# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

| Centre name: | A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd |
| Centre ID: | OSV-0003283 |
| Centre county: | Waterford |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Waterford Intellectual Disability Association Ltd |
| Provider Nominee: | Fiona O'Neill |
| Lead inspector: | Caroline Connelly |
| Type of inspection: | Announced |
| Number of residents on the date of inspection: | 5 |
| 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 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:  
06 August 2014 10:00  
07 August 2014 09:45
To:  
06 August 2014 17:45  
07 August 2014 17:45

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

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

Summary of findings from this inspection
This was a registration inspection of a residential house which 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.

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 five residents and is designed to cater for adults with an intellectual disability, who have high support care needs including support with activities of daily living and intimate care. The service is currently provided for females only.

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 house which included staffing and budgetary management. Staff and residents informed inspectors that the person in charge was on site daily and was very 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. Community and family involvement was evident and the inspector met numerous family members during the inspection.

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
- improvements in the management of residents finances
- personal plans
- improvements in the physical environment/equipment
- restraint practice
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 as being available to them if they had any concerns. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents’ meetings held weekly. Minutes of these meetings were seen by the inspector and they were found to be comprehensive, issues discussed included how to make a complaint and to whom, menu planning and social aspects of care including trip planning. 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.

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 met a number of family members during the inspection they all confirmed that there was an open visiting policy and that they could visit at any time. They told the inspector that they were always made welcome and offered refreshments and that space within the house was 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 office.

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. 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 met the advocate during the inspection, she had come in to meet the residents again, reinforcing and informing them of her role and building up a relationship with them.

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:
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):
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. One resident also had access to a communication device called the Big Mack which is a Voice output communication device.

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 in the kitchen/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

---

<table>
<thead>
<tr>
<th><strong>Outcome 03: Family and personal relationships and links with the community</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

| **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. Many of the residents went out to their families for visits during the week and went home at weekends or for holidays. Regular social outings took place to areas of local interest and residents enjoyed trips to local restaurants and pubs.

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 relative’s 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 relatives told the inspector that staff were very responsive to any such issues raised.

**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.

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. Residents are 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. The providers do not generally accept emergency admissions.

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.

**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 on the outskirts of Waterford city 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. 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.

The inspector was informed by staff that there were a number of options available for all residents in relation to social activities. All of the residents attended local day services where many of the residents enjoyed art therapy, music, hydrotherapy, drama therapy, reminiscence therapy and numerous other 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. One of the residents chooses to stay in the house a number of days per week and this is facilitated by staff. The centre had chickens in the back garden and many of the residents enjoyed looking after the chickens and the eggs were given by the residents to the neighbours which further enhanced the neighbourhood relationships.

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. 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 nurses 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 there was a lot of duplication of information in residents personal plans and the inspector found that a number of sheets were not individually named some were not dated or signed. In some of the personal plans there were numerous plans for the same identified need/problem. The inspector found that it was difficult to establish which was the current working plan that was directing current care and this could lead to errors in the most up to date care not being given.
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. Families who spoke with the inspector confirmed their involvement in their relatives’ personal plans.

**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 large five-bedroom, community-based house situated on the outskirts of Waterford city. The communal accommodation includes a sitting room, reception room and a large kitchen/dining area. Each resident is provided with a single bedroom in order to provide adequate privacy. The bedrooms were seen by the inspector to be very personalised and decorated to suit the preferences of the resident residing there. Three of the bedrooms had individual en-suite bathrooms and two of the residents shared a bathroom that had a specialist bath in it. A fully renovated private apartment was available to accommodate one resident situated at the rear of the centre. There were spacious gardens to the rear and side of the property and parking space at the front. 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 generally well maintained. However the inspector noted a large tear on the sofa in the lounge that required repair. The provider informed the inspector that a ‘deep clean’ of the service is conducted by WIDA cleaning
staff on a regular basis.

Laundry facilities were provided within the premises and were of an industrial nature. Staff said currently laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition.

There were a number of items of specialist equipment in the centre such as overhead hoists, specialist’s chairs, beds. Service records seen by the inspector showed that equipment was serviced in accordance with manufactures requirements.

Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities and the centre had its own bus and one resident has a car available for her individual use.

Judgment:
Non Compliant - Minor

---

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
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 regular basis with records showing that two drills had been undertaken in July 2014. 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 March 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.

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

The environment of the centre was homely and visually clean. 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. A deep clean was undertaken by WIDA cleaning staff from time to time. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available in the centre and the inspectors observed staff using the hand gels and undertaking regular hand hygiene.

There was a comprehensive safety statement dated July 2014 which contained numerous hazard identification and control sheets for the service. However the inspector noted there were exposed pipes in the shared bathroom and there was a dip in the floor on the main corridor outside the office that is a trip hazard.

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:**
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):
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 the inspector 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. However a number of transactions were only signed by a staff member and there was no evidence of two staff signing off at the end of the shift. Written receipts were
retained for some purchases made on residents’ behalf but there was no signed receipt for a hairdressing visit which was for a substantial amount of money and there was a notice displayed saying there was a sum of money was unaccounted for in one resident’s financial transactions. 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 with whom the inspector spoke 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. However there was a bed rails in use and the risk assessment was not fully completed and just referred the reader to the care plan. There was no evidence that alternatives to restraint had been tried and that bed rails were the least restrictive alternatives as required by best practice guidelines.

The inspector viewed the policy on personal intimate care 2014 which outlined the measures that would be taken to provide personal intimate care in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity and found this was comprehensive and implemented in the centre.

**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 learning to use communication devices. Other residents to whom the 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 residents were assisted to access community based medical services such as their own General Practitioner (GP) and were supported to do so by staff that 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 inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Social work was available through WIDA. Residents were seen to have appropriate access to other allied health care services such as speech and language therapy, physiotherapy, occupational therapy, chiropody, optical and dental were accessed through the HSE and visits were organised as required by the staff.

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 regular multidisciplinary review with the physiotherapist and occupational therapist where the residents care is discussed and reviewed due to her increasing dependency levels.

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 demonstrated an in-depth knowledge of the residents likes and dislikes. There were a number of residents on specialist diets and the residents all had individual place mats which contained their food plan on the reverse side which ensured residents received the correct diet in the correct consistency and in their preferred way.

Some of the residents were seen to have nutritional plans and swallow plans as required with some residents requiring a soft diet. The inspector observed that residents had access to fresh drinking water at all times.

Residents’ weights were not recorded for a number of residents on a regular basis despite a number of the residents being on specific diets.

The food was seen to be nutritious with adequate portions and the staff encouraged health eating. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. They also liked to eat out and often had meals out at the weekends.

Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options.
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 up to date 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. Medication was stored in a locked cupboard and counted and documented on admission by staff.

The inspectors saw that references and resources were readily 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.

The centre was a nurse led service during the day but was run by care staff at night. 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 knowledgeable about the resident’s medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. 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 but all current residents were assessed as not being suitable for self medicating at this time.
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 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 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**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 saw that there was sufficient assistive equipment to meet the needs of residents with servicing records up to date. The inspectors 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. Inspectors observed that residents were familiar with staff, and staffs pictures were on the notice board in the kitchen 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 inspectors spoke to staff on duty during the inspection, all staff appeared to be competent and were aware of their roles and responsibilities. Staff in the centre generally worked alone at night 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. Although there was a lone worker policy in place it required review to ensure it covered all aspects of actions to be
taken in the event of any emergency situations. The person in charge and staff told the inspector that the dependency needs of the residents was increasing the inspector required that staffing levels were to be kept under review particularly at night time to ensure that safe and appropriate care was provided to all residents.

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. There was a volunteer working in the centre who had previously worker there as a member of staff

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 centre's 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 medication policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

The inspectors reviewed the directory of residents which were located in the main office and noted that the directory was completed for each resident and contained the required information.

The inspector found that records were 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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003283</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 August 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 September 2014</td>
</tr>
</tbody>
</table>

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 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 the 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:

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 will be issued to all residents of the service.

This will document 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:** 26/09/2014

---

### 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:**
There was a lot of duplication of information in residents personal plans and the inspector found that a number of sheets were not individually named some were not dated or signed. In some of the personal plans there were numerous plans for the same identified need/problem and it was difficult to establish which plan was directing care.

**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.
The service user’s folders will be re-organised to only hold the most recent PCP and Care Plan. Obsolete documentation will be stored/archived.
The documentation in use will be reviewed to ensure that the PCP and Care Planning assessment and process are not duplicating the same information.

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

---

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The inspector noted a large tear on the sofa in the lounge that required repair.

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
The tear in the sofa will be repaired by an upholstery repair company.

**Proposed Timescale:** 03/10/2014

---

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector noted there were areas in the centre that could cause injury to residents, there were exposed pipes in the shared bathroom and there was a dip in the floor on the main corridor outside the office that is a trip hazard.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The exposed pipework in the main bathroom will be boxed in. The dip in the floor outside the office will levelled off.

**Proposed Timescale:** 26/09/2014

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that alternatives to restraint had been tried and that the least restrictive alternatives was used as required by best practice guidelines.

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are
Please state the actions you have taken or are planning to take:
In addition to the risk assessments in place for the use of cot sides, there is now a specific tool used to establish that cot sides are required, and that they are the least restrictive aid available.

**Proposed Timescale:** 26/09/2014

**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 procedure has been amended to ensure that a person external to the Designated Centre audits all service user’s finances. All transactions in the service user’s finances and property book in this service now have two signatures as per the service user’s finances procedure.

**Proposed Timescale:** 26/09/2014