal Plan and any recommendations are actioned within. Due Date: 14 February 2025 2. The PIC shall ensure that where annual review meetings are held for Individuals, their Personal Plans are reviewed and discussed to evaluate their effectiveness. As part of this review, the PIC shall ensure the Individual and relevant stakeholders’ input is incorporated into their Personal Plan. Due Date: 14 February 2025 3. Following completion of the above, these actions will be discussed with the staff team at the Monthly team meeting. Due Date: 21 February 2025 	

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 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	21/02/2025
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with	Substantially Compliant	Yellow	21/02/2025

	any changes recommended following a review carried out pursuant to paragraph (6).			
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