<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Walkinstown Association For People With An Intellectual Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003406</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 12</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Walkinstown Association For People With An Intellectual Disability</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eamonn Teague</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</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>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 28 November 2014 09:30
To: 28 November 2014 17:30
From: 01 December 2014 10:00
To: 01 December 2014 14:15

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 the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector visited the four houses that made up the designated centre and met with some of the residents, some relatives and staff members. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The designated centre was made up of four houses.

The first house was a semi detached house in a residential area. There were two
living rooms and a kitchen diner. There was a garden and driveway to the back of the house. There were two bedrooms, one had an en suite bathroom. There was also a main bathroom.

The second house was semi detached. It had a lounge dining room, kitchen, utility, and four bedrooms, and there were two bathrooms. There was a seating area to the front and rear of the property.

The third house was a terrace on a main road, and was provided over a number of levels. There was a large lounge and dining room. Then a second dining room with access through to the kitchen. Six bedrooms and two bathrooms were on the first and second floor.

The fourth house was a large detached house, with a secure back garden. Inside there was a lounge area, kitchen dinner, with access to a conservatory. There were two bedrooms and two bathrooms on the ground floor and four bedrooms and two bathrooms on the first floor.

Residents who spoke with the inspector felt they were well supported in the care and support they received. They talked to the inspector about the support they received from the service, the things they liked to do, their hopes for the future and about their rights. They were all positive about the support the service provided to them.

Overall the inspector found that the residents received a good service, and were supported to be as independent as possible. There was also a lot of thought going in to planning the future with each resident, through focusing on what goals they wanted to achieve. The staff team that supported them were caring and knowledgeable about their needs, were supportive and encouraging. Records and feedback from residents and staff showed that people received the care and support they needed to maintain a healthy lifestyle.

Areas of non compliance related to decoration and maintenance of some areas, lack of emergency lighting, lack of evidence of servicing fire equipment, and no formalised ‘on call’ system in place. At the time of the inspection the provider had not submitted a complete application for registration.

These issues are discussed further in the report and included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

In each of the houses the residents spoke with the inspector about the different ways they were involved in decisions made in their house. The examples they gave included activities they were involved in, choosing the menu, shopping, and in some cases the decoration of the house, including their bedrooms.

There was clear evidence that resident’s felt their privacy and dignity was respected, and residents had choices and control over their lives in areas, where possible. There were opportunities for residents to exercise their independence and autonomy over their lives. For example attending voluntary and paid employment, day services within the organisation and run by other providers, and a range of activities with friends, clubs and staff.

Some residents did explain their frustrations at the blocks in place stopping them moving on to more independent living. This was especially strong in one house. The person in charge explained the issues that were limiting the opportunities for residents. Some were being actively addressed and some were out of the control of the provider, for example the length of the waiting list for housing. Residents were well informed of the reasons, and staff were supporting them in independence living skills while waiting for other progress.

The organisation encouraged residents to be involved in the wider running of the
service, and had some representatives from the designated centres on some of their committees.

Some residents showed their rooms to the inspector, and they were seen to be personalised in line with the resident’s preferences.

There was a Resident’s Guide available for everyone in the centre, this included information about the services that the organisation provided to them, and the procedure for making complaints. There was a copy of the complaints policy available on the wall in each of the houses. There were links with local advocacy services, and residents were given information about how to contact them in the guide.

Residents who spoke with the inspector knew about the complaints policy, and who they would speak to. They said they would be happy to speak to their key worker, the person in charge or the provider nominee.

A review of the complaints process showed that all complaints were recorded, followed up, and in most cases action had been taken to resolve the issue. Actions and the satisfaction of the complainant were usually recorded to complete the investigation. At the time of the inspection no complaints had been made in this designated centre.

The organisation had also done an audit of complaints to see if there were any themes to the issues raised. It was noted that over half were about the behaviour of the other residents a person lived with.

The inspector observed positive relationships between the residents in most cases, and in the questionnaires they completed they said they liked their houses and staff.

Support plans were focused on the individual and supporting them to maintain their independence, privacy and dignity. For example personal care support needs were set out clearly so it was clear what support was needed, and where the residents were independent. Staff were very familiar with the residents skills and needs.

There was evidence in the care plans, and daily records of regular contact with relatives and friends. Residents confirmed they were able to meet their family and friends in private. Contact with family on the phone could also be done privately if the resident wished.

Residents were supported to take risks in their daily lives, following risk assessments of their skills and abilities and the support they needed. There was a wide range of different residents living in the houses, but all had a routine that suited them and their interests. For example some were involved in education and work, others were involved in services set up to meet the needs of older residents.

Levels of support depended on the skills and identified needs of each person. Some residents accessed the community without support, others received support for certain tasks.

Residents were registered to vote, and supported to access the polling station if they
wanted support.

There was a policy in place that covered resident’s personal possessions, and records were in place that listed their belongings.

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were assisted and supported to communicate, appropriate to their identified needs.

The organisation is focused on supporting residents in a restraint free environment that focuses on their rights. As part of this approach, the behaviour that residents may display is considered to be part of their communication, alongside their skills to speak and listen.

Staff were aware of residents' communication needs, which were recorded in their personal plan. The inspector observed staff communicating well with residents. It was also observed that they were aware of the communication styles of the different residents. They were also able to interpret the style of communication and identify if action was needed to support the residents to remain calm and reduce their anxiety.

To support residents with communication, ‘social stories’ had been developed for known topics that caused anxiety. They included pictures or photographs, and short plain sentences. They were available on a range of topics for individuals, for example holidays, meeting new people, and forming relationships.

There was evidence the centre was part of the community, for example residents go to work, do voluntary work, and are involved in activities in the area. They reported that they really enjoyed things like shopping in local centres, visiting the local pub and attending sporting fixtures.

Following a recent house move some residents were accessing the local community more than they had in the past, enjoying walking in the local area and getting to know their neighbours.

There were TVs, and radios in the houses, and residents could buy papers and magazines in local shops. Some residents had laptops and enjoyed accessing the
internet.

**Judgment:**  
Compliant

### Outcome 03: Family and personal relationships and links with the community

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to develop and maintain personal relationships and links with the wider community.

The inspector saw evidence that residents were encouraged and supported to develop and maintain personal relationships. Residents told the inspector they had friends they spent time with during their daytime occupation, and also socially. Some residents showed the inspector photos of events they had enjoyed.

Families confirmed they were involved in the lives of their relative. Records showed that residents chose who to invite to annual planning meetings, and this often included their relatives.

The support plan set out the key relationships in resident’s lives as part of their support network. They also set out how the relationships were to be supported.

The organisation ran a Family forum, to support families and provide education and training in areas such as the inspection process to be carried out by HIQA.

**Judgment:**  
Compliant

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

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.
Findings:
There was a clear process to support residents moving in and out of the centre. Each resident had a written contract that set out the details of the services they would receive, and the fee they would pay.

There had been a number of moves within the designated centre. These were seen to follow the process set out in the policy on admissions and transfers. It set out how they would be managed, focusing on the individual and what support they needed to make the changes.

There was a written contract developed. The inspector saw that residents had an agreed written contract that included the support, care, welfare along with the fee’s to be charged. There were no 'extra' charges detailed in the contract as the residents were independent in purchasing additional services such as hairdressing and chiropody.

The tenancy agreement was a new document that had been recently developed. Staff were working with residents to make sure they knew what they were signing, so some residents had not yet signed. If a resident did not have the capacity to sign for themselves, the family would be involved.

When residents spoke with the inspector they were clear of the rent they needed to pay, and what support they received from staff.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Care and support provided to residents reflected their assessed needs and respected their wishes.

The inspector observed, saw records and received feedback that showed that resident wellbeing and welfare was maintained to a good standard of evidence based care. Residents needs were assessed and then support plans were developed that set out how the care and support was to be provided. This was carried out with the residents where
There was ample evidence of the opportunities residents participated in. Residents were involved in paid and voluntary employment, attending social events with friends and family, and other activities in the community.

There was evidence of multidisciplinary involvement in the personal plans. For example, the service provided an assistant psychologist that supported the residents. Where residents had other needs, specialists were involved, and records showed appointments to follow up identified needs were in place. For example, speech and language therapy.

The inspector reviewed approximately six residents personal support plans. They were seen to be person centred and focused on what people wanted from life, their priority goals, support networks, having the best possible health, exercising rights, being treated fairly, choosing their daily routine, and interacting with others in the community.

There was evidence that resident’s goals were based on their aspirations and choices. For example, to find paid work, to join a local gym and to live more independently. Residents took a key role in these meetings, and the goals were broken down to smaller areas to work out how they could be achieved, for example the blocks that may be in place that affect how a goal will be reached. One resident had chosen to display this on the wall in their house.

There was a regular review, and records were updated to reflect the progress made against the goals.

Residents who spoke with the inspector said they felt well supported, and that they could make choices about many aspects of their life. Some said they were living the life they wanted, others had things they wanted to change. They also said they knew about their rights, for example to have their own money, to make complaints, to have and give respect and privacy.

Relatives also told the inspector in feedback forms that their family members were receiving a service that met their needs.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The design and layout of the houses that made up the designated centre were suitable to meet the needs of the residents. However some areas needed improving in relation to general maintenance, decoration and cleaning.

The centre comprised of four houses located in residential areas, close to the community, local shops and public transport.

The houses were each maintained in generally good condition, and most areas were homely. However some areas would benefit from maintenance and re-decoration due to general wear and tear. For example hallways were scuffed in some houses, a panel on a door broken and worn carpets. There were also plans to modernise some of the houses, and make specific repairs that had been identified as needed.

The inspector viewed some resident’s rooms with their permission. Each was decorated as was the resident’s choice. Some chose to have a lot of personal possessions around them, and others chose a more minimal approach.

Each house had private and communal areas, a kitchen, arrangements for laundry, and a staff office. There was a garden or outside area directly accessible from each house.

There was an adequate number of baths, toilets and showers to meet the needs of the residents. Some of these would benefit from a deep clean to remove the build up of mould and mildew.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, there were some gaps in the fire safety precautions as in three houses there was no emergency lighting, and fire alarms were not serviced annually.

Inspectors saw an up to date safety statement in each of the houses that made up the designated centre. The risk management policy covered the elements required by the regulations, for example hazard identification and actions to control risk.
A complete organisational risk register was in place, and there were also individual risk assessments held in each of the units. These showed there was assessment of risk and actions identified to mitigate those identified risks. They related to clinical risks involving residents. The document clearly outlined the measures in place to mitigate risks.

It was evident during the inspection that the policy was being put in to practice. The risk register provided information to the health and safety committee about the work being carried out to manage identified risks. Any significant issues would be escalated to the senior management team.

The inspector reviewed the policies and procedures that covered health and safety in the centre, this included policies on incident reporting, infection control and missing persons.

The inspector observed a range of measures in place in the centre to manage risks in relation to health and safety, including maintenance of the premises, and training of the staff and residents in infection control and moving and handling training.

The inspector reviewed records for some of the incidents and accidents that had occurred. The person in charge reviewed all incidents to identify if there were any patterns, or any actions needed to reduce the risk of them occurring. They were also reviewed by the multidisciplinary team.

There was a range of fire equipment available in each of the houses, including a fire extinguishers and fire blankets, it was recorded on the equipment that it had been serviced. All fire exits were seen to be unobstructed. However it was noted there was no emergency lighting in three of the four houses as required by the Regulations, although torches were available. In the fourth house there was emergency lighting and fire doors, however the certificate of annual serving of the lighting was not available.

There was a fire evacuation plan in place that was displayed in each house, and clearly described the route to use in an evacuation. The inspector read a sample of the personal evacuation and egress plans that had been completed for each resident to consider what support if any would be needed in the evacuation of the centre. There was also an emergency plan, and staff knew who to contact in the case of an emergency.

Fire drills were completed monthly, including early mornings to replicate waking to an alarm going off. Documents were seen that recorded the date and time of the drill, who took part, the outcome of the drill and any actions needed to improve the experience.

The inspector was advised by the provider that the fire alarms were not being serviced. The provider is seeking advice on the steps needed in order to ensure the centre complied with relevant legislation. At the time of the inspection the provider had not obtained Fire Safety Certification. The action for this is made under Outcome 14. They had put a number of steps in place to safeguard residents as described above.

**Judgment:**
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:
There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

The inspector found measures were in place to protect residents from the risk of harm. Staff had training in safeguarding and safety, and residents were supported to understand how to keep safe. There was a robust recruitment process in place, and a clear policy and procedure on the prevention, detection and response to abuse for adults. It also included the definitions of different types of abuse including discriminatory abuse and institutional abuse.

The policy also set out that the induction staff when through when they were recruited would cover this topic, and it would be continued through their supervision meetings following their probation. Records were seen that showed this was taking place.

There were reporting processes in place where allegations were made. Staff spoken with were aware of the different types of abuse, and who they would report any concerns to.

Residents spoken with also reported that they would know who to speak to if they were not happy about something. They also explained they understood about keeping themselves safe, and staff supported them to learn about this. For example getting money out of a cash machine. In the questionnaires residents submitted they said they did feel safe, for example ‘I feel comfortable here’ and ‘I like the running of the house’.

Although no allegations had been made, the inspector found the person in charge was clear on how it would be handled, and gave a full account of the process to the inspector.

It was clear efforts were taken to identify and alleviate the underlying causes of behaviour that challenged. There were specialist therapeutic interventions put in place with input from psychologists working in the service. A number of behaviour support plan were reviewed by the inspector and they were found to be informative and guided practice. There was also evidence of regular review.
Staff spoken with were clear of their role in relation to responding to behaviour, including to de-escalate and work to support the resident to become less anxious. There were a number of social stories in place for a range of situations, and staff gave examples of when these had been used to positive effect.

Some residents spoken with were aware of different behaviours that may be inappropriate and why they needed to be supported by the staff.

There was a policy in place on positive behaviour support that covered the organisation position on restrictions and restraint. The organisation had a no restraint environment, and the policy set out the exceptional circumstances when it would be appropriate. All staff and residents were very clear about this. The policy set out how any restrictions would be managed, and the very exceptional circumstances when a form of restraint may be used for the shortest period of time possible.

There was a process in place of identifying any restrictions that were needed, and the human rights enhancement committee would review, approve and sign these off. Records seen for 'rights restrictions' were seen to be clearly presented.

Residents spoken with were also clear of the restrictions in place for them, and why they were in place. For example around the area of cooking and food preparation.

Work was taking place to ensure residents were not only viewed in relation to negative behaviours. This included renaming and changing documentation to record skills and positive experiences at the beginning, so readers were not focused on the negative. They were also starting to record when residents were happy and positive events, as well as recording any time of anxiousness or upset. The person in charge was ensuring all relevant information was transferred from the old documents in to the new.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications was satisfactory. Quarterly notifications had been received as required by the regulations.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be
notified and the timescales in which they must be completed.

**Judgment:**
Compliant

**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector spoke to the residents about the opportunities for new experiences that they had, and the opportunity to participate in education, training and employment.

Residents spoke to the inspector about the wide range of activities they were involved in including paid and voluntary work. Others were taking part in training and college courses. Some residents attended day services, some specifically for older people.

There was also a wide range of social activities reported to the inspector by the residents, including visiting shops, local shows, sporting events including football and rugby, holidays and day trips.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

Residents in all houses had their health care needs identified, for example nutrition and epilepsy.
There were care plans developed for all of the identified care needs, and there was evidence of input from medical professionals to identify how those needs were to be met. These provided clear guidance to staff about how to respond, including for emergencies.

The inspector also saw evidence of regular review from healthcare professionals, making changes to treatment plans as required. For example reviews of documentation around behaviour and anxiety leading to changes in treatment approach.

The inspector saw documents that gave an overview of residents health needs, and they included their dependency levels around identified needs and their diagnosis. This document was developed to provide an overview of the residents needs over a period of time, to ensure a complete record was available.

There was very good links to general practitioners (GP’s) and allied professionals including psychiatry, physiotherapy, occupational therapy, dentist, and opticians.

The inspector spoke with residents who were aware of healthy eating, and the importance of exercise. There were also steps in place to support residents in relation to good food hygiene practice.

There were fully equipped kitchens provided in each house. Some residents were cooking for themselves, with some prompting. Others were seen to be working with staff to prepare and make meals. Residents chose what food they want to purchase. Some did it as a group, some made their own arrangements. Specialist dietary requirements were followed and residents were supported to eat healthy wholesome meals. Those who were able to comment were positive about the quality of the meals they ate.

Snacks and drinks were available to the residents at all times and meal times were seen to be a positive social event.

**Judgment:**
Compliant

---

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found there were policies and procedures around the safe administration of medication.
There was a policy in place for the administration of medication which covered key areas such as safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

An addition had been made to the policy since the previous inspection to include clear guidelines on when staff are writing out the prescription record, this is known as transcribing. The medication record had also been amended to show clearly who had completed the form, and who had checked it for correctness.

There was evidence medications were reviewed regularly by the GP or psychiatrist, with medications being changed or discontinued where appropriate.

An action from the last inspection was acted on and staff had completed safe administration of medication training including training on epilepsy management.

Any medication errors were recorded. There was evidence they were investigated, action taken and information shared for staff learning purposes. The person in charge explained the process they went through to evaluate why errors had occurred, and that staff would be asked to complete medication training again where errors were made.

Medication administration records were in place, and seen to be fully completed in relation to the administration of medication by the staff.

There was a policy in place for the self administration of medication that included the need for a risk assessment and training for the resident as part of the preparation for taking over the management of their own medication. This was seen to be in place for residents who were administering their own medication, including reviews to ensure they were taking them as prescribed.

The inspector saw clear protocols in place for ‘as required’ medication (PRN), and the information was also recorded on their prescription card.

The inspector observed that the medication storage was in locked cupboards that were used solely for the purpose of medication storage.

The person in charge and assistant psychologist were undertaking audits of medication practice in the houses, and highlighting any issues raised.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep this document up to date, and to notify HIQA of any changes.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care services. However, there was no formal ‘on call’ arrangement in place for management cover out of office hours.

The inspector found that the person in charge was suitably qualified, and had a broad range of work experience. He was familiar with the regulations and the work needed in the designated centre meet them. He was aware of the incidents requiring notification.

There were processes in place to monitor and assess safety and quality of care, for example audits of a range of practices in the houses that made up the centre. The person in charge explained these were completed by him and the quality team. Examples of these audits were seen in some of the houses. There was also an annual review of complaints, incidents and further review of epilepsy incidents involving residents.

The inspector was able to see there was a clearly defined management structure in place that was addressing any issues that arose in a timely way. The board was supported by the Chief Executive Officer and a Senior Management Team. For each area
of the organisation there was a business lead. They covered clinical risk, business development, finance, human resources, operations and safety.

The provider nominee was the director of residential services. They sat on a number of the groups, and were able to keep up to date with any risk areas that affected or impacted on the residential services. They were supported by the ‘person in charge’ for the designated centres run by the organisation.

The person in charge was responsible for one designated centre that was made up of four houses. In his absence the care team leaders in the houses covered his role.

It was noted that one area of risk that had been spoken about but not resolved at the time of the inspection was the ‘on call’ arrangements for the designated centre. The person in charge was named in a number of documents as the person to be called, for example the emergency plan. They were also contacted regularly in the evenings and during the weekend, if any staff needed support.

The provider nominee advised the inspector that a proposal had been put together and the financial and contractual implications were being worked through, with the intention of having a system in place by May 2015. The inspector noted that there is a risk that the informal arrangement would not be robust enough to ensure a named person was available at all times of the day and night. However the person in charge and provider nominee confirmed that the informal system had always worked when needed.

Staff spoken with during the inspection were very clear about their roles, and where decisions needed to be made by other people.

Reporting systems were seen to be in place for any incidents, for example medication errors, to be reviewed for themes and trends, and to identify any learning for the organisation. The person in charge would review them, and then the appropriate group, for example clinical review group, to review alongside information from other parts of the organisation.

The provider had also commenced the annual review of quality and safety in the centres across the organisation.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence. The senior support managers were responsible for deputising in the absence of the person in charge. The senior support managers demonstrated a clear understanding of their roles and responsibilities under the Regulations when fulfilling this deputising duty.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there was sufficient staff to meet the needs of the residents. They were involved in a range of activities, including food preparation, preparing to leave for work and daytime activities and returning from social outings and work. One was caring for their pets.

Records of maintenance being carried out in a timely manner were seen. Houses were seen to meet the needs of the residents and had the facilities they needed.

Two of the houses had the use of a car that was reported to support access to the community and other local areas.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.
Theme: Responsive Workforce

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

Findings:
The inspector observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

All staff were regularly supervised with one to one meetings and staff meetings monthly.

Staff signed off key policies and procedures to confirm they had read them, and they were also aware of the regulations and standards.

Residents spoken with were very positive about the staff that supported them. In the questionnaires provided to the inspector they made comments such as ‘staff do the best they can for me’, ‘I like all of the staff’, and ‘my staff care about me and help me with my problems’.

Families said that staff were very supportive, and one said ‘the staff have so much patience’.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Relief staff were used to cover shifts in the centre, and every effort was made to keep the same people covering the same houses.

The staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs.

The staff rota matched the staffing in each of the houses.

Across the staff team most of the mandatory training (fire, manual handling, adult protections) had been provided. A recent recruitment drive meant some staff still had some training outstanding, but it was noted dates were booked and the subjects had been covered during induction.

There was a calendar in place that set out the training for the year. Other training provided included topics such as safe administration of medication, first aid, behaviour management, autism training, epilepsy awareness and report writing. The training provided reflected the needs of the residents.

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

Judgment: Compliant

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that there were systems in place to maintain complete and accurate records and most of the required policies were in place.

Inspectors read the residents’ guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

All of the policies set out in Schedule 5 of the Regulations were in place, with a schedule for review clearly recorded.

**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:**

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Some areas of the designated centre were in need of re-decoration and cleaning.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. Include painting and bathroom refurbishment into budget proposals 2015 - January 2015
2. Invite staff and residents to make proposals on how to enhance the homely environment in all locations - January 2015
3. Complete painting and bathroom refurbishment - End April 2015

Proposed Timescale: 30/04/2015

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:
There was no emergency lighting in three of the houses.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
1. Inform HSE of cost of fire safety measures identified in inspection in order to be compliant with regulation and seek clarity on availability of compliance capital funding - January 2015
2. Identify with Senior Management Team resource implications and implications to the principles of community living and establish priority and resource ready additional measures that may be introduced to advance completion of declaration - January 2015
3. Identify with SMT/Board if appeal on basis of appropriate alternative safeguarding measures and an compromised ability to continue with registration process is agreed platform - February 2015
4. Invite HIQA to provide clarification on definition of emergency lighting - January 2105
5. Identify with HIQA contact details for community based organisations similar to WALK who have successfully addressed the emergency lights requirement of registration - January 2105
6. Establish contact with those organisations and evaluate actions they have taken on addressing emergency light requirements of registration - February 2015
7. Communicate issues arising and intended next steps with HIQA - February 2015
8. Explore the potential for introduction of low cost alternative emergency light alternative system as observed in UK and pilot in one designated centre - February 2015
9. Continue with existing fire safety measures including provision of torches, fire extinguishers, fire blankets, fire drills, personal exit and egress planning and use of fire alarm systems

Proposed Timescale: 28/02/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence to show the emergency lighting (where provided) and fire alarms had been serviced and well maintained.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
1. Service Emergency lights - December 2014
2. Source quotes for annual servicing contract - End of January 2015
3. Appoint contractor and service EL - February 2015

Proposed Timescale: 28/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 was not submitted to the authority.

Action Required:
Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Confirm Revised Statement of Purpose, floor plans and 2nd reference for team leader is forwarded to registration office.

Proposed Timescale: 31/01/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no 'on call' arrangements for out of office hours that identified who was in charge of the designated centre.

Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Oncall proposal to senior management team – by end of October 2014
Budget and resource review - by end November 2014
Meeting with oncall stakeholders to discuss implications to terms and conditions of employment – end Oct 2014.
3 month on call development and operational lead in – Jan to march 2015.
Implementation of Oncall system in full by April 2015

**Proposed Timescale:** 30/04/2015