



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

## Issued by the Chief Inspector

Name of designated centre:	Riverwalk House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0002501
Fieldwork ID:	MON-0030072

## About the designated centre

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

Riverwalk House provides both day and overnight residential respite care to both children and adults with a disability. The designated centre comprises of a one storey building located in Donegal on the outskirts of a town, but within close proximity to local amenities such as shops and restaurants. The centre provides accommodation for up to three residents, with children and adults availing of the centre at separate times. In addition to their own bedrooms during their stay at the centre, residents have access to communal facilities which include a kitchen diner, two sitting rooms, a laundry room and bathroom facilities. Residents are supported by a team of both nursing and care staff. Residents are supported with their needs by up to three staff during the day. At night-time, residents' needs are met by two staff, with a nurse undertaking a waking night duty and care staff doing a 'sleep in' duty; and being available if required by the nurse to support in meeting residents' needs. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours.

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

Number of residents on the date of inspection:	2
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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 - 2015 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
Wednesday 5 August 2020	09:43hrs to 13:30hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with the two residents who we're living at Riverwalk House on the day of inspection. Both residents had regularly accessed the centre for respite care previously; however, from July 2020 they had both been admitted on a full-time arrangement to the centre with the intention of moving to a residential placement in the future once identified.

Both residents told the inspector that they liked being at Riverwalk House and got on well with the staff. One resident told the inspector that the staff met 'their every need', and they were supported to do a range of activities both in the centre such as their artwork which they enjoyed a lot and in the local community such as going for meals out in local hotels. At the time of the inspection, the resident was waiting for a family member to arrive at the centre to take them out, and staff were ensuring they had all they needed for the outing. The resident also spoke about their day service placement which they were currently on holidays from and how much they were looking forward to returning to it in September 2020.

The inspector also observed preparations for the other resident at the centre to go to the local town with two members of staff to do clothes shopping. On their return back to the centre, the resident spoke with the inspector and also said they liked living at the centre, as well as telling them about the shopping trip and showing the clothes they had purchased.

Throughout the inspection, residents were observed to appear relaxed and comfort with all care and support provided at the centre. The inspector also observed that residents' needs were met in a timely and sensitive manner by staff on duty, and there was a homely feel to the centre. Residents were further made comfortable as due to COVID-19 arrangements at the centre, each resident although able to interact with each other had their own separate lounge area and bathroom facilities.

## Capacity and capability

Governance and management systems at Riverwalk House ensured that residents' assessed needs were met and care and support was provided to a good standard. At the time of the inspection, the centre which traditionally provided respite care to both adults and children with a disability, had since July 2020 been providing temporary full-time care to two adult residents during the COVID-19 pandemic with a view to them moving on in the future to residential placements.

The centre's governance arrangements were robust in nature with a clearly defined management structure which involved the person in charge being based

full-time at the centre during the week. The person in charge was suitably qualified and met all requirements of the regulations and through discussions with the inspector showed herself to be very knowledgeable about the residents' assessed needs and the day-to-day operational management of the centre.

The registered provider and person in charge ensured that the centre operated in line with both the regulations and their own policies and procedures through the undertaking of a suite of management audits which looked at the ongoing effectiveness of care and support practices provided at the centre. Audits were undertaken either weekly, monthly or quarterly and looked at practices such as infection control, complaints, residents' finances, residents' personal plans and fire safety. Audits were completed by either the person in charge or a delegated member of the staff team, with the results of all audits being reviewed by the person in charge. Where areas for improvement were identified, these were incorporated into the centre's 'Quality Improvement Plan' (QIP) which was regularly updated and reviewed by senior management.

In addition to local management audits, the provider had also ensured that six monthly provider unannounced visits had occurred at the centre as well as an annual review into care and support provided as required under the regulations. Due to the impact of COVID-19, the provider had investigated alternative methods to meet their regulatory requirements, with for example the most recent six monthly visits being completed through a desktop review. As with the scheduled management audits, where areas for improvements were identified through the unannounced visits and annual review, these were incorporated into the aforementioned QIP. The QIP was comprehensive in nature, and clearly showed the actions to be taken to ensure improvement in a specific area, clear time frames were assigned as well as a responsible person to ensure its completion. Progress towards the identified improvement was recorded, and where this was delayed such as in regards works to the centre's premises a clear rationale was given such as 'delayed due to COVID-19 restrictions'.

Residents' needs were met by an appropriate number of suitably skilled staff, which comprised of both nursing and health care assistants. Due to the impact of COVID-19, the centre which previously was unstaffed during the day when residents went to their day services, remained open at all times as day service provision had been temporarily closed. To facilitate this change in staffing requirements, the provider had ensured that day service staff were re-deployed to the centre. Those day service staff who met the inspector were knowledgeable about residents' needs; as they had supported one of the residents at their day service, they also spoke about how they had been inducted into all aspects of the centre and said they enjoyed working at Riverwalk House. In addition, where temporary workers were used at the centre, the person in charge had ensured that wherever possible the same workers were used to ensure consistency in meeting residents' needs.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training. Training records and discussions with staff showed that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management for nurses,

positive behaviour management and fire safety. Further evidence of the provider's commitment to ensuring that staff practices were up-to-date was evidenced through staff participation in online training and PowerPoint presentations associated with the management of an outbreak of COVID-19, with all staff completing training in areas such as the use of personal protective equipment (PPE), signs and symptoms of COVID-19, and hand hygiene techniques.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Risks identified at the centre were captured within the risk register and risk management interventions implemented clearly showed both existing and additional measures to mitigate the risk and safeguard residents and staff. Staff were knowledgeable about risk interventions at the centre, and management plans were subject to regular review, to ensure their effectiveness and suitability.

The person in charge also ensured that all accidents and incidents which occurred at the centre were recorded. Records of said events included information on the event itself as well as measures in response to the event. In addition, the person in charge completed a monthly audit of all reported events which was used to identify if there were any specific trends in the events and the subsequent need to change or improve practices at the centre. The monthly audit of incidents and accidents was also submitted to senior management for further review.

### Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met in a timely manner and they were supported to participate in activities of their choice during respite stays.

Judgment: Compliant

### Regulation 16: Training and staff development

Access to regular training opportunities ensured that staff were suitably skilled and equip to meet residents' needs, comply with agreed work practices and adhere to public health guidance.

Judgment: Compliant

### Regulation 23: Governance and management

Clear governance and management arrangements were in place at the centre which ensured that practices were subject to regular review into their effectiveness and met residents' assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

The person in charge had ensured that the centre's statement of purpose was subject to regular review and reflected the services and facilities provided and was in accordance with Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Arrangements for the management of complaints received at the centre were comprehensive in nature and records showed that when received they would be investigated in a timely manner with subsequent outcomes recorded, including the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

Care and support arrangements at Riverwalk House ensured that the two residents using the centre at the time of the inspection were supported in all aspects of their assessed needs as well as facilitated to access activities in the local community and be kept safe from harm.

Due to the COVID-19 pandemic, the centre since March 2020 had not operated at its traditional capacity in regards providing respite care to both children and adults with a disability. The person in charge spoke to the inspector about it being identified as a possible isolation unit by the provider, which had reduced its opportunity to provide respite during the 'lock down' period. Where respite care had been provided this had been based on clearly defined emergency criteria. As stated earlier in this report, from July 2020, the centre had put supports in place to meet the needs of two residents who previously accessed the centre for respite, but were now living there on a full-time basis prior to moving to a future residential



placement.

During the inspection, the residents told the inspector about activities they had done since coming to the centre in July 2020. One resident prior to going out with their family spoke about going to local hotels for meals, art work they enjoyed, beauty treatments staff had done with them and cooking activities. The other resident spoke about a trip to the local town they had done that morning and the clothes they had purchased. The centre also maintained ' My Respite PCP' records for all residents who used the respite facility, these records illustrated the range of activities residents enjoyed on their visits, which prior to the COVID-19 pandemic included trips to local places of interest, meals out, cinema and bowling trips, with activities undertaken being very much centred on each resident's interests and abilities

The personal plans of both residents using the centre at the time of the inspection were reviewed and were both up-to-date and comprehensive in nature. The plans contained detailed assessments of the residents' support needs and associated 'nursing interventions' to ensure their needs were met by a consistent approach from staff. From discussions, the inspector found that staff were knowledgeable on residents' needs and as well as specific support interventions such as those associated with the positive behaviour management.

Where residents had assessed needs which related to behaviours that challenge, a comprehensive behaviour support plans was in place and subject to regular review by a qualified behavioural specialist. In addition, to staff being very knowledgeable about behaviour supports in place for residents, they were also able to tell the inspector about any restrictive practices in use at the centre to meet residents' needs. Restrictive practice related documents reviewed by the inspector reinforced discussions with staff discussions by clearly showing when, how and why the practices were used and that they were subject to regular review to ensure their appropriateness in meeting a resident's assessed need. The provider further ensured staff practices in behaviour management reflected current health and social care developments through their attendance at positive behaviour management training in accordance with the provider's policy.

Infection control measures at the centre were robust in nature and had been further enhanced in light of public health guidance on the management of an outbreak of COVID-19. The inspector observed staff wearing face masks, gloves and aprons when providing personal care to residents and being unable to maintain two metre social distancing. In addition, personal protective equipment (PPE) was readily available along with alcohol hand sanitizer at the centre, and the person in charge had a clear pathway for the obtaining of additional PPE supplies when required. Arrangements were also in place to take staff and visitors' temperatures on arrival at the centre. The person in charge had also completed a COVID-19 contingency plan for the centre which was subject to regular review to ensure it reflected current public health guidance. The COVID-19 contingency plan clearly reflected how the centre and registered provider would respond to all aspects of an outbreak of COVID-19 if it occurred at the centre. Residents had also been supported by staff to be aware of COVID-19 and the need for certain practices such

as hand hygiene to be observed at all times. The centre's communal notice board also contained easy-to-read information to support resident knowledge in areas such as the signs of COVID-19, social distancing and hand washing.

There were no identified safeguarding concerns at the centre on the day of inspection. However, a review showed that robust arrangements were in place to safeguard residents from harm. Where a previous safeguarding risk had been identified, the inspector found detailed safeguarding plans had been put in place which included additional measures to mitigate the risk to those effected. Safeguarding plans had also been subject to ongoing review to ensure their effectiveness. In addition, all staff had completed up-to-date 'safeguarding of vulnerable adults' training which ensured they could identify the signs of abuse and respond in line with the agreed measures contained within the provider's safeguarding policy.

Fire safety measures at the centre had been reviewed following the last inspection, which had ensured that replacement fire doors with magnetic release catches had been installed throughout the centre. In addition, the provider ensured that all other fire equipment such as emergency lighting, extinguishers and the fire alarm were subject to regular servicing by an external contractor, and equipment was further checked by centre staff on a regular basis.

In addition, residents were made aware of how to evacuate the building in the event of a fire through regular simulated drills, with records showing that the current two residents had been involved in a drill in July 2020 following their recent admission. Also records of fire drills showed that they were conducted under all circumstances such as minimal staffing to ensure their effectiveness. Staff were also guided on residents' support needs in the event of an evacuation through detailed 'Personal Emergency Evacuation Plans' for each resident, and in addition all staff had attended up-to-date fire safety training.

## Regulation 10: Communication

Following the last inspection, Internet access had been made available to residents at the centre through the purchasing of a SMART television and access to Wi-Fi codes when using their own devices.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to access a range of activities both at the centre and in the local community which reflected their assessed needs, preferences and interests.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was kept at a good level of cleanliness, with clear infection control protocols in place which reflected current public health guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate and effective fire safety arrangements were in place at the centre. Furthermore, following the last inspection, fire containment measures at the centre had improved with the installation of new upgraded fire doors with magnetic release devices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive, up-to-date and provided guidance to staff on all aspects of residents' care and support needs.

Judgment: Compliant

### Regulation 6: Health care

Where residents were accessing the centre full-time, they were supported to access

healthcare professionals in a timely manner and reflective of their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider had ensured that clear guidance on supports to be offered was in place to guide staff practice and ensure a consistency of approach.

Judgment: Compliant

### Regulation 8: Protection

Although there were no safeguarding concerns at the centre on the day of inspection, where previous safeguarding concerns had occurred, records showed that appropriate measures had been put in place to mitigate the risk and protect residents from further harm.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	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