



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

## Issued by the Chief Inspector

Name of designated centre:	Four Winds
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0008562
Fieldwork ID:	MON-0042423

## About the designated centre

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

This service consists of a large detached dormer bungalow providing care and support to six adults with disabilities. The house has its own grounds/garden areas and is a ten minute drive away from the nearest town. There are a number of full sized windows on the ground floor so as residents can view the grounds/gardens of the house as well as the local countryside. Transport is provided to residents so they can access community-based facilities. Each resident has their own individual bedroom. Communal facilities include a large entrance hall, a large open plan kitchen/dining area and large kitchen island. There are also two sitting rooms, a utility facility and five bedrooms downstairs. Three of the bedrooms have wheelchair accessible wet rooms and the other two bedrooms have ensuite facilities. There is also a communal bathroom on the ground floor and a large hallway to the rear of the house leading out onto the spacious gardens and grounds of the property. The first floor comprises of an office, one large ensuite bedroom with a walk in wardrobe and a storage facility. The house is staffed on a 24/7 basis with a person in charge, a team of nursing staff and health care assistants.

**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 18 June 2024	10:20hrs to 16:10hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This service comprised of a large detached house in Co Meath and at the time of this inspection, there were six residents living in the centre. The inspector met with three of them at various times over the course of the inspection. Written feedback on the service provided from three family representatives was viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with two family members over the phone so as to get their feedback on the quality and safety of care provided to the residents.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. There was a private garden/driveway area to the front of the property and a large private garden areas to the side and rear. The gardens were well maintained and provided a tranquil space for residents to enjoy in times of good weather.

Five of the residents were attending their various day services and one was in bed. The person in charge explained to the inspector that residents engaged in various social, recreational and self-development activities of their choosing while at day services. For example, residents met up with friends, participated in arts and crafts programmes, played bingo, worked on computers, attended self advocacy and at times, had lunch out.

The inspector viewed two residents personal plans and noted that residents were being supported to achieve goals of their choosing such as hotel and holiday breaks, celebrate important events such as birthdays, attend concerts and music events and, maintain links with family members and friends.

One resident recently celebrated a milestone birthday and the inspector saw that with staff support, they choose the venue where they wanted to have their party and, decorated the function room with support from family and friends. The resident also chose to go shopping to buy new clothes for their big day.

Each resident had their own spacious ensuite bedroom and later in the inspection process, one resident invited the inspector to see their room. It was observed to be decorated to their individual style and preference and the resident said that they had everything they needed. They also said that they loved the house and were very happy living there. They had recently been on a holiday and said that they had a great time and really enjoyed it. They also had plans made to go to Sligo and Manchester in the near future and said that they were very much looking forward to these holiday breaks. The inspector observed that the resident got on well with staff and appeared comfortable and at home in the house.

The inspector met with another resident who was having tea with staff in the kitchen. This resident had recently moved into the house and appeared very happy and settled in their home. When asked how they were keeping, the resident smiled

and shook the inspectors hand. The inspector later observed this resident relaxing in one of the sitting rooms watching television. Staff were also observed to be kind and caring in their interactions with the resident and, the resident appeared relaxed in the company and presence of staff.

A third resident met with also reported that they were happy in the house. They were relaxing in the sitting room and told the inspector that they loved watching the soaps on television. They also said that staff were nice and the inspector observed that they also appeared relaxed and at home in their house.

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, three relatives reported that they were very satisfied and/or satisfied with quality of care residents received, the respect show by staff to the residents, the helpfulness and courtesy of staff, how well the residents personal possessions were looked after, the choice of meals and social activities provided, and the cleanliness of the environment. Relatives also reported that the residents needs were being met and the service met their expectations. One reported that their family member was always very well cared for however, they would like to see a land line installed in the house. At the time of this inspection, a land line had been secured and was installed in the house. Two relatives reported that the service was excellent with one saying they never had any reason to complain, their family member was happy and content living in the house and, were very well cared for. Another relative reported that the environment was loving and caring, it was a home and their relative was also very happy living there.

One relative spoken with over the phone on the day of this inspection was also complimentary about the quality and safety of care provided in the service. They reported that they were very happy with the whole set up and their family member was happy in the house. They also reported that if their family member was not happy, they would let them know. They informed the inspector that while there had been some recent changes with staff, the staff were approachable, easy to talk to and nice. They said that anytime they visited the house they were made to feel welcome and offered a cup of tea. They reported that their family members health was well supported and that they had access to a GP and other services. They also said that their family members room was decorated to their individual style and preference and the food options provided in the house were very good. When asked had they any complaints about the service they said no, they had none. They did say however, that they would like more communication from the house regarding aspects of their family members healthcare-related appointments. When this was brought to the attention of the person in charge, they said they would act on this feedback and ensure to keep relatives up-to-date on the residents healthcare appointments.

A second relative spoke with the inspector over the phone later in the day. They too were very positive about the quality and safety of care provided in the house. They said that their family member had recently moved into the house and could not praise the care enough. They said the house was a 'home from home' and they could visit their family member anytime they wanted. They also said that their family member had settled into the house very well, was very happy living there, their

room was lovely and they had every thing that they needed. The resident got to visit the house twice prior to moving in and, it was their choice to live there. The resident like rural settings and the family member reported that they loved the spacious grounds around the house and, watching the tractors and animals on the farmland close by. The family member also said that the resident celebrated their birthday on the week they moved into the house and they were made to feel very welcome visiting on the day. They also reported that their relatives healthcare needs were being very well provided for, staff were fantastic and that their relative was happy in themselves living in their new home.

While minor issues were found with the process of risk management and staff training, residents appeared happy and content in their home on the day of this inspection. Staff were observed to be kind and caring in their interactions with the residents and residents appeared comfortable and relaxed in the company and presence of staff.

The next two sections of the report outline 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 care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge who was a clinical nurse manager II (CNM II). A review of a sample of rosters also indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

However, some staff training certificates were not being adequately maintained as required by schedule 5 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care was due at the time of this inspection and, a six-monthly unannounced visit to the centre had been carried out in December 2023.

## Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the service to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

## Regulation 15: Staffing

From a review of a sample of rosters from May 01, 2024 to May 31, 2024 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents.

For example,

- two staff were available each day (which included a qualified nursing staff)
- two waking night staff were available each night

The above arrangements ensured that a nursing staff member was on duty each day in the house.

Additionally, the person in charge had a regular presence in the centre.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

Staff files were not checked as part of this inspection process however, the training matrix was reviewed which informed staff working in the centre were vetted.

Judgment: Compliant



## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- Children's first
- medication safety for nurses working in residential care
- cardio pulmonary resuscitation
- manual handling
- fundamentals of advocacy
- feeding, eating, drinking and swallowing difficulties (FEDs)
- dignity at work
- basic life saving
- open disclosure
- safe medication management
- management of aggression

It was observed that some refresher training was due at the time of this inspection however, the person in charge was aware of this and had a plan of action in place to address it.

However, as identified previously, some staff training certificates were not being adequately maintained in the centre as required by schedule 5 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This was actioned under regulation 4: written policies and procedures.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified director of nursing and assistant director of nursing.

The designated centre was being audited as required by the regulations. The annual review of the service was due to be completed at the time of this inspection however, a six monthly unannounced visit to the centre had been facilitated on

December 12, 2023.

Additionally, local audits of the centre were also being facilitated by the person in charge.

The auditing process identified any issues in the service along with a plan of action to address those issues in a timely manner.

For example, the auditing processes identified the following:

- the garden area required significant work
- some individual personal plans required updating
- one permanent staff nurse was required

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that some minor works/maintenance was required to the premises, refresher training was required for some staff and some residents goals required review however, the person in charge was aware of these issues and had plans in place to address them.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Some staff training certificates were not being adequately maintained in the centre as required by the centres policies/procedures and schedule 5 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This was actioned under regulation 4: written policies and procedures.

Judgment: Substantially compliant

#### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and, systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, aspects of the risk management process required review.

Adequate fire-fighting equipment was provided for and was being serviced as required by the regulations.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

#### Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal plans.

Residents had access to a telephone and other media such as computers, television and radio.

Where or if required, easy to read information was provided to the residents.

Additionally, the person in charge informed the inspector that a referral to a speech and language therapist has been made for one of the residents and post this referral, the residents communication plan/passport would be updated to reflect any recommendations

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest, choosing and preference.

Five of the residents attended day services where they engaged in various social, recreational and self-development activities of their choosing to include meeting up with friends, participating in arts and crafts programmes, playing bingo, working on computers, attending self advocacy and having lunch/coffee out.

Some residents were also members of a local club and some liked to attend music therapy sessions

Residents had goals in place for the year to include going on holidays, a trip to Manchester , hotel breaks and attending concerts

Residents were also supported to maintain regular contact with their family and friends and to maintain links with their community in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own ensuite bedroom which were decorated to their individual style and preference.

The premises were spacious, warm, welcoming and in a good state of repair. They were also clean and generally well maintained.

There were large garden areas to the front, side and rear of the property and it was also observed that the grounds of the property were well maintained.

The house also had two sitting rooms, a large kitchen/dining facility, a utility facility and an office upstairs.

Adequate space was provided to residents so as they could receive visitors in private.

Some parts of the premise required minor works/maintenance however, the person in charge was aware of this and had plans in place to address it.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example:

- where a risk was at risk of aspiration due to swallowing difficulties they had a care plan in place with input from a speech and language therapist
- staff provided supervision and support at meal times
- staff had training in feeding, eating, drinking and swallowing difficulties (FEDs)

Additionally where required, staff provided supervision and support to residents when in the community so as to ensure their safety.

It was observed however, that aspects of the risk management process required review.

For example:

- One of the ways in which to manage behaviours of concern in the house was to adhere to guidance in positive behavioural support plans. However, some of these plans required review and at the time of this inspection, the service did not have access to a behavioral support therapist.
- On a night-time fire drill a resident had refused to leave the house however,

there was inadequate information in their personal emergency evacuation plan on how staff should manage this situation if it were to reoccur.

- One resident recently admitted to the house required 2:1 staff support to evacuate the house during a fire drill. This had not been adequately risk assessed so as to ensure there was sufficient support/resources available to evacuate all residents in a timely manner during fire drills.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was being serviced quarterly as required by the Regulations. Both had been serviced by a fire consultant on April 09, 2024 and June 17, 2024.

Additionally, the fire extinguishers had been serviced in March 2024.

Staff also completed as required checks on all fire equipment in the centre and from a sample of two staff files viewed, they had training in fire safety.

Fire drills were being conducted as required and each resident where required personal emergency evacuation plan in place.

It was observed that some issues occurring during fire drills had not been adequately risk assessed however, these issues were actioned under regulation 26: risk management procedures.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- optician
- dentist
- dental hygienist

- dietitian
- chiroprapist
- audiology

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice. A staff member spoken with was aware of healthcare needs of the residents.

Where or if required, hospital appointments were also facilitated and provided for.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were one open safeguarding plan in the centre however, the issue was being dealt with in line with safeguarding policy and procedure.

The inspector also noted the following:

- two staff members spoken with said they would have no issue reporting a safeguarding concern to management if they had one and both were able to identify who the designated safeguarding officers were
- there were no open complaints about the service on file at the time of this inspection
- feedback on the quality and safety of care from family representatives was positive and complimentary
- the concept of safeguarding was discussed with residents at their house meetings
- safeguarding formed part of the standing agenda at staff meetings

The person in charge also informed the inspector that all allegations are responded to via safeguarding protocols, to include preliminary screening and reported to the various authorities (such as the national safeguarding team, HIQA and An Gardaí if required)

Additionally, from viewing two files, staff had the following training:

- safeguarding of vulnerable adults and,
- children's first

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Four Winds OSV-0008562

Inspection ID: MON-0042423

Date of inspection: 18/06/2024

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Staff have been informed at staff team meetings of the importance of keeping certificates up to date in training folders. CNM2 will complete a quarterly review of training matrix and training files to ensure the most up to date certs are on file. CNM2/PIC will ensure the staff training files are up to date before 19/07/2024 and then will complete ongoing quarterly reviews of same. From review of staff training files all staff will be issued with letters from PPIM and PIC outlining their training needs and follow up required. Training will be planned quarterly ensuring that any staff due refresher training will have this completed in the required time frame.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A CNM2 with a post graduate qualification in Behaviours of Concern and a dual qualified ADON will provide support in this area to update the plans in place.</p> <p>The resident’s PEEP has been updated with the required detail to guide staff interventions to ensure the resident can be safely evacuated in the event of fire. The resident in question has a fire escape within her bedroom and this has been documented in her PEEPs and emergency services will be informed of this in an emergency.</p> <p>The resident’s PEEP has been updated to reflect the need for two staff in evacuating the</p>	

house. As this resident is new to the house we will continue to carry out regular fire drills and any changes needed to PEEPs will be documented. Mobility equipment has been sourced for this resident's use to support the resident to safely evacuate the building during fire drills.

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/07/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	19/07/2024