



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

## Issued by the Chief Inspector

Name of designated centre:	Silverwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	12 December 2024
Centre ID:	OSV-0008805
Fieldwork ID:	MON-0043931

## About the designated centre

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

Silverwood is a designated centre operated by Nua Healthcare Services Limited. It provides a community residential service to a maximum of four adults. The centre is a detached two-storey house located in its own grounds. The centre is located in a rural area in Co. Carlow and is a short drive from local amenities. The house consists of four individualised apartments each comprising of a bedroom (en-suite) and kitchen and dining area. In addition, there was an office, a communal kitchen/dining area and a communal sitting room. The staff team consists of a social care worker and assistant support workers. The staff team are supported by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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
Thursday 12 December 2024	09:40hrs to 17:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This designated centre was registered in June 2024 and the purpose of this inspection was to monitor and review the arrangements that the provider had put in place to ensure compliance with the regulations. This inspection was conducted by one inspector over one day and was short-term announced.

The inspector had the opportunity to meet with two of the four residents over the course of this inspection.

The four residents did not attend any formalised day services or work during the day and are reliant on the staff team for activation. Each resident had access to their own vehicle. On the morning of the inspection, the four residents chose to lie in. This was respected.

The inspector reviewed documentation and carried out a walk-through of the designated centre. As noted the centre consists of four individualised apartments each comprising of a bedroom (en-suite) and kitchen and dining area. In addition, there was an office, a communal kitchen/dining area and a communal sitting room. While some areas required attention including painting, overall the inspector found that the premises was clean and well maintained.

In the afternoon, one resident greeted the inspector as they left the centre to attend an appointment. Another resident showed the inspector their apartment which was decorated in line with their preferences. They appeared to be comfortable in the presence of staff and were observed smiling and laughing as they moved around their apartment. The inspector did not meet two residents. The third resident was supported to access the community in the afternoon. The fourth resident expressed that they did not wish to meet the inspector. This was respected.

In summary, the inspector found that this was a new service with an establishing staff team. There were appropriate governance and management systems in place which identified the areas for further development. The residents appeared comfortable in the service and the staff team were observed supporting the residents in an appropriate manner.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clear management structure present which ensured that the service provided was appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents assessed needs.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including a recent six-monthly provider visit which reviewed the care and support in the centre. The audits identified a number of areas for improvement and action plans were developed in response.

The inspector reviewed a sample of the staff roster and found that the staffing arrangements were appropriate in line with the assessed needs of the residents. There were systems in place for the training and supervision of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

#### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this centre alone and were supported in their role by a deputy person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill-mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the rosters in October and November 2024, there was an establishing staff team in place. The inspector was informed that the provider was in the process of finalising the recruitment of two staff, which would complete the staffing complement for the centre.

The four residents were supported by eight staff during the day and by six waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in an appropriate manner.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, the staff team had up-to-date training in areas including fire safety, manual handling, safeguarding, safe administration of medication and de-escalation and intervention techniques. In addition, the staff team had been supported to undertake training in intellectual disability, autism and epilepsy.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was demonstrable a supervision system had been developed and that the staff team were provided with supervision in line with the provider's policy. In addition, a supervision schedule was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Director of Operations, who in turn reports to the Senior Director of Operations. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the a six-monthly provider visits. The audits identified areas for further development and action plans were developed in response. For example, the recent six-monthly audit identified that improvements were required in daily recording (fluid intake), general welfare and restrictive practices. There was evidence that actions had been taken to address these areas including improved recording and reviews.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that this centre provided person-centred care and support to the residents.

The inspector reviewed a sample of the residents' personal files which contained a comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs.

There were a number of restrictive practices in use in the designated centre. The records reviewed demonstrated that these were reviewed quarterly and reduction plans were in place as appropriate.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre comprised a large two-storey building located in its own grounds. The house consists of four individualised apartments each comprising of a bedroom (en-suite) and kitchen and dining area. In addition, there was an office, a communal kitchen/dining area and a communal sitting room. Overall, the inspector found that it was clean and well maintained.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the



residents to evacuate.

There was evidence of regular fire evacuation drills taking place. For example, each resident took part in a fire drill on admission to the designated centre and a fire drill had been completed with all residents. The provider had plans for a night-time evacuation with all residents shortly following the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an up to date assessment of need which informed the residents' care plans. Overall, the care plans appropriately guided the staff team in supporting the residents.

There was evidence that the provider was supporting residents with personal goals of independent living, further education and securing a day service placement.

The inspector reviewed the last two weeks of activities for each resident. While there were identified challenges in sleep patterns the personal plans showed the residents were being supported to manage this. The inspector found that residents were supported to meet with family members and access the community. The provider had identified this as an area for further focus in their six-monthly audit.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and plans were in place to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. Incidents were reviewed on a monthly basis to identify possible trends or patterns. Safeguarding plans were in place to manage identified safeguarding concerns.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant