

**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-0003404
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:	6
Number of vacancies on the date of inspection:	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, 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 September 2014 09:00	17 September 2014 18:30
18 September 2014 10:00	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, 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 3 houses.

The first house had a living room, kitchen diner, three bedrooms one of which was en-suite, and a bathroom. There was also a staff office and a staff sleep-in room. There is a garden to the rear of the property, with a seating area.

The second house had two bedrooms, two lounges, a kitchen diner, laundry and a bathroom. There was also a staff sleep-in room. There was a gated drive and garden.

The third house had a lounge diner, kitchen, two bedrooms, and a staff sleep-in room. There was a garden to the front and rear of the property, and a garage.

Residents who spoke with inspectors felt they got the support needed from staff who knew them well and supported them to have a good quality of life. They talked about the range of activities they were involved in and were keen to tell inspectors of their future plans.

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 fire alarm servicing, the lack of formal 'on call' arrangements for out of hours, and polices on monitoring and documenting 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 found that residents were consulted about how the centre was planned and run in a number of ways. In each house there was discussion with the residents to plan things like activities, menu's and household tasks. The residents reported to inspectors that they felt they were involved in making decisions about their routine and decisions about the house they lived in.

Residents had made decisions about personalising their own rooms, and had agreed to any changes to the decor of the communal areas of the house.

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.

There was a Residents' 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. All of the residents spoken with said they knew who to speak to if they were not happy. 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.

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 completed 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. To reduce the complaints on this topic, in one house a resident's charter had been implemented, and all of the residents had signed to it and agreed to follow the guidelines about how to behave in the public areas of the house.

Residents were seen to be treated with respect and dignity by the staff. In the questionnaires that residents completed for inspectors they used comments like "the staff mind me", and "the staff look after me and I feel contented here". On the day of the inspection those spoken with said they felt the staff were respectful and nice to them.

Residents also reported that they were able to make decisions about their own lives, setting the goals they wanted to achieve, for example going on holiday, attending events in the community such as football games, and musicals. Each resident had their own weekly schedule that included a wide range of training, employment, and social activities. It was clear from the records the residents were involved in developing their support plans, and deciding what to do with their time.

Support plans were focused on the individual and supporting them to maintain their independence, privacy and dignity. For example personal care support needs were set out clearly so it was clear what support was needed, and where the residents were independent. Staff training was seen to have a focus on person centred care, and the staff were seen to be putting this in to practice.

Residents were supported to maintain contact with family and friends if needed, and also given support about how to manage relationships if it was needed. Social media was an area people were being supported to understand, including knowing the dangers and how to keep themselves safe.

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. For example, some residents were accessing the community alone, others were developing skills in the kitchen, others were learning money management skills.

Residents were registered to vote, and were 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.

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.

The behaviour plans that were developed for residents covered their communication skills, covering their ability to communicate verbally, and their ability to understand what is being said to them. They also included what they may understand when they were calm, and how their ability to understand verbal communication may deteriorate when they are anxious, stressed, or feeling low.

To support residents when anxious, '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 paying rent, taking medication, contact with friends, using public transport.

The residents were supported by psychologists and speech and language therapy services where it was identified as being needed.

They had access to TV, radio, and newspapers and magazines if they chose. Residents had access to the internet and some were using social media.

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.

Residents spoken to confirmed that where they had relatives and friends who were important to them, they had been able to continue to have regular contact with them. Some residents spent time visiting relatives, others had their family and friends visit the house.

The support plan set out the key relationships in resident's lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others.

If a resident agreed, their family were involved in the development of their support plans, and setting their future goals.

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 HIQA.

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 to 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 into 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.

Each resident had a tenancy agreement in place that explained the service to be provided and 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.

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.

Inspectors reviewed records and found that residents were involved in the assessment to identify their needs and choices. Residents explained how staff supported them to find things that they enjoyed, and what steps were needed to put their goals in to place. Residents enjoyed a wide range of activities, for example attending training courses, horse riding, relaxation and massages sessions, computer skills, local shops and shopping centres, sporting events, and music and theatre events. Some residents were also planning weekends away and holidays.

Inspectors read a sample of the plans, and they were seen to identify the support needs of the resident, and how they were to be met. They were person centred and focused

on what people wanted from life, priority goals, support networks, having the best possible health, exercising rights, being treated fairly, choosing their daily routine, interacting with others in the community. The plans included any goals that had been set, and the progress made in meeting them.

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. Residents reported that they felt supported by the contact they had with them. There was also evidence of support from other healthcare professionals such as occupational therapy and physiotherapy.

Residents reported to inspectors that they felt happy in the service, and they were doing things that they liked, and managing things on their own as much as possible. Some said things were much better for them now than they had been in the past. 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 a long time. This was clear from the support plans and other reports available.

Reviews were carried out annually, or as needs changed. The residents decided who they wanted to attend, and anything they wanted to discuss as part of the review.

The person in charge explained the process that would be followed as part of residents moving in to the centre, or moving out. At the time of the inspection no moves were being planned.

Judgment:

Compliant

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.

The houses were located in a local community, and close to public transport and local facilities such as shops, pubs and entertainment. Inspectors found the houses met the description provided in the statement of purpose.

The houses were found to be well maintained. Each house was homely, and residents had been involved in making decisions about how it was decorated. On the day of the inspection the houses were found to be well lit, had heating, and ventilation in place.

Some residents were happy to show inspectors their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs.

The kitchens were equipped with the facilities needed for residents to prepare and cook their own meals, or receive support from the staff. This included facilities to carry out laundry independently or with support. Residents explained to inspectors the arrangements for household tasks, and doing their laundry.

There was outdoor space in each of the houses that was accessible to the residents, and well presented. Smoking areas were provided outside where the residents chose to smoke.

There was an adequate number of baths, toilets and showers to meet the needs of the residents.

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):

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, fire alarms were not regularly serviced.

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. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy covered the elements required by the regulations, for example hazard identification and actions to control risk. It was evident during the inspection that the policy was being put in to practice, for example there was a risk register in place that was kept under view. The register provided information to the health and safety committee about the work being carried out to manage identified risks. Any significant issues would be escalated to the senior management team.

Each resident had a risk assessment in place, and there was also one for each of the units that made up the designated centre. The information in these documents was used to support the allocation of resources such as making sure there was enough staffing to meet residents needs. It was noted that environmental issues could be added to the ones in place for the designated centre, to make them more robust.

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.

Inspectors reviewed records for some of the incidents and accidents that had occurred. The person in charge explained that they 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 units, 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. Torches were available by the fire alarm panel for light.

There was a fire plan in place that was displayed in each unit, it 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 monthly. 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 obtained Fire Safety Certification.

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 observed that there were measures in place to safeguard residents which included a 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.

Staff members had all received training in adult protection. Those spoken with on the day of the inspection were clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place.

The person in charge on the day of the inspection understood the role they would need to take in the investigation any allegations of actual or suspected abuse. The provider, who was one of the named people to take a lead role was also very familiar with the process. Training had been arranged for staff who may be involved in carrying out an inspection, to cover instruction on how to carry out a preliminary screening and an investigation in to any allegations that are made.

At the time of the inspection no incidents, allegations or suspicions had been recorded.

All residents were seen to be treated with respect by the staff. There was also a respectful relationship between the residents living together in the houses. Mostly residents enjoyed living together, and stated to inspectors that they felt safe, and knew who to speak to if they did not.

Residents were supported by psychology and psychiatry specialists in line with their identified needs. Behaviour support plans had been developed by a multidisciplinary team and included information on what behaviours a resident may show, what may cause those behaviours, what they were trying to communicate, proactive strategies for support, and reactive strategies. Staff told inspectors that they found them clear and easy to read and follow in practice.

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 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:

Residents had opportunities for new experiences, social participation, education and employment.

Each resident had their own plan about the activities they took part in. They worked with the staff to identify the different things they wanted to do, and then steps were taken to identify how to achieve the outcome they wanted.

Residents told inspectors about their personal activities such as training courses at local colleges, personal skill development with support staff, attending the resource centre, relaxation and massage, horse riding and trips out to the local community.

Residents also told inspectors about their busy social lives, and shared stories of recent parties, get togethers with family members, and holidays. Some residents also shared photographs of recent events such as birthday parties.

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.

There was evidence seen in the records that residents had good access to general practitioners (GP's). Residents were supported to appointments by staff if required, or made arrangements with their family members.

A new document had been introduced to give a clear record of any healthcare support residents needed, and how those needs had been met. It was clear from these records that residents had access to a range of allied services, for example physiotherapist, psychology, psychiatry and medical consultants.

Residents spoke about how supportive they found the medical professionals that supported them.

Inspectors also noted good relationships with local hospitals to support residents specific needs in a timely and effective way.

Inspectors spoke to residents who were aware of healthy eating, and the importance of exercise. Some residents were shopping for food, and cooking meals with support. Others were supported to eat a healthy diet with staff preparing the meals.

Residents confirmed that they had access to adequate quantities and a good variety of food to meet their dietary needs. 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):

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

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.

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.

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 covered the assessment that needed to be completed, and any training a resident would need to complete.

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. A medication cabinet was on order and due to be delivered and fitted imminently in one of the houses that would meet the requirement for storing controlled drugs.

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 HIQA 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 of the designated centre was suitably qualified and experienced. He was knowledgeable about the Regulations and standards, and his role in meeting them.

He knew the residents needs very well, and was clear about what role he needed to take in meeting those needs, for example completing staff rotas, training needs analysis and staff supervision and appraisal.

The documentation for each of the units were very well organised, and support plans were complete and current for all residents. All of the staff spoken with were positive about how supportive he was. Residents also knew him well, and knew they could speak to him if they had any concerns.

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 the person in charge from one of the other designated centres would cover his role.

It was noted that one area of risk that had been spoken at the previous inspection 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 at any time, 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 to 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 consider alongside information from other parts of the organisation.

A number of audits were being carried out in the designated centre, this included medication administration, and health and safety. Records showed that actions were identified as part of the audits. They included who was responsible to take them forward, and by when.

The provider had also commenced the annual 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 nominee 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.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there were 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.

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.

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):

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

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.

Residents spoken with were very positive about the staff who supported them. They filled in questionnaires for inspectors and said they liked that staff who supported them. One said 'my staff really care about me and would never hurt me' another said 'Anything I need, staff look after me'.

Residents were seen to receive any support they needed in a respectful, timely and safe 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. Staff were positive about the training they received, and felt they were supported to work well with the residents. Where there were incidents that involved the staff feeling stressed, they reported the person in charge was very supportive.

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, low arousal positive behaviour support, and epilepsy awareness. The training provided reflected the needs of the residents.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which was evidence of a robust recruitment process.

Inspectors saw records of staff supervision and appraisal. All staff met with the person in charge on a monthly basis and had a six monthly appraisal.

Minutes were seen of staff meetings, covering issues such as residents needs and training.

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 policy on nutrition was in place however it did not specify how to identify issues of nutritional concern in relation to weight loss or weight gain. For example if a resident was losing or gaining weight over a short period, what action would need to be taken by staff.

Written operational policies that were in place informed practice and provided guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Satisfactory evidence of insurance cover was provided to the Authority.

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
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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-0003404
Date of Inspection:	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 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

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

testing fire equipment.

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

Establish service contract for service and fire alarms for each location.

1. Source quotes for alarm servicing contract

In process

2. Appoint contractor

Jan 2015

3. Service alarms

Post appointment

Proposed Timescale: 31/12/2014

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. 1st 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/nov

Proposed Timescale: 19/11/2014