



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

Issued by the Chief Inspector

Name of designated centre:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	02 March 2023
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0030310

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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
Thursday 2 March 2023	09:15hrs to 17:45hrs	Lisa Redmond	Lead
Thursday 2 March 2023	09:15hrs to 17:45hrs	Conan O'Hara	Support

What residents told us and what inspectors observed

This was an announced inspection carried out by two inspectors conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspectors had the opportunity to meet the four residents living in the centre over the course of the inspection. Some residents used alternative methods of communication and did not verbally share their views with the inspectors. Overall, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and support.

In the morning, the inspectors met with one resident in their self-contained apartment. The resident was being supported to prepare for the day and to attend their day service. The resident used vocalisations to communicate and appeared content to be going to their day service. The inspector observed staff supporting this resident in an appropriate and dignified manner. Following this, the inspectors visited another resident in their apartment. This resident had recently moved to the service and showed the inspectors around their apartment which had been decorated with photos of people important in their life. In the afternoon, two residents returned from day services. One resident showed the inspectors their bedroom and some books they had purchased earlier that day. The second resident met the inspectors in the sun room before having their dinner. They spoke with the inspectors about their day and their family. Overall, the residents were observed to appear relaxed and comfortable in their home.

The inspectors also reviewed four questionnaires completed by the residents or their representatives describing their views of the care and support provided to the residents in the centre. Residents communicated that they engaged in activities in their local community including going to charity shops, horse-riding and to the arcade. It was evidenced from the questionnaires that alternative methods of communication including signs, picture exchange and manual signing were used to express residents' views of the service. Overall, residents were noted to be happy with supports provided to them in their home.

The inspectors carried out a walk-through of the designated centre. As noted, the centre consists of a two-storey house and a converted garage. There are two bedrooms with en-suite bathrooms, and two self-contained apartments, in the house. Communal areas include a large kitchen / dining room, living room, sun room

and sensory room. The converted garage contains a bedroom with an en-suite bathroom, a sitting room and a dining room / kitchenette.

Overall, the designated centre was welcoming, well maintained and decorated in a homely manner. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents. However, the inspectors observed a number of CCTV cameras installed in communal areas of the self-contained apartments and converted garage. While these were not in use on the day of inspection, they negatively impacted on the homeliness of the designated centre and required review.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified in the premises.

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

There was a good level of oversight demonstrated in the designated centre. Inspectors found that systems were in place to ensure a review of practices provided to residents in their home including restrictive practices, residents' finances and adherence to infection prevention and control practices. This ensured that residents received a good quality of care and support in their home.

There had been recent changes to the residents living in this centre. Three of the four residents had moved to this centre in the previous six months. Each of these three residents transitioned to the centre from another designated centre operated by the registered provider. This included the transition of two residents who had moved from childrens to adult services. Residents living in the centre had a contract outlining the care and support they would receive in their new home. It also outlined if the resident paid a fee to live there.

There was also one vacancy in the designated centre. At the time of this inspection, the person in charge had completed an assessment for one potential new resident to move into the designated centre. The person in charge had deemed this person as a suitable admission, and was due to discuss the outcome of the assessment with the organisation's admissions, transitions and discharges committee after the inspection had taken place.

Management in the centre noted that residents now living in the centre had similar needs with respect to supports to the manage behaviours that challenge and autism. Staff members had been provided with training to support them to meet the

needs of residents. It was acknowledged that it was planned that residents would continue to be supported in their home, following their transitions to the centre.

A variety of allied health and social care professionals were available as part of the organisation's multi-disciplinary team. In line with the assessed needs of residents, this multi-disciplinary team included psychologists, psychiatrists, speech and language therapists and behavioural specialists. Direct support to residents was provided in their home by a team of assistant support workers and social care workers. All staff spoken with throughout the inspection identified that they felt well supported by the centre's management team. It was evident that staff members were familiar with residents' support needs, and that they provided supports in a respectful and person-centred manner.

Registration Regulation 5: Application for registration or renewal of registration

An application had been made by the registered provider to renew the registration of the designated centre for a further three year period. This application involved the submission of a variety of documents which were submitted to HIQA in the correct format.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge had been appointed in the designated centre. Inspectors met with, and spoke with the person in charge throughout the inspection day. It was clear that they were knowledgeable about the needs of residents and the supports provided to them in the centre. They demonstrated good systems and processes to oversee the provision of supports to residents by the staff team.

At the time of the inspection, the person in charge was a full-time employee, and the carried out the role of person in charge for this centre alone.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. The inspectors reviewed a sample of the roster and found that the registered provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the four residents were supported by six staff members.

At night, three waking-night staff were in place to support the four residents.

The inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to staff members to ensure they could provide supports to residents in line with their assessed needs. This included training sessions in topics such as first aid, infection prevention and control, and supporting residents with autism.

Mandatory training in fire safety, safeguarding of vulnerable adults and the management of behaviours that challenge was also provided.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was adequately insured against risks including injury to residents. This information was submitted as part of the centre's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Regulatory required audits and reviews were carried out as outlined by the regulations. This included an annual review of service provision and six-monthly unannounced visit reports. These reports were comprehensive in nature, and outlined an action plan to ensure improvements were made to service provision. The views of residents and their representatives were included as part of this process.

There were clear lines of authority and accountability in the centre. Therefore, the roles and responsibilities of staff members were clearly outlined. Regular supervision was completed by all staff members working in the centre. Team meetings were also held on a regular basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An admission policy was in place in the centre. At the time of admission of a proposed new resident, a comprehensive assessment of the residents' needs was carried out by the person in charge, to ensure they met the criteria for admission in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents received a good quality of service in the designated centre. Staff members were aware of the needs of residents, including the importance of supporting access to the community and ensuring their safety in the centre.

A review of the service provided to residents in 2022 acknowledged the achievement of meaningful goals for residents. This included a resident attending a restaurant for dinner, having been supported in preparation for this through the use of social stories, including one about ordering food from the restaurant's menu. Consistent day service supports was now provided to a number of residents to support their social engagement outside of the centre. Goals achieved also included skills-teaching. For example, one resident had learned to shave with supervision from staff members. These achievements were important to residents, and indicated a good quality service was being provided to residents in their home.

Each resident living in this centre had their own individualised vehicle to support community access and engagement. This meant that residents could attend day services, community activities and facilities as they wished.

Where required, residents had a plan of care outlining the supports they required to

manage behaviours that challenge. These plans included clear guidance for staff members with respect to the proactive and reactive strategies in place. An incident reporting system was also provided where staff members documented episodes of challenging behaviour, and the proactive and reactive strategies applied by staff members. When a restrictive practice was used as a reactive measure, this was clearly outlined to reflect that it was used as a last resort by trained staff.

Regulation 12: Personal possessions

There were systems in place to support residents to manage and protect their finances. The inspectors reviewed a sample of residents' finances and found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team and centre manager. The provider had identified where residents were supported in the management of their finances by others and had developed plans to ensure appropriate oversight systems were in place.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained. The residents' bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

However, a number of areas of the designated centre had not been designed to reflect the assessed needs of the current residents. For example, the centre had CCTV cameras in place. While the inspectors were informed that these were not in use on the day of inspection, they negatively impacted on the homeliness of the premises and required review. It was also identified that residents' bathrooms had fixtures in place that were clinical in nature, which were not required in line with the assessed needs of residents. Key operated break glass units were also observed. While all staff members had a key to access the system in the event of a fire, this method was not required in all areas in which it was located.

These findings were communicated to the provider, who was making arrangements for the review of these practices in the weeks after the inspection.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Two residents had recently transitioned to this designated centre from children's residential services as they had reached adulthood. One resident had transitioned as it was identified that they required a single occupancy apartment area, which they could receive in this centre. Inspectors reviewed a sample of the transition plans in place to support residents' transitions into this designated centre. These plans included a comprehensive assessment of the residents' needs, and how they could be supported in the centre. To support the transition of one resident, staff from their previous placement supported them for the first week of their placement, sharing information and knowledge of the resident with their new staffing team.

Where residents were discharged from the centre, a discharge plan was developed to support them to live elsewhere. For one recently discharged resident, this included seeking community supports for the resident in their new location.

Judgment: Compliant

Regulation 26: Risk management procedures

Centre specific risks were outlined in the centre's risk register. These were reviewed by the person in charge on a quarterly basis. Clear controls to manage these risks were outlined to ensure the safety of residents, staff and visitors.

Each individual resident had a risk management plan. Where specific risks were identified, a plan to control the risk posed was outlined. For example, where there was a risk of residents receiving an injury, a clear wound care plan was provided to ensure this was managed safely and in line with the first aid training provided to staff members. A first aid box was also provided, which contained the materials and equipment required to effectively provide first aid to manage a wound.

Judgment: Compliant

Regulation 27: Protection against infection

At all times, staff members were observed engaging in best practice relating to infection prevention and control. A COVID-19 check –in station was provided where staff members could record their temperature and don personal protective equipment (PPE) on arrival to the centre. The inspectors observed staff members cleaning the centre using a colour-coded mop system, which prevented cross-contamination between areas of the centre.

Overall, the centre were observed to be clean and well maintained to a high standard.

Judgment: Compliant

Regulation 28: Fire precautions

There were 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. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their support needs completed before they transitioned to the designated centre. Personal plans had been developed to support the assessed needs of residents. Where one resident was not yet living in the centre for 28 days, their plan of care was regularly updated as staff members changed the plan to better suit their individual assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents with specific health care needs had a plan of care to guide staff to support residents to achieve best possible health. Care plans included wound care and the management of epilepsy. Where a resident required specific medicines to meet their healthcare needs, staff members had completed training to administer this medicine.

All residents had access to their G.P (general practitioner) if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

In line with the assessed needs of residents, there was a high number of restrictive practices in the centre. These restrictions were in place to ensure the safety of residents and staff members. Restrictive practices were reviewed by the person in charge and the behavioural specialist on a quarterly basis. However, in response to a significant incident, and changes to the residents living here, this review had been carried out more frequently in recent months.

It was apparent that there were systems in place to ensure restrictive practices were used as a last resort. The person in charge also noted that as they were still getting to know a number of residents, it was probable that as the residents got used to their new environment that a number of restrictive practices would be discontinued, or a reduction plan put in place.

Judgment: Compliant

Regulation 8: Protection

The organisation had a safeguarding policy in place which outline the procedures such there be an allegation of suspected/confirmed abuse in the centre. Staff members spoken with were very much aware of their duties and responsibilities with recent to allegations of suspected/confirmed abuse. All staff working in the centre had received mandatory training in the safeguarding of vulnerable adults.

The inspectors reviewed the documentation relating to allegations of suspected and/or confirmed abuse. It was evident that these had been notified in line with statutory requirements.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident throughout the inspection that residents were supported to promote their rights and choices. Each resident had their own private bedroom, and they were supported to have time alone and seek privacy. Throughout the inspection, inspectors observed staff members treating residents with dignity and respect in their home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dreamwood OSV-0007290

Inspection ID: MON-0030310

Date of inspection: 02/03/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To demonstrate that the Designated Centre is line with Regulation 17 The Person in Charge shall ensure the following actions are completed to establish a homely feel in the Centre.</p> <ol style="list-style-type: none"> 1. CCTV equipment that was not in use in the Centre to be removed (Completed 21.03.23) 2. Bathroom fixtures in Service Users en-suites will be replaced (Due date 28.04.23) 3. Key operated break glass was replaced as it was deemed not required and in line with Service Users assessed needs (Completed 09.03.23) 4. PIC will ensure that regular enviornmental checks are completed to ensure enviornment is reflective of the needs of the Service Users 	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	28/04/2023