

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
<b>Centre ID:</b>	OSV-0003284
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Waterford Intellectual Disability Association Ltd
<b>Provider Nominee:</b>	Fiona O'Neill
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **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 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
11 August 2014 09:30	11 August 2014 17:45
12 August 2014 10:00	12 August 2014 17:45

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 a registration inspection of a part time residential house which is one of a number of designated centers that come under the auspice of the Waterford Intellectual Disability Association (WIDA). WIDA provides a range of day, residential, and respite services in Waterford. It is a not for profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE.

As part of the inspection the inspector met with residents, relatives, the nominated provider, the person in charge and care staff.

Throughout the inspection the inspector observed practices and reviewed

documentation which included residents' records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files.

The centre provides residential care for four residents and is designed to cater for adults with an intellectual disability, who have low support care needs including some support with activities of daily living and intimate care. The service is currently provided for three females and one male resident ranging in age from 40-50 years. The service is operational Monday to Friday throughout the year with residents going home at weekends.

The aim of the residential service as outlined in the statement of purpose is to provide a comfortable, homely and welcoming environment which meets individual service user's needs, supporting and encouraging development. It states the centre is committed to supporting service users establish and maintain links within their local community. The inspector was satisfied that the service met the stated aims.

The person in charge works full time and has responsibility for two residential centres. She was seen to be very involved in the day-to-day running of the residential service and responsibility for the day to day organization and management of the centre which included staffing and budgetary management. Staff and residents informed inspectors that the person in charge visits the centre on a regular basis and was accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. All of the residents go home at the weekends so community and family involvement was evident and encouraged as observed by inspectors.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspector observed evidence of good practice during the inspection and was satisfied that residents received a good standard of social and health care with appropriate access to their own general practitioner (GP) and allied health professional services as required.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- contract of care
- complaints documentation
- improvements in the management of residents finances
- personal plans
- improvements in medication management.

**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 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care. The inspector observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. Residents described the staff member as being available to them if they had any concerns. The staff and residents informed the inspector that residents were actively involved in the house with residents' meetings held weekly. The residents told the inspector these meetings formed a general discussion on numerous issues included how to make a complaint and to whom, menu planning and social aspects of care including trip planning. Minutes of these meetings were seen by the inspector and they were found to be comprehensive, The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on. The inspector also observed a resident assisting the staff member to complete the grocery shopping list.

Residents were provided with 'feedback forms' annually and all feedback received is logged and acted upon, as required. However the feedback forms were universal for all WIDA services and were anonymous so it was not always easy to distinguish which service was being referred to. The person in charge told inspectors that all views expressed form the basis for planning of the operation of the service going forward.

The inspector saw and residents confirmed that their privacy and dignity was respected. Each resident was provided with a single, en-suite bedroom in order to provide adequate privacy. Plenty of communal space was available which included a sitting room, reception room and kitchen/dining area leading to the fully enclosed private garden so residents could spend time in private if they wished.

Residents confirmed that there was an open visiting policy and that they could receive visitors at any time. They told the inspector that visitors were always made welcome and offered refreshments and that there was plenty space within the house provided for them to visit in private if they required.

The complaints procedure was viewed by the inspector and was found to meet the requirements of the regulations. There was an accessible complaints procedure in place and this was seen displayed in the entrance to the building. The procedure displayed was in a plain English version and had photographs of the persons nominated to deal with complaints. The person in charge informed the inspectors that all residents were also provided with a plain English version of the complaints procedure and that a video explaining this procedure is made available to them on WIDA's website. The procedures were seen along with a copy of the statement of purpose in the dining area and bedrooms. A computer for residents and staffs use with easy access to the WIDA website was available in the centre.

Staff informed the inspectors that they are trained in the complaints procedure and they inform residents about it during residents meetings so that all feedback from residents may be documented and brought to the attention of management. The inspector viewed the complaints log and noted that the details of the investigation and ongoing correspondence of one complaint was not kept in the centre. This was viewed later by the inspector and the inspector saw that there was a full investigation and ongoing correspondence with the complainant but some was on the computer via email and it did not form a comprehensive record. It was documented that the complainant was satisfied with the outcome. However the complaint, investigation and correspondence were stored separately and this could lead to confusion. The regulations require that the provider maintains a record of all complaints including the details of the investigation, outcome of the complaint, any action taken on foot of a complaint and whether the complainant was satisfied.

There is a charter of rights which is also made available to residents in an accessible version (video) on the website. Residents are encouraged to access independent advocacy to assist them to articulate their wishes regarding the operation of the designated centre and a named independent advocate is available to residents.

The inspector noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions and the inspector observed very personalised bedrooms available for residents.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw that residents had access to appropriate media, such as television, and radio, newspapers and magazines. There was a comprehensive communication policy seen by the inspector and a number of the staff were trained in communication techniques such as Lamh and Picture Enhanced Communication Systems (PECS) to aid communication.

Staff who spoke to the inspector demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, the inspector noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice.

The residents guide and numerous notices were seen around the centre. There was a notice board at the entrance to the centre and in the dining area which contained a picture of the staff on duty, the complaints policy with pictures of the staff who to make a complaint too. Other relevant information was available to residents in an accessible format including as spoken about in outcome one a computer with access to the WIDA website with easy accessible information for residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

As outlined previously there was an open visiting policy where visitors were welcome to visit at different times and contact was also kept with families via the telephone.

The inspector saw that residents are supported to develop and maintain personal

relationships and links with the wider community. The service is only in operation Monday to Friday so residents go home at the weekend families are fully involved in the lives of residents. Some of the residents also went out to their families for visits during the week and go on holidays with family. Regular social outings took place to areas of local interest and residents enjoyed trips to local restaurants and other amenities.

The inspector saw and relatives confirmed that relatives were updated as required in relation to residents' progress. The inspector saw in residents' personal plans that families were involved in meetings and had signed off on their relatives personal plans. The inspector saw that these meetings were held on a regular basis. There was evidence that relatives could bring any issue directly to staff and the person in charge and staff told the inspector that they were very responsive to any such issues raised and these were documented in their personal plans.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors reviewed the statement of purpose and noted that the aim of the residential service is to provide a comfortable, homely and welcoming environment which meets individual service user's needs and supports and encourages development.

The service is a part time low support residential service. Referrals for admission to the service were set out in the admissions policy dated 2014 viewed by the inspector, which stated that a person may be referred by another agency, social worker, family or may make a self-referral for residential services. The centre opened in 2013 and the inspector saw evidence of a full assessment of potential service users by social worker in conjunction with the admissions committee. The admissions committee had representatives from the HSE, the WIDA board, social work and an Assistant Director of Nursing (ADON) on the committee. Minutes of regular meetings of the admissions committee were seen by the inspector along with letters of offers of residential care to service users and their families. Residents were invited to visit the service with a relative or representative of their choosing to discuss the service and their needs.

The person in charge informed inspectors that all prospective residents and their

representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. Trial periods were also offered. The criteria for admission was stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently receiving residential care in the centre.

The inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residing in the centre. The service agreement did detail the support, care and welfare of the resident and details of the services to be provided for that resident. However it was noted by the inspectors that although the fee was outlined it did not clearly identify what was included in this fee and what was excluded from the fee. It also did not include details of any additional charges that residents may incur during their stay. It was noted that not all residents had completed contracts for the provision of service. The person in charge said that some families were reluctant to sign and return them but there was no evidence of this documented in residents notes.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The residential house is in the middle of well populated area in Tramore which allows easy access to shops, restaurants and parks. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same. Each resident's personal plan reflects their individual wishes regarding social activities.

The inspector was informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents attended local day services where the residents enjoyed numerous different activities. The inspector found that residents were supported to access and take part in social events and activities of their

choices, apart from the activities provided in the day service the rest are community based, are age appropriate and reflect the goals chosen as part of their personal plan. Residents to whom the inspector spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town.

A volunteer attends to facilitate social outings/ activities as requested by residents and one resident goes out weekly with the volunteer and told the inspector how she really enjoyed that time out.

The inspector reviewed a selection of personal plans which were personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. One of the residents was handwriting out her plan which was very personal to her. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that care staff who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. However the inspector found that a number of sheets in residents personal plans were not individually named some were not dated or signed.

There was evidence in the personal plans of access to interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, physiotherapy, occupational therapy, dentist and chiropody services. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's personal plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. Each resident is encouraged and facilitated to maintain relationships with their own natural circle of support. There was evidence in the residents' personal plans that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

**Judgment:**

Non Compliant - Minor

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The Centre is a two storey, five -bedroom, community-based house situated in Tramore. Each resident is provided with a single, en-suite bedroom in order to provide adequate privacy. The bedrooms were seen by the inspector to be large and very personalised and decorated to suit the preferences of the residents residing there. The communal accommodation includes a sitting room, a reception room and kitchen/dining area leading to the fully enclosed private garden. The garden was well maintained and there was an outdoor patio area to accommodate suitable garden seating and tables provided for residents use.

The centre was found to be very clean and well maintained. Laundry facilities were provided and residents are encouraged to be involved in doing their own laundry.

At the moment cleaning is undertaken by the care staff and residents but the provider informed the inspector that a 'deep clean' of the service will be conducted by WIDA cleaning staff on a regular basis in the future.

As the residents tended to be mostly low dependency/independent, specialist equipment for use by residents or people who worked in the centre was not required. Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities and the centre had its own transport.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre included all the requirements of fire safety including fire doors, emergency lighting and fire alarm. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the house. Regular fire drills took place. A personal emergency evacuation plan (PEEP) was seen to have been developed for each resident and individual fire management plans were available for residents and the response of the resident during

the fire drills was documented.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Fire drills were held on a two weekly basis with records showing that staff and four residents could evacuate the centre in a very short period of time. Training records confirmed that fire training was held on various dates in 2013 and 2014. The inspector examined the fire safety register with details of all services and tests carried out. There was evidence that safety management systems were in place for the checking of fire escapes, fire alarms, equipment and the maintenance of service records of emergency lighting. Fire equipment was serviced in January 2014 and the emergency lighting was tested in June 2014. Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of the centre.

A comprehensive emergency plan was in place in relation to fire and numerous other emergency situations such as power outage, accidents, and disruption to water supply. Staff demonstrated their knowledge of what to do in an emergency situation. Emergency contact numbers were seen for all staff and numerous services that may be required in an emergency situation. The staff are generally lone workers and have emergency response pendants and mobile phones connected to an outside security firm who respond in the case of certain emergencies.

Comprehensive risk assessments were seen by inspectors for the centre and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included risk assessments for absconding, self injurious behaviour, challenging behaviour, medication not received, and daily living support such as dietary choices and weight management. There was a risk management and risk assessment policy in place that met the requirements of legislation and the risk registrar included the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

At the time of the inspection one of the residents who was at home had been diagnosed with an infectious disease. The person in charge had notified the authority as required by legislation. The inspector saw that the person in charge was in contact with the multidisciplinary team including, the residents GP, infection control and public health. All the relevant precautions and screening of residents and staff was undertaken prior to returning to the centre.

The inspector saw that the environment of the centre was homely and visually clean. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available in the centre and the inspector observed staff using the hand gels and undertaking regular hand hygiene. There were colour coding in place for mops and chopping boards to abide by best practice in infection control. The person in charge and staff informed inspectors that the cleaning of the houses was generally undertaken by the care staff with assistance from some of the residents. But the

provider told the inspector a deep clean would be undertaken by WIDA cleaning staff and this would be undertaken on a regular basis.

There was a comprehensive safety statement dated July 2014 which contained numerous hazard identification and control sheets for the service. The inspector viewed training records which showed that staff had received up to date training in moving and handling in 2013 and 2014.

The inspector viewed policies in relation to vehicles used to transport residents. The centre owns its own vehicles. Up to date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence to drive the vehicles.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Policies and procedures dated 2014 were in place for the prevention, detection and response to Abuse and these were viewed by the inspector and found to be comprehensive. Staff with whom the inspector spoke knew what constituted abuse and they demonstrated an awareness of what to do if an allegation of abuse was made to them. They told the inspector that all allegations of abuse are recorded.

The designated person to deal with any allegations of abuse is a social worker employed by WIDA. The person in charge for respite services also acts as a designated person in the absence of the social worker. They both provided training on all aspects of recognising and responding to abuse to staff. The inspector met with the social worker and the inspector saw evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and investigation.

Residents to whom the inspector spoke confirmed that they felt safe and spoke

positively about the support and consideration they received from staff. The inspector noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided.

The inspector reviewed the policy on finances and personal property dated 2013. Some residents had money management competency assessments completed in their person-centred plans. The inspector viewed the process used to safeguard residents' money in the centre. Residents' money was securely stored and documented in a property log and signed in and out by a staff member. The inspector saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. The policy states that all transactions to be signed by staff and resident where possible and that at the end of the shift two staff must complete a check on the final balance. There had been improvements in the process over the last week and the inspector saw a memo sent to all staff requiring a more robust system to be implemented for residents' finances. However a number of transactions were only signed by a staff member and there was not always evidence of two staff signing off at the end of the shift. The inspector saw that one resident brought money into the centre which included cash for payment of fees as she does not have a bank account set up for direct debits. The money then would be taken to the WIDA offices the following day. Although the fees paid by residents were outlined in the contract with the service it was unclear in resident's financial statements which payments were for rent, which were for transport and which for care. As residents did not receive an invoice or statement of charges for care/rent/transport provided by WIDA services it was unclear what payments were for. Overall the inspector formed the opinion that the system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping.

There was an up to date policy on responding to behaviours that challenge. From a selection of personal plans viewed, the inspector noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Staff who spoke to the inspector confirmed that they had received suitable training and had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. The inspector saw that comprehensive behaviour management plans and guidelines had been devised and implemented. Staff training records showed that staff had received training on dealing with behaviours that challenge and this training was current. The inspector noted that there was a centre specific policy in relation to restrictive practices that would guide their use in line with evidence based practice. The inspector noted there was no use of restrictive practices in the centre at the time of the inspection.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The provider outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required. The authority had received all notifications in a timely manner as required by legislation

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported. There was evidence of one of the residents attending work and using public transport to return to the centre. Other residents to whom inspector spoke outline that they had regular roles within the house and the inspector noted that such roles formed part of residents' goals in their personal plans. The resident's roles and responsibilities included keeping the house tidy, setting tables for meals, participating in food preparation and clearing up after their meals. The inspector was also informed that these roles were adapted to meet the capacity and needs of the individual residents.

Residents outlined to the inspector how they could access appropriate and accessible indoor and outdoor recreational events for example bowling, cinema, and trips to the seaside and to different local amenities.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw that as residents all lived at home with their families at weekends, access to interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was generally done by their families. However if there was a medical issue in the centre staff would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local doctor on call service who attended the resident at home if necessary. The inspector saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry, physiotherapy, occupational therapy, chiropody, optical and dental speech and language therapy and psychology services were available through the HSE and information is given to the centre from the families.

There was evidence in residents' personal plans of referrals to and assessments by allied health services and plans put in place to implement treatments required. There was evidence in one resident's file of referral to speech and language therapy organised by the residents' family and plans implemented by staff.

Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good in the centre. The inspector saw that residents were involved in the menu planning. Weekly meetings were held Wednesday or Thursday night with the residents to plan out the meals for the week. The staff member demonstrated an in-depth knowledge of the residents likes and dislikes. The food was seen to be nutritious with adequate portions and residents were encouraged by staff to eat healthy diets and the inspector saw weight monitoring charts for residents in their personal plans. Some of the residents had their main meal in their day services and some took packed lunches to their day services with them and had their main meal at night time in the centre. The inspector observed that residents had access to fresh drinking water at all times.

Residents told the inspector that they also liked to eat out and often had meals out at least one day per week.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were centre-specific medication management policies and procedures in place which were viewed by the inspector and found to be comprehensive. The inspector saw that the residents own GP prescribes all residents medication and this is obtained from the residents' local pharmacist for each resident and sent in with the resident on return to the centre after the weekend by the family. Medication was stored in a locked cupboard and counted and documented on return to the centre by staff. The inspector saw that one residents' medication was sent in with them to the centre on a cut off strip of four tablets. They were not boxed or labelled for that individual resident and therefore did not abide by any best practice guidelines in the receipt of medication. In this format it does not allow for staff to follow best practice guidelines in administration of the medication and this practice of accepting medications out of their original packaging was not safe and could lead to errors.

Medication that is returned home is also counted and documented by staff as number and type of medication returned. This is then placed back in the resident's bag to go with them to their day service. The inspector did not feel this system was sufficiently robust as medication could be taken out of residents bags and a system of handover of medications would be required to the day service staff.

The inspector saw that references and resources were accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

Non nursing staff had undergone two day training on safe medication administration; and they were assessed as competent by a nursing staff prior to any administration of medications to residents. The inspector saw evidence of this training in the staff files. The staff told the inspector that the pharmacist gives advice to the residents and staff in

relation to the medications provided. Staff who spoke to the inspector were generally knowledgeable about the resident's medications. Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication.

There were no residents that required scheduled controlled drugs at the time of the inspection. Assessments were completed for residents to self medicate and one of the residents held her own medications in a locked cupboard in her own room.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A recently updated statement of purpose was available and reviewed by the inspector. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The person in charge confirmed that she kept the statement of purpose under review and provided the inspector with a copy of the most up to date version. The inspector noted that there was a copy of the Statement of Purpose in each resident's bedroom and at other locations in the house.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre is one of a number of designated centres that come under the auspice of the Waterford Intellectual disability Association (WIDA). WIDA provides a range of day, residential, and respite services in Waterford. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. There is a director of services/director of nursing who reports to the board of directors. She is the nominated provider on behalf of WIDA services. The director of services/director of nursing leads a senior management team which comprises of two ADON's, a social worker and a human resources manager. The senior management team meets very regularly. The ADONS take responsibility for different parts of the service one works as the person in charge for residential services and the other as the person in charge for respite services.

The person in charge for residential services works full-time and is a registered nurse Intellectual Disability. She holds a diploma of higher education in learning disabilities and a certificate in senior nurse management. She has over 16 years experience in intellectual disabilities (residential and day service), and six years experience in day service management.

The inspector noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents, relatives and staff identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre.

The inspector formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The person in charge for respite services takes responsibility in the absence of the person in charge for residential services. Additionally the person in charge is available on call and staff told inspectors that they have called her in the past.

The senior management team were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with

Disabilities. The inspector saw that there was a copy of the National Standards and the Regulations were available to staff in the house along with other relevant documentation.

Staff who spoke with the inspector said they had regular team meetings and received good support from the person in charge and had commenced the process of performance reviews which they stated they found beneficial.

The inspector noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

The provider visited the centre on a regular basis and had undertaken unannounced visits. Following same she had completed a comprehensive annual management review of the centre and had developed an action plan for the year ahead which included a training plan, to roll out the human rights committee and to undertake further actions identified as required in the risk register. The inspectors reviewed this review and found it met the regulatory requirement. There is also ongoing auditing of various aspects of the service which included medication management, resident's records, financial records, accidents/incidents, complaints, safeguarding and health and safety audit. An audit schedule was seen by the inspectors to be in place. The inspector was satisfied that the systems were in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence. Support and acting up arrangements were comprehensive, the second ADON covers for the person in charge when she is away and is supported by the nominated provider.

**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.*

**Theme:**  
Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

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

There is an annual budget for the centre which is reviewed on a monthly and then annual basis. The person in charge told the inspectors that funding would be made available in the event of a major piece of equipment breaking down and requiring replacement.

The accounts and budgets are prepared and allocated by the accounts department and are managed by the person in charge and overseen by the registered provider who reports to the board of directors.

The inspector noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

*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.*

**Theme:**  
Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. The inspector observed that residents were familiar with staff, and staffs pictures were on the notice board to inform them of who was on the roster. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspector spoke to the staff member on duty during the inspection, the staff appeared to be competent and were aware of their roles and responsibilities. Staff in the centre generally worked alone but stated they felt well supported by the person in charge and there was a senior manager on call at all times that they can call for advice or assistance.

There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure. The inspector met with the human resources manager during a previous inspection and she outlined her role in ensuring all staff were recruited and inducted in accordance with legislative requirements.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. There was evidence that new staff received a comprehensive induction programme and these were seen signed by the staff member and the line manager in individual staff files.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. The inspector noted that accessible copies of the standards were available in the centre and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training completed by staff included food hygiene, first aid, risk management, community inclusion, communication therapies, health and safety and hand-washing. All care staff have at a minimum a Further Education Training Awards Council (FETAC) level 5 qualifications in healthcare.

The inspector noted that staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented. Records showed that the person in charge formally met with each staff member and staff stated they found this very beneficial.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector reviewed the centres policy and procedures and found that the centre had 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.

Staff to whom the inspector spoke demonstrated an understanding of specific policies such as the medication management policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

The inspector reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspector found that overall records were generally accurate, complete and maintained in a manner that allowed them to be easily retrieved by staff.

**Judgment:**

Compliant

## 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:***

Caroline Connelly  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
<b>Centre ID:</b>	OSV-0003284
<b>Date of Inspection:</b>	11 August 2014
<b>Date of response:</b>	01 October 2014

### 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 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Documentation in relation to a complaint was not maintained together to form a comprehensive contemporaneous record.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All documentation relating to complaints (emails included) is now stored locally in this service.

**Proposed Timescale:** 01/10/2014

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contract for the provision of services did not include what was included in this fee and what was excluded from the fee. It also did not include details of any additional charges that residents may incur during their stay.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A new Service Provision Agreement is issued to all residents of the service.

This documents all charges which the service user is liable to pay to WIDA and what is included in these charges. It will also stipulate all other additional charges which they will incur as a resident of the service.

**Proposed Timescale:** 01/10/2014

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The inspector found that a number of sheets in residents personal plans were not individually named some were not dated or signed.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All pages of the service users Care Plan and PCP will have the service user's name on it, the date of issue, and a signature of the staff completing it.

**Proposed Timescale:** 30/11/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The system in place to manage residents' finances is not sufficiently robust.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Service User's Finances procedure has been amended to state that where only a single staff is on duty during a shift, that the Person In Charge will do regular audits of the service user's finances.

Receipts will be issued by the accounts department on a monthly basis documenting monies received from service user's, as stated in their Service Provision Agreement.

**Proposed Timescale:** 01/10/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The inspector saw that one residents' medication was sent in with them to the centre on a cut off strip of four tablets. They were not boxed or labelled for that individual resident and therefore did not abide by any best practice guidelines in the receipt of medication. In this format it does not allow for staff to follow best practice guidelines in administration of the medication and this practice of accepting medications out of their original packaging was not safe and could lead to errors.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

It has been explained to the parent of this service user that medication sent in without the original box, and a dispensing label will not be accepted by staff.

**Proposed Timescale:** 01/10/2014