

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Walkinstown Association For People With An Intellectual Disability
Centre ID:	OSV-0003403
Centre county:	Dublin 12
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Walkinstown Association For People With An Intellectual Disability
Provider Nominee:	Eamonn Teague
Lead inspector:	Helen Lindsey
Support inspector(s):	Deirdre Byrne;
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
16 September 2014 09:30	16 September 2014 17:30
17 September 2014 09:30	17 September 2014 15:30
18 September 2014 11:00	18 September 2014 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, inspectors visited the three houses that made up the designated centre and met with some of the residents, some relatives, and staff members. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The organisation support people with intellectual disability. They also support people with physical disability, mental health concerns and a combination of both. Their aim

is to provide supports which facilitate each person in achieving a self determined, socially inclusive life.

The designated centre was made up of three houses.

The first house was a semi detached house in residential area. There were two living rooms and kitchen diner. A garden both to rear and back of the house. There were four bedrooms, one en-suite and a bathroom on the first floor. There was a staff office, where staff could sleep also.

The second house was a semi detached house in a residential area. There was a large dining kitchen area, with conservatory. There was a living room area. Upstairs were three bedrooms, one en-suite, and a bathroom. There was a small gym and a second living room. There was a large paved garden, and smaller garden to the front.

The third house was a semi detached house in a residential area. There was a large sitting room. A kitchen/diner and a dining room. There were four bedrooms, and two bathrooms. A staff office with sleeping facilities was provided. A small garden to the rear and large garden to the back.

Residents who spoke with inspectors felt they had good opportunities and had helpful and supportive staff. They talked were involved in a wide range of activities including employment and education.

Overall inspectors found that the residents received a good service, and were supported to have an active lifestyle as independently as possible.

The houses they lived in were well maintained, met their needs, and were personalised to their taste. The staff team that supported them were clear of the organisations focus on being a restraint free environment focusing on individual rights, and they were seen to put this in practice in the way they supported residents.

Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that people received the care and support they needed to maintain a healthy lifestyle.

Areas of non compliance related to the level of detail in some of the personal support plans, accessibility of records, fire safety equipment and checks, the lack of formal 'on call' arrangements for out of hours, and polices on monitoring and documentation of nutritional needs.

These issues are discussed further in the report and included in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

Inspectors observed that residents were consulted with, and their views were sought about a range of things. Although residents in two of the houses have no formal meetings, this was their preference. Staff told inspectors that daily one to one time was made for each resident.

There was clear evidence that resident's privacy and dignity was respected, and residents had choices and control over their lives. There were opportunities for residents to maximise their independence and autonomy over their lives. For example attending voluntary and paid employment, day services within the organisation, and a range of activities with friends and former staff of the service.

The organisation encouraged residents to be involved in the wider running of the service, and had some representatives from the designated centres on some of their committees.

Some residents showed their rooms to inspectors, and they were seen to be personalised in line with the resident's preferences.

There was a Resident's Guide available for everyone in the centre, this included information about the services that the organisation provided to them, and the procedure for making complaints. There was a copy of the complaints policy available on

the wall in each of the houses. There were links with local advocacy services, and residents were given information about how to contact them in the guide.

Residents who spoke with inspectors knew about the complaints policy, and who they would speak to.

A review of the complaints process showed that all complaints were recorded, followed up, and in most cases action had been taken to resolve the issue. Actions and the satisfaction of the complainant were usually recorded to complete the investigation. The organisation had also carried out an audit of complaints to see if there were any themes to the issues raised. It was noted that over half were about the behaviour of the other residents a person lived with.

Inspectors observed positive relationships between the residents and in the questionnaires they completed they said staff were easy to get along with.

Support plans were focused on the individual and supporting them to maintain their independence, privacy and dignity. For example person care support needs were set out so it was clear what support was needed, and where the residents were independent. Staff were very familiar with the residents skills and needs.

There was evidence in the care plans, and daily records of regular contact with relatives and friends. Residents confirmed they were able to meet their family and friends in private. Contact with family on the phone could also be done privately if the resident wished.

Residents were supported to take risks in their daily lives, following risk assessments of their skills and abilities and the support they needed. Levels of support depended on the skills and identified needs of each person. Some residents accessed the community without support, others received support for certain tasks.

Residents were registered to vote, and supported to access the polling station if they wanted support.

There was a policy in place that covered resident's personal possessions, and records were in place that listed their belongings.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate, appropriate to their identified needs.

Staff were aware of residents communication needs, which were recorded in their personal plan. Inspectors observed staff communicating well with residents.

The organisation is focused on supporting residents in a restraint free environment that focuses on their rights. As part of this approach, the behaviour that residents may display is considered to be part of their communication, alongside their skills to speak and listen.

To support residents with communication, 'social stories' had been developed for known topics that caused anxiety. They included pictures or photographs, and short plain sentences. They were available on a range of topics for individuals, for example holidays, meeting new people, and forming relationships.

There was evidence the centre was part of the community, for example residents go to work, do voluntary work, and are involved in activities in the area. They reported that they really enjoyed things like shopping in local centres, visiting the local pub and attending sporting fixtures.

There were TVs, and radios in the houses, and residents could buy papers and magazines in local shops. Some residents had laptops and enjoyed accessing the internet.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Inspectors saw evidence that residents were encouraged and supported to develop and maintain personal relationships. Some residents had a boyfriend/ girlfriend, and others liked to meet their friends regularly. Families confirmed they were involved in the lives of their relative.

There were records that showed families were involved in developing resident's personal plans with the resident's agreement.
The support plan set out the key relationships in resident's lives as part of their support network.

The organisation ran a Family forum, to support families and provide education and training in areas such as the inspection process to be carried out by the Authority.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There was a clear process to support residents moving in and out of the centre. Each resident had a written contract that set out the details of the services they would receive, and the fee they would pay.

There had been no recent moves of people in to the centre, but there was a detailed admissions policy that set out how they would be managed, focusing on the individual and what support they needed to make the changes.

There was a written contract developed. Inspectors saw that residents had an agreed written contract that included the support, care, welfare along with the fee's to be charged. There were no 'extra' charges detailed in the contract as the residents were independent in purchasing additional services such as hairdressing and chiropody.

Some concerns were raised about the wording in the agreement by family members, and this was brought to the attention of the provider who said he would speak to the family directly.

The tenancy agreement was a new document that had been recently developed. Staff were working with residents to make sure they knew what they were signing, so some residents had not yet signed. If a resident did not have the capacity to sign for themselves, the family would be involved.

When residents spoke with inspectors they were clear of the rent they needed to pay, and what support they received from staff.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes.

Resident wellbeing and welfare was maintained to a good standard of evidence based care. There was ample evidence of the opportunities residents participated in. Residents were involved in paid and voluntary employment, attending social events with friends and family, and other activities in the community.

There was evidence of multidisciplinary involvement in the personal plans.

Inspectors reviewed approximately five residents personal support plans. They were seen to be person centred and focused on what people wanted from life, their priority goals, support networks, having the best possible health, exercising rights, being treated fairly, choosing their daily routine, and interacting with others in the community.

There was evidence that resident's goals were based on their aspirations and choices. For example, to gain paid employment, and to live independently.

There was a regular review, however, there were inconsistencies in the availability of the most up-to-date documents and reviews of the information, as they were stored on a staff members portable drive.

If residents needed specialist support such as psychology or psychiatry specialists, records showed that they were involved. Some parts of resident's support plans had been written with them, for example the behaviour support plans. There was also evidence of support from other professionals such as speech and language therapy.

Residents who spoke with inspectors said they felt well supported, and that they could make choices about where to live. They also said they knew about their rights, for example to have their own money and for privacy.

Relatives also told inspectors in feedback forms that their family members were happy.

The provider nominee gave details of the progress residents had made over time, and how many were more settled in their current life than they had been in the past. Evidence was seen and heard that supported this statement.

The process to be followed as part of residents moving in to the centre, or moving out, was clearly set out in the policy. At the time of the inspection no moves were being planned.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The design and layout of the houses that made up the designated centre were suitable to meet the needs of the residents. However there was insufficient storage for some of the equipment needed by residents.

The centre comprised of three houses, each in a different area, but within a short distance of each other.

They were located in residential areas, close to the community, local shops and public transport.

The houses were each maintained in a good condition, and were homely. They were pleasantly decorated and nicely finished.

Inspectors viewed some resident's rooms with their permission. Each was decorated as was the resident's choice, with their own TV, photos, and other furnishing of their choosing.

There was a kitchen, laundry, staff office and adequate number of bathrooms. There was a garden directly accessible from each house.

There was an adequate number of baths, toilets and showers to meet the needs of the residents. However storage was limited in one house, and this meant that equipment was not discreetly stored, in that a hoist was left out in kitchen.

Judgment:

Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, there were some gaps in the fire safety precautions as there was no emergency lighting, and fire alarms were not serviced regularly.

Inspectors saw an up to date safety statement in each of the houses that made up the designated centre. The risk management policy covered the elements required by the regulations, for example hazard identification and actions to control risk.

A complete organisational risk register was in place, and there were also individual risk assessments held in each of the units. These showed there was assessment of risk and actions identified to mitigate those identified risks. They related to clinical risks involving residents. The document clearly outlined the measures in place to mitigate risks.

It was evident during the inspection that the policy was being put in to practice. The register provided information to the health and safety committee about the work being carried out to manage identified risks. Any significant issues were escalated to the senior management team.

Inspectors reviewed the policies and procedures that covered health and safety in the centre, this included policies on incident reporting, infection control and missing persons.

Inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including maintenance of the premises, and training of the staff and residents in infection control and moving and handling training.

Inspectors reviewed records for some of the incidents and accidents that had occurred. The person in charge reviewed all incidents to identify if there were any patterns, or any actions needed to reduce the risk of them occurring. They would also be reviewed by the multidisciplinary team.

There was a range of fire equipment available in each of the houses, including a fire extinguishers and fire blankets, it was recorded on the equipment that it had been serviced. All fire exits were seen to be unobstructed. However it was noted there was no emergency lighting in the centre, though torches were available.

There was a fire plan in place that was displayed in each unit, and clearly described the

route to use in an evacuation. Inspectors read the personal evacuation and egress plans that had been completed for each resident to consider what support if any would be needed in the evacuation of the centre. There was also an emergency plan, and staff knew who to contact in the case of an emergency.

Fire drills were completed quarterly. Records were seen that recorded the date and time of the drill, who took part, the outcome of the drill and any actions needed to improve the experience.

Inspectors were advised by the provider that the fire alarms were not being serviced. The provider is seeking advice on the steps needed in order to ensure the centre complied with relevant legislation. At the time of the inspection the provider had not submitted evidence to HIQA that the centre was in compliance with statutory fire safety requirements.

They had put a number of steps in place to safeguard residents as described above.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

Inspectors found measures were in place to protect residents from the risk of harm. Staff had training in safeguarding and safety, and residents were supported to understand how to keep safe. There was a robust recruitment process in place, and a clear policy and procedure on the prevention, detection and response to abuse for adults. It also included the definitions of different types of abuse including discriminatory abuse and institutional abuse.

The policy also set out that the induction staff when through when they were recruited would cover this topic, and it would be continued through their supervision meetings following their probation.

There were reporting processes in place where allegations were made. Staff were aware of the different types of abuse, and who they would report any concerns to.

Although no allegations had been made inspectors found the person in charge was clear on how it would be handled, and gave a full account of the process to inspectors.

Residents informed inspectors they felt safe in the house and with staff, and were supported to have keys to their doors to keep their possessions safe if they wanted.

It was clear efforts were taken to identify and alleviate the underlying causes of behaviour that challenged. There were specialist therapeutic interventions put in place with input from psychologists working in the service. A number of behaviour support plan were reviewed by inspectors and they were found to be informative and guided practice. There was also evidence of regular review.

The organisation had a policy of a no restraint environment, and all staff and residents were very clear about this. The policy, positive behaviour support, set out how any restrictions would be managed, and the very exceptional circumstances when a form of restraint may be used for the shortest period of time possible.

There was a process in place of identifying any restrictions that were needed, and the Human Rights Enhancement Committee would review, approve and sign these off. Records seen for 'rights restrictions' were seen to be clearly presented.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications was satisfactory. Quarterly notifications had been received as required by the regulations.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors spoke to the residents about the opportunities for new experiences that they had, and the opportunity to participate in education, training and employment.

They informed inspectors that they had completed education courses and had employment opportunities. For example, training courses in local universities and colleges, volunteering in media and food establishments.

Residents also told inspectors about their social lives, which included trips to football matches, holidays, shopping centres, cinema, snooker, baking, and gardening.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

Residents in all houses had their health care needs identified, for example catheter care, epilepsy, and dysphagia (swallowing problems).

There were care plans developed for all of the identified care needs, and there was evidence of input from medical professionals to identify how those needs were to be met. However, some of the care plans were not clear and would not guide the staff in the practice they need to follow, for example a choking care plan.

Since the last inspection a document had been developed that gave an overview of

residents health needs, and it included their dependency levels around identified needs and their diagnosis.

Inspectors were informed that residents could spend agreed periods of time alone without rostered staff support and there were also flexible arrangements for additional staffing if residents were unwell. For example, a resident had increased health needs for a period of time and additional staff were put on duty to be available for the resident if they needed.

There was very good links to general practitioners (GP's) and allied professionals including psychiatry, physiotherapy, occupational therapy, dentist, and opticians.

Inspectors spoke to residents who were aware of healthy eating, and the importance of exercise.

There were fully equipped kitchens provided in each unit. Residents may help to prepare and make meals. Residents chose what food they want to purchase. Specialist dietary requirements were followed and residents were supported to eat healthy wholesome meals. They were positive about the quality of the meals they ate.

Snacks and drinks were available to the residents at all times and meal times were seen to be a positive social event.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which covered key areas such as safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

There were good practices observed in the safe administration of medication by staff. There was evidence medications were reviewed regularly by the GP or psychiatrist.

Any medication errors were recorded. There was evidence they were investigated,

action taken and information shared for staff learning purposes.

An action from the last inspection was acted on and staff had completed safe administration of medication training including training on epilepsy management.

Medication administration records were in place, and seen to be fully completed in relation to the administration of medication by the staff. The forms were being typed out by staff, including the name and dose of the medication, this was then signed off by the GP. Inspectors noted, it should be made clear who has completed the document if it is not the person who has prescribed the medication. This was brought to the attention of the person in charge who was going to take action on this issue.

At the time of the inspection all residents had been assessed as requiring support to take their medication. There was a policy in place for the self administration of medication that included the need for a risk assessment and training for the resident as part of the preparation for taking over the management of their own medication.

Inspectors saw clear protocols in place for 'as required' medication (PRN), and the information was also recorded on their prescription card.

Inspectors observed that the medication storage was in the sleep in room or office in all of the houses in locked cupboards that were used solely for the purpose of medication storage.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose that met the requirements of the regulations. Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep this document up to date, and to notify the Authority of any changes.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care services. However, there was no formal 'on call' arrangement in place for management cover out of office hours.

Inspectors found that the person in charge was suitably qualified, and very experienced. He was familiar with the regulations and kept himself up to date by having his own copy. He was aware of the incidents requiring notification.

There were processes in place to monitor and assess safety and quality of care, for example audits of a range of practices in the houses that made up the centre. The person in charge explained these were completed by him and the quality team. There was also an annual review of complaints, incidents and further review of epilepsy incidents involving residents.

Inspectors were able to see there was a clearly defined management structure in place that was addressing any issues that arose in a timely way. The board was supported by the Chief Executive Officer and a Senior Management Team. For each area of the organisation there was a business lead. They covered clinical risk, business development, finance, human resources, operations and safety.

The provider nominee was the director of residential services. They sat on a number of the groups, and were able to keep up to date with any risk areas that affected or impacted on the residential services. They were supported by the 'person in charge' for the designated centres run by the organisation.

The person in charge was responsible for one designated centre that was made up of three houses. In his absence other personnel within the residential leadership team structure could deputise.

It was noted that one area of risk that had been spoken about but not resolved at the time of the inspection was the 'on call' arrangements for the designated centre. The person in charge was named in a number of documents as the person to be called, for

example the emergency plan. They were also contacted regularly in the evenings and during the weekend, if any staff needed support. The provider nominee advised inspectors that work was being undertaken to put forward a proposal to formalise the arrangements for 'on call cover'. There is a risk that the informal arrangement would not be robust enough to ensure a named person was available at all times of the day and night. This action remains outstanding from the previous inspection.

Staff spoken with during the inspection were very clear about their roles, and where decisions needed to be made by other people.

Reporting systems were seen to be in place for any incidents, for example medication errors, to be reviewed for themes and trends, and to identify any learning for the organisation. The person in charge would review them, and then the appropriate group, for example clinical review group, to review alongside information from other parts of the organisation.

The provider had also commenced the six monthly review of quality and safety in the centres across the organisation.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence. One of the senior service managers was responsible for deputising in the absence of the person in charge. The senior service manager demonstrated a clear understanding of her roles and responsibilities under the Regulations when fulfilling this deputising duty.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that sufficient resources were provided to meet the needs of residents.</p> <p>On the day of the inspection there was sufficient staff to meet the needs of the residents. They were involved in a range of activities, including carrying out household tasks, cooking meals, supporting trips out to local shops, and spending time speaking with the residents.</p> <p>Records of maintenance being carried out in a timely manner were seen. Houses were seen to meet the needs of the residents and had the facilities they needed.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.</p> <p>All staff were regularly supervised with one to one meetings and staff meetings monthly.</p> <p>Staff signed off key policies and procedures to confirm they had read them, and they were also aware of the regulations and standards.</p> <p>Residents spoken with were very positive about the staff that supported them. They filled in questionnaires for inspectors and said they liked that staff that supported them. Good relationships were evident through plans in place for holidays, and previous staff supporting residents to sporting events. Each resident knew who their key worker was.</p> <p>Residents were seen to receive any support they needed in a respectful, timely and safe</p>

manner. Relief staff were used to cover shifts in the centre, and every effort was made to keep the same people covering the same houses.

The staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs.

The staff rota matched the staffing in each of the houses.

Across the staff team all of the mandatory training (fire, manual handling, adult protections) had been provided. There was a calendar in place that set out the training for the year. Other training provided included topics such as safe administration of medication, first aid, behaviour management and epilepsy awareness. The training provided reflected the needs of the residents.

Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. There were no agency staff employed.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records and most of the required policies were in place. However, a policy setting out the process to be put in place to support identification of nutrition issues was not available.

Inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Most of the policies set out in Schedule 5 of the Regulations were in place. However, at the time of the inspection the nutrition policy in place did not provide guidance on responding to weight changes, and what action to take if there were concerns about

this. For example if a resident was losing or gaining weight over a short period, what action would need to be taken by staff.

Judgment:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Walkinstown Association For People With An Intellectual Disability
Centre ID:	OSV-0003403
Date of Inspection:	16, 17 and 18 September 2014
Date of response:	26 January 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Not all care plans were detailed enough to guide practice.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

assessed needs of each resident.

Please state the actions you have taken or are planning to take:

Care Plan on Choking to be further reviewed with Speech and Language Therapist and updated accordingly

Review requested

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not available in an accessible format.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:

Communication to all staff that documentation is not to be stored on personal memory sticks. Complete.

Communication sent to all staff. Encrypted memory sticks provided Sept 2014.

Any information stored on portable devices is to be encrypted and hard copies are to be stored locally/ Completed September 2014

Key workers to confirm with person in charge that all documentation is available and accessible on site in appropriate file for each service user. Completed.

Documents on site. Note in inspection files were removed to another location for inspectors reading. Document that was missing was on site and in use in the designated centre.

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

suitable storage was not available for all equipment.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:

Use of room on ground floor for storage of hoist and other essential equipment.
Complete.

Using the room that was vacated by previous residence transfer.

Proposed Timescale: 31/10/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The fire alarm was not being serviced.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:

1. Source quotes for alarm servicing contract

In process

2. Appoint contractor

Jan 2015

3. Service alarms

Post appointment

Proposed Timescale:

1. November 2014

2. December 2014

3. January 2015

Proposed Timescale: 31/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no emergency lighting in the designated centre.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

1. Inform HSE of cost of fire safety measures identified in inspection in order to be compliant with regulation and seek clarity on availability of compliance capital funding

2. Identify with Senior Management Team resource implications and implications to the principles of community living and establish priority and resource ready additional measures that may be introduced to advance completion of declaration
3. Identify with SMT/Board if appeal on basis of appropriate alternative safeguarding measures and an compromised ability to continue with registration process is agreed platform
4. Invite HIQA to provide clarification on definition of emergency lighting
5. Identify with HIQA contact details for community based organisations similar to WALK who have successfully addressed the emergency lights requirement of registration
6. Establish contact with those organisations and evaluate actions they have taken on addressing emergency light requirements of registration
7. Communicate issues arising and intended next steps with HIQA
8. Explore the potential for introduction of low cost alternative emergency light alternative system as observed in UK and pilot in one designated centre
9. Continue with existing fire safety measures including provision of torches, fire extinguishers, fire blankets, fire drills, personal exit and egress planning and use of fire alarm systems

Proposed Timescale:

1. January 2015
2. January 2015
3. February 2015
4. January 2105
5. January 2015
6. February 2015
7. February 2015
8. February 2015

Proposed Timescale: 28/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no 'on call' arrangements for out of office hours that identified who was in charge of the designated centre.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Oncall proposal to senior management team – by end of October 2014 complete
Budget and resource review - by end November 2014 complete

Meeting with oncall stakeholders to discuss implications to terms and conditions of employment – end Oct 2014. Ist meeting complete
Agreement on introduction of Oncall system – Dec 2014. Agreed with SMT
3 month on call development and operational lead in – jan to march 2015. In progress
Implementation of Oncall system in full by April 2015

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The nutrition policy in place did not include sufficient detail on monitoring and documentation of nutritional intake, in cases of weight loss or gain.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

Review current policy to include nutritional status and weight loss/gain. complete
Policy to be signed off by review committee on 18th November 2014 and implemented across the organisation after this point. Complete 19 November

Proposed Timescale: 19/11/2014