<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-0003285</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Waterford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Waterford Intellectual Disability Association Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Fiona O'Neill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</table>
**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.
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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>16 September 2014 09:45</td>
<td>16 September 2014 17:30</td>
</tr>
<tr>
<td>17 September 2014 10:00</td>
<td>17 September 2014 14:30</td>
</tr>
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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>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

**Summary of findings from this inspection**

This was a registration inspection of a respite house for adults and children 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 inspectors met with residents, the nominated provider, the person in charge, the social worker, the assistant director of nursing and care staff.
Throughout the inspection the inspectors observed practices and reviewed documentation which included resident’s 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 respite care for five adults and five children on alternate weeks and residents are offered breaks in age appropriate groups. The service is provided for both males and females. The aim of the service is to provide a nurse led service where residents have access to high quality evidence based care. The service provides a break for parents/guardians while offering the opportunity to enjoy a break with their peers.

A number of questionnaires from residents and relatives were received and the inspectors spoke to the residents during the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. The person in charge works full time and has responsibility for two respite centres. She was seen to be very involved in the day-to-day running of the respite 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 accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible. All of the residents come in from home for respite care so community and family involvement was evident and encouraged as observed by inspectors.

There was an extensive range of age appropriate social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their person centred plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social 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 one area 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 and the National Standards for Residential Services for Children and Adults with Disabilities. This area is

- Improvements in the assessment and management of restraint
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 inspectors spoke stated that they felt safe and spoke positively about their care and their stay in the respite centre. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. Due to the admission criteria for the centre, residents generally required a high level of support and assistance from the staff. The staff and residents informed inspectors that residents were involved where possible in the house with residents’ meetings held weekly generally on the first night of admission for respite. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. There was a set agenda that outlined all residents needed to be made aware of for their stay, such as fire evacuation procedures, security codes, budgets, bills, expenses, meal planning for the week, house rules, how to make a complaint and to whom. 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.

There were systems in place to support children’s and adult rights, to promote their dignity and to ensure that they were consulted in relation to their care. A charter of children’s and adult rights was displayed in the centre and these rights were explained in a child and adult-friendly manner on the service’s website. Staff were proactive in contacting parents of the residents prior to respite breaks and afterwards and eliciting feedback about the service provided. In their statement of purpose, the service promoted the use of advocates and a named independent advocate was available if required.
Residents were treated with dignity and respect. Residents enjoyed a great deal of privacy and slept in single rooms. The premises was large enough to facilitate residents who needed space to have it and all rooms, including bedrooms, provided more than adequate space. Staff told inspectors that they were conscious of preserving the resident’s privacy and dignity while providing personal care in line with the centre’s policy on intimate care. There were signs on shared en-suites reminding staff to knock to check occupancy and doors were lockable from both sides. Systems were in place to ensure that resident’s belongings and finances were protected. Inventories of belongings were recorded on arrival. Sufficient wardrobes and bedside lockers were provided for the safe storage of belongings. Secure storage was available if monies were required to be stored on behalf of residents.

Residents’ capacity to exercise choice in their daily lives and routines was respected and facilitated. Children and adults were invited to state their likes/dislikes or, if they were unable to make these known, their parents were asked to make these known on their behalf. As there was a small staff group residents were often cared for by the same staff on each respite break and staff interviewed were very familiar with the residents and their particular needs. There were no set menus. Instead, children had choices with regard to the food they ate.

Residents and relatives were provided with ‘feedback forms’ annually and all feedback received is logged and acted upon, as required. The feedback forms were universal for all WIDA services and were anonymous. They had recently been colour coded so it was 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 centre going forward.

The inspectors were informed that should residents wish to receive visitors while availing of a respite break, space within the house was provided for them to do so in private if they required. There was an open visiting policy where visitors were welcome to visit the residents at any time. Staff told the inspectors as they were only in for respite they tended not to have a lot of visitors and they were out a lot on activities in the evenings and at weekends.

There were policies and procedures for the management of complaints, which included a commitment to resolve the complaint quickly, advise the complainant of the outcome of the investigation and to set out the action taken. There was also an appeals process in the event of a complainant not being satisfied with the outcome. Inspectors viewed the complaints log. There was a record of one complaint which was responded to quickly and according to the policy.

There was an accessible complaints procedure in place and this was seen displayed in the kitchen/dining area. 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 ‘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 each resident’s bedroom. A computer for residents and staffs use with easy access to the WIDA website was available in the office and staff assisted
residents to use this. The inspector saw a resident using the computer during the 
inspection.

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.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 02: Communication</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</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:** |
| Staff were aware of the individual communication needs of the children and adults they supported and assisted them to communicate their needs and choices. Each resident’s individual communication needs were set out in their file. Staff who spoke with inspectors demonstrated their familiarity with the resident’s communication needs and how best to respond to them. Inspectors observed good communication and interactions between staff and children and adults during the inspection. |

The communication needs of the residents who availed of the service varied hugely. Some residents had verbal skills while others required support to express themselves in a way that could be understood. There was a comprehensive communication policy seen by the inspectors and a number of the staff were trained in communication techniques such as Lamh and Picture Enhanced Communication Systems (PECS) to aid communication. Staff who spoke to the inspectors 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, inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice.

The inspectors noted that residents had access to appropriate media, such as television, and radio. The residents guide and numerous notices were seen around the centre. There was a notice board 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.
All the residents who availed of the service lived in the community. They had access to a telephone in the centre if required. A computer was available in the staff office and residents were allowed use this under supervision. Wireless internet access was available in the centre and the person in charge told the inspectors that some residents used their own electronic devices.

A new booklet was developed for children around their whole visit to the service. Pictures and text described the process of a respite break in the centre. It used child friendly language and ensured children knew what to expect when they came in.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

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

The inspectors saw that residents are supported to develop and maintain personal relationships and links with the wider community and as residents live at home families are fully involved in the lives of residents. Some residents made regular phone calls to relatives when residing in the centre some of these were scheduled in their person-centred plans. Children were encouraged to use community facilities. Transport was provided by the centre to take children to school or on outings. Children and adults participated in shopping trips and availed of local community facilities such as the swimming pool, cinema and places of interest.

Parents were offered the opportunity to visit the centre with their child prior to the commencement of their respite service. Prior to the resident coming into the service there is contact and comprehensive communication with the family in relation to the residents needs and there is a communication with the families in an evaluation of the residents stay in the service at the end of the respite break. The inspectors saw that relatives were updated as required in relation to residents’ progress. The inspector saw in residents’ person-centred plans that families were involved in meetings and had signed off on their plans of care.
A number of the residents would look to have respite at the time their friends are receiving respite so that they can enjoy the social aspects of care and friendship together.

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 adult respite service offered is to provide a residential respite service wherein residents are supported to access their local community, to develop their independence and enjoy a holiday with their peers.

The aim of the children’s respite service, which is provided on alternate weeks, is to provide a nurse led service where children have access to high-quality, evidence-based care which provides a break for parents/guardians while offering children the opportunity to enjoy a break with their peers.

Referrals for admission to the service were set out in the statement of purpose which stated that a referral may be made by an appropriate professional accompanied by reports from relevant professionals.

Applicants are provided with necessary forms to complete and invited to an admissions meeting with their parent/guardian or representative of their choosing with the person in charge and the WIDA social worker. They are invited to visit the service with a relative or representative of their choosing to discuss the service and their needs. All information required in order to complete the personal plan is gathered at this admissions meeting and any outstanding reports are sought from the multidisciplinary team (MDT).

Arrangements are made for the applicant to have a number of introductory visits to the service. Once the applicant has been successfully introduced to the service, they will be included in the list to receive planned respite breaks. These breaks are offered in December for the forthcoming year, with 14 nights offered to each applicant and further breaks, as appropriate.
Residents who are deemed to have a particularly high respite need are assessed by WIDA’s social worker so that additional breaks may be offered in line with their needs.

The person in charge informed the inspectors that emergency respite may also be offered, with due consideration being given to the needs of the applicant and the needs of other service users.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge and the admissions policy 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 respite 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 had recently been updated and they detailed the support, care and welfare of the resident and details of the services to be provided for that resident. They also outlined the fee to be charged and it included what was included in this fee and what was excluded from the fee. It also included details of any additional charges that residents may incur during their stay. The service agreements seen by the inspectors met the requirements of legislation.

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):
This was the centre’s first inspection by the Authority.

Findings:
The respite house is in the middle of well populated area on the outskirts of Waterford city. As the residents are living at home and only avail of the respite service infrequently they told the inspectors they very much enjoy the social aspects of care when on respite and to go out socially with their friends and peers.
Each resident’s personal plan reflects their individual wishes regarding social activities. The activities offered each week are reflective of the wishes of the particular group availing of respite at that time. The residents are facilitated to have a meeting at the commencement of their break to decide what activities they would like to plan for the week. Evidence of this was seen in the residents meeting book. All activities are recorded on the record of social activities a copy of which is provided to residents’ at the end of their break this is documented by staff. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same.

Children had opportunities to participate in activities that were meaningful to them, and which suited their needs, interests and capacities. The respite break gave children the opportunity to spend quality time outside of school with their friends. Records showed that children took part in a range of leisure activities together. These included playing together within the centre or outside in the play area, assisting with baking and cooking, sharing meals together and going on trips or engaging in a wide range of activities such as swimming, going to the seaside and trips to the cinema. A stock of toys and games were also available in the play room. The playroom had recently been redecorated and it was an inviting well equipped room that was also used on the alternate weeks when adults were in respite for watching TV and relaxing. There is a large hydrotherapy swimming pool belonging to the service beside the centre which residents and their relatives have access to.

Inspectors saw that the personal plans reflected the individual residents’ interests and goals.

The personal plans are currently being updated to ensure the staff were fully involved in drawing these up in conjunction with the family and the MDT. The inspectors reviewed the new 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.

As the residents lived at home with their families access to interdisciplinary team involvement in residents’ care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was done by their families. 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.

Judgment: Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 06: Safe and suitable premises</strong></th>
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<tbody>
<tr>
<td>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.</td>
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</tbody>
</table>

| **Theme:** |
| Effective Services |

| **Outstanding requirement(s) from previous inspection(s):** |
| This was the centre’s first inspection by the Authority. |

| **Findings:** |
| The facility is a purpose built seven bed roomed community based house on the outskirts of Waterford City, built in 2012 to include a sitting room, sunroom, playroom and kitchen/dining area leading to the south-facing, fully-enclosed landscape designed gardens. There is a playground with accessible outdoor play equipment for children and as previously stated WIDA’s state of the art hydro-therapy pool is also situated onsite. |

Each resident is provided with a single bedroom. Two bedrooms have private en-suite facilities and the other four bedrooms have two shared en-suite facilities. The centre was built to a high specification and to accommodate residents with high care needs, two of the bedrooms are equipped with a ceiling track hoist leading to fully accessible en-suite bathroom. |

The centre was found to be very clean and well maintained and fully wheelchair accessible. The centre was very clean and the provider informed the inspectors that a ‘deep clean’ of the service is conducted by WIDA cleaning staff after each respite break. There was ample car parking provided to the front of the building. |

Laundry facilities were provided within the premise and were adequate. 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 was a good level of specialist equipment seen by the inspectors and service records for specialist equipment were seen for hoists, specialist bath and beds which were up to date. |

Transport is provided by WIDA to assist residents in accessing work/school, education and recreational opportunities. Vehicles were serviced regularly and checked on a weekly basis. |

| **Judgment:** |
| Compliant |
Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The house was built to high standards and included all the requirements of fire safety including fire doors, emergency lighting and a 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” throughout the house. Regular fire drills took place.

A personal emergency evacuation plan (PEEP) was seen to have been developed for residents. 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 numerous drills had been undertaken in the last six months. Training records confirmed that fire training was held on various dates in 2013 and 2014. The inspectors examined the fire safety register with details of all services and tests carried out. There was evidence that safety management systems were in place for the checking of fire escapes, fire alarms, equipment and the maintenance of service records of emergency lighting. Fire equipment was serviced in January 2014 and the fire alarm was tested in September 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 current house was visually very clean. The inspector met the member of cleaning staff who works daily in the centre who was involved in the ongoing cleaning of the house. He was able to describe to the inspector the different colour coding for bathrooms bedrooms and communal areas but would require further updating if there were specific infections in the centre. 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.

The inspector viewed training records which showed that staff had received up to date training in moving and handling in 2013 and 2014. Transport is provided by WIDA to assist residents in accessing work/school, education and recreational opportunities. The inspectors 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 and there was evidence that vehicles were checked on a weekly basis by the driver.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Policies and procedures dated 2014 were in place for the prevention, detection and response to Abuse and these were viewed by inspectors and found to be comprehensive. Staff with whom inspectors 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 inspectors that all allegations of abuse are recorded.

The social worker was the designated person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. The person in charge told inspectors that all staff had received training in Children First: National Guidance on the Protection and Welfare of Children (2011) and in adult protection. Training records showed that all staff received training in child protection from an external trainer. The person in charge 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 inspectors met with the social worker and the inspectors saw evidence that allegations of abuse in the past in other parts of the service 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. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre.

Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff.

The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided. Body charts were maintained on each resident’s file to record any bruising or marks should any be noticed by staff.

Inspectors reviewed the policy on finances and personal property dated 2013. Some residents had money management competency assessments completed in their person-centred plans. The inspectors viewed the process used to safeguard residents’ money in the centre. Residents brought in money from home in an envelope in their bags. This money was documented in a property log and signed in by the staff member. Inspectors 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. Transactions seen had two signatures and the person in charge audits the finances weekly. Written receipts were retained for all purchases made on residents’ behalf these receipts were returned home with the resident and copies are kept to ensure an effective auditing of the system by the person in charge. Overall the inspectors formed the opinion that the system in place was 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, inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Staff with which inspectors 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. Inspectors 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 inspectors noted that centre specific policy in relation to restrictive practices would guide their use in line with evidence based practice. However there was no use of restrictive practices in the centre at the time of the inspection.

The person in charge told the inspectors that no formal behaviour support plans were required for the children currently using the service. Some behaviour that posed a risk to children or others were risk assessed and controls were put in place. The inspectors 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 were bed rails and lap belts in use at the time of the inspection. Although there were risk assessment around their use there was no evidence of an assessment to identify why they were required in the first place. There was no evidence that alternatives to restraint had been tried and that bed rails and lap belts were the least restrictive alternatives as required by best practice guidelines.

**Judgment:**
Non Compliant - Moderate

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**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:
There was evidence that children were supported as they made the transition from home or school. This involved staff contacting the children and families in advance to confirm the respite break, discussion with the parents about the current needs/requirements of the children and making the practical arrangements for collecting the children and returning them, usually to school on the following day. Feedback was provided to the parents on their children’s stay and any issues that arose. Inspectors observed the children in their interaction with staff and saw that they seemed at ease and comfortable with the centre and the staff.

A child was discharged from the service when they reached 18 years, when they no longer required the service or chose another provider to provide a similar service or when their needs could no longer be met by the service. The person in charge told inspectors that children usually made the transition to the adult service which was provided in the same centre. This meant that there was continuity in terms of the surroundings and some continuity in terms of staffing as the care staff also worked in the adult respite service.

As the purpose of the respite service was mainly of a social nature and the respite breaks were of very short duration, it was not possible for staff to be involved in in-depth preparation of the children for independent living. The person in charge told inspectors that, nevertheless, children were involved to some extent in the practical running of the centre by planning meals, shopping, assisting with meal preparation, setting tables, laundry and could exercise some independence by ordering and paying for food on their outings.

The inspector was satisfied that resident’s opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Some residents to whom inspector spoke outline that they had regular roles within the house and the inspector noted that such roles formed part of residents’ goals in their personal plans. The resident’s roles and responsibilities included keeping the house tidy, making their beds, managing laundry, setting tables for meals, participating in food preparation and washing up after their meals. The inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents.
Residents outlined to the inspectors 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 pubs.

**Judgment:**
Compliant

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**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 inspectors saw that as residents all lived at home residents with their families access to interdisciplinary team involvement in residents’ care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was done by their families. During the inspection a parent came to accompany one resident to a dental appointment. However if there was a medical issue in the centre and family not available the staff would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local 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. Psychiatry, physiotherapy, occupational therapy, chiropody, optical and dental speech and language therapy and psychology services were available through the HSE and information is given to the centre from the families.

Residents had nursing care plans that set out their individual physical needs and the supports they required during their respite break. Nursing care plans focussed on the health and medical conditions such as epilepsy and activities of daily living such as continence, mobility and swallowing. The nursing assessment took into account the recommendations of specialist assessments carried out by other professionals as reported to them by parents. The centre had recently requested all reports and referrals to MDT and copies of same are maintained on the residents file.

The files contained consent forms signed by parents, daily nursing reports, records of medical examinations and inventories of belongings. They also contained records of social activities and evaluations of the children’s stay. A range of risk assessments were also contained in the files.
The inspectors saw that residents were involved in the menu planning. Weekly meetings were held 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 placemats 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.

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 centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be comprehensive. Inspectors saw that the residents' own GP prescribes all residents medication and this is obtained from the residents’ local pharmacist for each resident and sent in with the resident on admission by the family. Medication was stored in a locked cupboard and counted and documented on admission by staff. Medication that is returned home is also counted and documented by staff as number and type of medication returned. This is then placed back in the resident’s bag to go with them to their day service or school. The service have put in measures to ensure systems are more robust in the storage of residents bags in school or day services and are locked into the office.
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.

As the service is a nurse led service generally nurses administer the medications to residents. Non nursing staff had also undergone two day training on safe medication administration and are assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspectors 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.

**Judgment:**
Compliant

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**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 inspectors. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre. It clearly differentiated between the service provided on the adult respite week and on the children’s respite week.
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 respite services works full-time and is a registered nurse both of Intellectual Disability and of Psychiatry. She holds a degree in nursing studies and a management qualification for senior nurses. She has over 20 year experience in intellectual disability, 16 of those in respite care.

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

The inspectors 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 residential services takes responsibility in the absence of the person in charge for respite 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. Inspectors 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 inspectors 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.

Inspectors 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 report and 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 inspectors were 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.

There was evidence of learning from previous inspections of the service and all requirements for one centre were implemented throughout the rest of the centres.

Judgment:
Compliant
Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, the second ADON covers for the person in charge when she is away and is supported by the nominated provider.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The premises are a new purpose built to a high specification. The house was built to a high standard to ensure compliance with regulatory requirements.

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 person in charge was planning to convert a room to a multisensory room further enhance the care for residents.
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

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**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 staff’s pictures were on the notice board in the entrance to the building to inform them of who was on the roster. Residents demonstrated familiarity with staff saying they were caring and looked after them very well. This was a nurse led service and the person in charge said there was a nurse on duty at all times. Some of the nurses were paediatric trained some were intellectual disability trained and some were duel qualified. The inspectors spoke to staff on duty during the inspection, all staff appeared to be very competent and were aware of their roles and responsibilities.

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

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

Staff with whom inspectors 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. Inspectors 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 inspectors 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. Staff reported that the person in charge was very approachable and felt very well supported in their role.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector reviewed the centres policy and procedures and found that the centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff to whom inspectors spoke demonstrated an understanding of specific polices 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 designated centre was seen to be adequately insured against accidents or injury to residents, staff and visitors.

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 inspectors 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
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

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**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>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003285</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>16 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 October 2014</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the 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 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There no evidence of an assessment to identify why restraint was required. There was no evidence that alternatives to restraint had been tried and that bed rails and lap belts were the least restrictive alternatives as required by best practice guidelines.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Where cot sides or lap belts are in use, a full assessment will be completed detailing:
- why it is required,
- the alternatives to restraint that have been tried, and
- why the lap belts and cot sides are the least restrictive alternatives.

**Proposed Timescale:** 07/11/2014