<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Walk D</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005492</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 12</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<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>Karina O’Sullivan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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</tr>
<tr>
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<td>4</td>
</tr>
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<td>Number of vacancies on the date of inspection:</td>
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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 unannounced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 21 July 2016 09:00
To: 21 July 2016 19:30

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

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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
Background to the inspection
This was the third inspection of this designated centre however, in the previous two inspections this designated centre was inspected under a different configuration. This inspection was completed to inform a registration decision and also to follow up on the previous action required from inspections.

How we gathered our evidence
As part of the inspection the inspector visited the designated centre this consisted of two houses, met with four residents who lived within the two houses, two staff members and the person in charge. The inspector viewed documentation such as, care plans, person-centred support plans, recording logs and policies and procedures. Four residents had discussions with the inspector and three of the residents identified they had requested to move from this centre. Planning was in place in relation to supporting this request.
Description of the service
This designated centre was operated by Walkinstown Association for people with an intellectual disability and was based in Dublin 24 and Dublin 8. One house was home to one resident, the second house was home to three residents. The provider had produced a document called the statement of purpose, as required by regulation, this described the service provided. The designated centre aimed to provide supports facilitated by a self-determined, socially inclusive life in a bespoke individualised settings as identified within the statement of purpose.

Overall judgments of our findings
Twelve outcomes were inspected against. The inspector found five of the outcomes were found substantially compliant and seven outcomes were found to be of moderate non-compliance. Significant improvements were required in relation to the upkeep of one of the houses and the health and safety of residents required considerable improvements. Other areas of improvement included fire containment measures, emergency lighting, medication management and the information contained within residents' files.

The person in charged facilitated the inspection along with a member of staff for the first half of the day.

All proposals outlined and plans agreed will be verified at the next inspection.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.
**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:**
The inspector reviewed this outcome in respect of the complaints procedure, no other component was inspected against.

There was a complaints policy and procedure in place however, it was unclear who the nominated person independent of the person nominated was within the process to deal with complaints. This is to ensure all complaints were appropriately responded to and maintain records specified under paragraph 34(3) of the regulations.

**Judgment:**
Substantially 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:
The inspector found written agreements were in place for residents however, the exact fees including the additional fees paid by residents were unclear as some residents paid for additional services such as, the internet.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspector found plans relating to the wellbeing and welfare for residents required significant improvement. This related to the area of assessments and review of documents to ensure the current needs and wishes of the residents were reflected.

The inspector found improvements were required in both the social and healthcare plans. The inspector viewed all four resident's files these consisted of a personal plan with personal outcome measures leading to social goals. Issues identified within plans were:
- Review and completion dates of social and healthcare assessments were not recorded, in some of the plans viewed. Other plans were dated 2014 and 2015 with no evidence of review.
- Review of some residents goals were not evident since November 2015.
- Elements within residents plans were blank for example, timeframes, person responsible and when the plan was to be reviewed. The inspector found this system did not guide practice effectively.

Some residents spoken with identified to the inspector their goals and how these were progressing. Residents also had an accessible version of their plans and some residents showed these to the inspector.
The inspector found the resident's social care needs were identified and residents had the opportunity to participate in meaningful activities appropriate to their interests and preference. For example, participating in sporting events and gaining employment.

Resident's family members were consulted in relation to personal plans in line with residents' and family members' preferences. There was evidence for this maintained within resident's file.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The inspector found significant improvements were required within one house to ensure the premises were safe and suitable for residents. The actions from the previous inspection relating to the cleanliness of the house remained outstanding.

One house was a two and a half story detached house consisting of one en suite bedroom on the top floor, this had recently been upgraded. A staff room with two unoccupied rooms were located on the second floor with a toilet and shower. The inspector was informed, this was currently being converted to a living area and a gym for residents. The inspector found black plastic bags of clothes and other items no longer in use in the designated centre located in these rooms. The inspector found the shower and toilet area required cleaning. Labels identifying the name of a resident were visible within the toilet area however, this resident had not lived in the house for over two years.

The inspector was provided with a tour of the first floor by the two residents who occupied two separate bedrooms. There was also a shower and toilet located on the second floor. The inspector found this area unclean. On the ground floor there was a large sitting room with a separate dining room and a separate kitchen. The inspector found some rooms contained items stored inappropriately for example, the dining room had a black bag of clothes and staff members were unsure of why these were stored in this area. Under the stairs contained items no longer used and the outside garage also
contained items to be discarded. The garden was in need of attention with grass and
weeds overgrown along the paths and at steps, this area was not inviting for residents
to use. Throughout the house the paintwork was in need of attention as paint was
peeling off the walls in the dining room, sitting room and the stairway in needs of
painting, cracks were also evident within some walls within the house. The inspector
found a hole within one of the ceilings, this had been covered with plaster board gaps
were still evident and the plaster board was exposed. Overall the inspector found the
general upkeep of this house was not maintained to a suitable standard for residents to
live within the environment in a homely manner.

The second house was semi detached house. This house consisted of two bedrooms one
for the resident and one were used by staff as an office. The resident showed the
inspector around their house. This house was maintained to a higher standard.

**Judgment:**
Non Compliant - Moderate

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**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:**
The inspector found the health and safety of residents, visitors and staff within the
designated was not promoted. Improvements were required in the area of risk
management, accidents and incidents review, fire containment, infection prevention and
control precautions emergency lighting. Emergency lighting and fire containment was
also previously identified in previous inspections within this designated centre as only
one house had emergency lighting installed.

There were no fire doors in place within the two houses nor was there evidence that fire
drills were taking place four times per year as specified within the organizations policy.
For 2015 the inspector viewed two fire drills one in March and one in August. The
inspector asked to see evidence of other drills however, staff were unable to provide this
information. The inspector viewed evidence of one fire drill taking place in 2016 dated
13 May 2016. The inspector viewed four personal emergency evacuation plans in place
for residents and there was evidence that these were reviewed. All staff had completed
fire training.

The inspector viewed the system in place for routine checks and services of the fire
detection, alarm system, and equipment being conducted by a fire professional. The fire
alarms were checked on a quarterly basis by the maintenance department. The fire
equipment was also serviced in June 2016 and will be completed annually as required by
regulations.

The inspector viewed the risk management policies and procedures and found the
organisational risk management policy in place this included the specific risks identified
in regulation 26. However, the system within the designated centre required
improvement in order to identify, examine and manage potential hazards in the
designated centre. On the day of inspection the inspector noted lone working or the
regulation of the water temperature was not addressed through the designated centre's
risks assessment.

Improvements in relation to individual risk assessments were also required for example,
the inspector viewed a risk assessment dated 2013 no further review of this risk was
evident. Other examples, were also evident in relation to multiple versions of the same
risk assessment present within resident's files for example, staying in the house alone
was dated 2014 and 2016 with variations contained within both documents. The
inspector found this system did not guide staff effectively.

The inspector viewed the emergency plan and was found it contained insufficient detail
to guide staff in the procedure to follow in the event of possible emergencies such as,
flood or power outage. For example, the previous person in charge was identified along
with their contact number, this was dated 16 October 2015.

The inspector viewed a number of accidents and incidents and no evidence of learning
from some incidents was evident nor was there evidence that documents were
appropriately completed. For example, sections of the forms viewed were blank
including section four if the incident was to reoccur was blank and the following section
which identified further action required was also blank. The inspector queried this
practice with the person in charge who identified this as an oversight.

The inspector found mops and buckets located in the dining room in one house and the
hallway in the other house. The inspector queried this practice and was informed these
were previously stored in bathrooms however, this was unhygienic and were moved to
these locations. The inspector found this practice was not promoting effective infection
prevention and control measures as some residents ate their meals in the dining room.

There was a health and safety statement in place.

There was a policy in place relating to the procedure staff should follow if a resident
went missing from the designated centre.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found measures were in place to protect residents from being harmed or suffering abuse. However, plans in place were not maintained up-to-date and did not reflect current practice. Improvements were required in the area of restrictive practice.

The inspector viewed health and wellbeing plans for residents these outlined pro active and reactive strategies to reduce levels of stress for residents. Some plans viewed were not current and were not guiding practice effectively. For example, incorrect medication was listed within some of these plans and interventions for some residents were no longer in place.

Clinical profiles were in place for residents these contained information in relation to the provision of Intimate care however, some of these were not reviewed since 2014.

The process of reviewing restrictions applied to residents was unclear and while there was a policy in place it was unclear if it was followed in some instances. For example; decisions made in relation to supporting residents within personal relationships and any subsequent decisions were not clearly documented. The policy also stated such issues should be referred to the organisations human rights committee, however, it was not clear if this was done in some cases.

The process in relation to restrictive practice was unclear, the inspector was informed a restriction was removed through a meeting with the person in charge and the residential manager. This restriction was in relation to a resident forming a relationship with the opposite gender. The restriction was removed and did not go through the internal process of the human rights enhancement committee. The inspector asked to view the documentation in place in relation to this restriction review however, this information was not available within the designated centre. The person in charge subsequently provided this information to the inspector. The inspector found the documentation was not sufficient and no evidence of when these restrictions were to be reviewed. The document did not reflect the information provided to the inspector, as the inspector was informed the restriction was no longer in place. The inspector viewed documentation within the resident's file identify the restriction was in place. Other restrictions were also in place for example, visitors. This restriction was in place since 03
September 2014 with the current document dated 20 March 2016, no identification of when this was to be reviewed. The inspector also viewed evidence where a resident was required to be in the designated centre by 4pm however, elsewhere in the file documentation was present stating the removal of the restriction.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. The person in charge outlined the procedures to be followed should an allegation of abuse arise. Some residents also outlined who they would contact should this situation arise.

**Judgment:**
Non Compliant - Moderate

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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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found residents were supported to achieve and enjoy the best possible health. Improvements were required in relation to healthcare assessments and access to allied health care professionals.

Residents had access to a general practitioner, and to allied healthcare professionals including, psychiatrist, optician and dentist. However, it was unclear how frequent this was occurring for example, the inspector requested to view evidence of review in relation to mental health. The plan viewed was dated August 2014 with no evidence of the plan being reviewed. This document outlined a plan in relation to reducing the resident's medication however, the current prescription for the resident was not reflective of this. The inspector was unable to view evidence of the resident receiving regular reviews for example, one review was dated 28 November 2014 this was conducted over the telephone and another review was dated 13 January 2015 no other review was available to the inspector.

The inspector viewed residents best possible health documents and healthcare needs these were not reviewed at a minimum on an annual basis for example, some plans viewed were dated 2014.

Blood sugar monitoring was taking place for one resident however, this was not specified within the residents healthcare plan. There was no evidence of what interventions were to be implemented should the reading fall outside the resident’s
Regarding food and nutrition some residents assisted staff in meal preparation and participated in menu planning in accordance with the resident preferences. During the inspection some residents identified they did not eat together. Staff confirmed this due to the incompatibility of residents, one resident ate in the kitchen, while another resident ate in the dining room and the third resident ate in the sitting room. The inspector found this practice was not homely. Staff identified plans were under way to move residents out and explained due to the size of the house it was manageable as residents were able to live independently within the same house.

**Judgment:**
Substantially Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the medication management policies and procedures were satisfactory and safe. Improvements were required in relation to the opening dates of some medications, administration of p.r.n. (a medicine only taken as the need arises) medication, actions following medication errors and review of the some resident's person-centre medication plans.

The inspector observed all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely by staff. The inspector noted the opening date was not recorded for all required medications for example, creams and drops prescribed as p.r.n. medication.

Residents had person centred medication plans and assessment of capacity in place. Some of these plans required updating and review for example, one was dated 23 October 2014 no evidence of review was present.

Some p.r.n. medication did not specify the maximum dosage to be administrated to a resident within a 24 hour period.

Further guidance was also required for staff to effectively guide practice in relation to the administration of pain relief medication for example, within the administration sheet the following was documented "do not give 5 and 6 together". The inspector found this
instruction unclear as this did not state if the medication could be administered following a period of time or which medication was to be administered first.

The inspector viewed a p.r.n. administration sheet for agitation medication however, no written guidelines were present to guide staff or how agitation presented with this resident.

The inspector viewed medication errors and found improvements were required to ensure learning was attained from errors identified. Within the sample viewed the inspector was informed practice had changed as a result of the errors however, no evidence was available within the designated to confirm this.

Administration recording sheets were in place for residents and a number of these were viewed by the inspector. These were found to be up-to-date and showed that staff administered and signed for medication. Some administration sheets were amended to facilitate residents recording their own administration of medications.

The inspector viewed the training records and found all staff members had undertaken medication management programme.

All staff members signature was present within the signature bank.

Stock checks were maintained within the designated centre on a weekly bases and the inspector crossed checked a number of balances and found these accurate.

Practices pertaining to medication management were completed in collaboration with residents for example, when weekly balances were being checked some residents wished to be consulted in relation to this practice and this was respected by staff members.

The designated centre had written policies and procedures related to the administration, transcribing, storage, disposal, refusal, medication errors and transfer of medicines. Medication was supplied to the designated centre by a local pharmacist and medication was recorded when received and a stock check was carried out once a day for all medications.

**Judgment:**
Non Compliant - Moderate

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

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

Findings:
The inspector found the statement of purpose met the requirement of the regulations.

Amendments were required in relation to the number of residents, age range, room numbers and staff numbers.

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

Findings:
The inspector found the actions identified in the previous inspection were achieved. The inspector found improvements were required to ensure the quality of care and experience to residents was monitored and developed on an ongoing basis.

The inspector requested to view the unannounced visits conducted on behalf of the provider these were unavailable within the designated centre for 2015 and 2016.

An annual review of the quality and safety of care in the designated centre was conducted a copy of this was not available within the designated centre however, a copy was previously provided to the inspector.

The inspector was unable to view evidence of staff members receiving regular supervision or reviews as no formal system was in place within the designated centre. The inspector was informed performance development reviews were completed on an annual basis however, some staff files viewed identified these were not up-to-date. This was further evidenced through a presentation identifying one third of staff members did not receive supervision or a performance development review in 2015.
The inspector found there was a clearly defined management structure with the lines of authority and accountability identified. The houses within this designated centre were managed by a suitably qualified, skilled and experienced person in charge who took up the position on 1 March 2016. The person in charge had completed a bachelor of arts in psychology and a higher diploma in development disabilities studies. The person in charge was knowledgeable about the requirements of the regulations and standards. This staff member was the person in charge for the whole designated centre. The inspector found this was a suitable arrangement due to the close geographical locations of each designated centre. However, the person in charge was required to work front line without any protected time to fulfil the role requirements to ensure systems were in place to monitor service provision. There was no schedule of audits in place with the exception on an audit on medication errors. The inspector viewed the staff rota and since commencing in the role the person in charge was required to facilitate training days with one administration day scheduled since March, this happened to be the day of the inspection.

Team meeting had taken place and the inspector viewed minutes of these meetings items discussed included residents needs, health and safety and medication errors audits. The person in charge also met with the residential manager, the inspector viewed minutes from these meetings in May and July areas discussed included clinical issues, risk assessments, staffing, quality assurance and operational planning.

**Judgment:**
Non Compliant - Moderate

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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):**
No actions were required from the previous inspection.

**Findings:**
Overall, the inspector found there was adequate numbers of staff members to meet the needs of the residents within the designated centre to deliver a safe service. Improvements were required in relation to staff files, staff training and the information contained within the rota.

Four staff files were viewed and the inspector identified gaps in relation to the information required as outlined in Schedule 2. A full employment history was not
evident within one staff member's file with a current job description omitted from another staff file and lack of training certification was evident in a third file viewed.

The inspector viewed training files for the designated centre and found some arrangements to meet the training needs of some staff was not satisfactory. Internal arrangements to ensure staff members had appropriate and up-to-date qualifications to provide training to other staff members was unclear. The inspector was unable to view evidence of how the skill and competencies attainment for the trainer was being maintained up-to-dated.

The inspector viewed the actual and planned rota and found a coding system was required. The actual rota did not reflect actual practice as gaps were evident when staff cover was required. The inspector requested evidence that cover was provided on the days evident within the rota to ensure staff members were available for residents as required. The person in charge sourced this information for the inspector.

The inspector observed staff engaging with the proposed resident in a friendly and respectful manner.

**Judgment:**
Non Compliant - Moderate

### 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:**
The inspector focused only on schedule 3 documents in relation to this outcome and found improvements were required in this area.

Records and documents that were viewed were not in accordance with Schedules 3 as listed in the regulations. A number of residents files viewed contained multiple versions of documents. The inspector found these plans could potentially miss leaded practice with out dated assessments and information. Elements within residents' files were also
left blank without any expectation for the omission of information evident.

**Judgment:**
Substantially 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:**

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>Centre ID:</td>
<td>OSV-0005492</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 July 2016</td>
</tr>
<tr>
<td>Date of response:</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 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

It was unclear who the nominated person, other than the person nominated in Regulation 34(2)(a), to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
WALK will review the complaints policy and ensure inclusion of a nominated person to meet compliance with Regulation 34(3).

**Proposed Timescale:** 30/10/2016

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

**Theme:** Effective Services

*The Registered Provider is failing to comply with a regulatory requirement in the following respect:*
Additional fees charged to residents were not outlined within the residents written agreements.

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

**Please state the actions you have taken or are planning to take:**
Review all contracts of care to ensure that all fees are captured.

**Proposed Timescale:** 20/10/2016

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

*The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:*
Some residents did not have a comprehensive assessment conducted to reflect changes in the assessed needs and circumstances at a minimum on an annual basis.

3. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.
Please state the actions you have taken or are planning to take:
Review all personal plans to ensure all plans are current and that a schedule of reviews is in place.

**Proposed Timescale:** 30/10/2016  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assessments were not up-to-date for healthcare plans. The inspector was unable to determine if residents assessed needs were being met.

4. **Action Required:**  
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:  
Review all healthcare plans to ensure all plans are current and that a schedule of reviews is in place.

**Proposed Timescale:** 30/10/2016  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Some reviews did not assess the effectiveness of each plan and take into account changes in circumstances and or new developments within the resident's life.

5. **Action Required:**  
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:  
Review all personal plans to ensure all plans are current and that a schedule of reviews is in place.

**Proposed Timescale:** 30/09/2016

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**Outcome 06: Safe and suitable premises**  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
One of the houses was not in a good state of repair cracks were evident on walls and an exposed hole in the ceiling was not fully repaired.
The garden in one house was overgrown and in need of attention.

6. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Gardening schedule has been agreed for remainder of 2016

A) Review effectiveness of maintenance schedule 2016 and discuss timeframe/plan to carry out repairs. 30/10/16
B) Agree maintenance schedule for 2017. 15/12/16
C) Agree gardening schedule for 2017. 15/12/16

**Proposed Timescale:** 15/12/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One house was in need of through cleaning.

The paint work within one house required attention.

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

**Please state the actions you have taken or are planning to take:**
A) Source contractor for deep clean of premises. 30/09/16
B) Implement cleaning rota for staff, identifying all areas identified in the inspection report and agreeing responsibilities going forward. 30/09/16
C) Meet with contract cleaner to review her schedule and duties. 30/09/16
D) PIC to audit the cleaning system monthly until end of 2016. 28/12/16
E) Consult with maintenance department costings/timeframe for paintwork. 15/12/16
F) Agree date for paint work on maintenance 2017 schedule. 28/12/16

**Proposed Timescale:** 28/12/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the requirements as outline in schedule 6 of the regulations were not evident within the designated centre for example, suitable storage as items were stored throughout different rooms in one house.
Suitable arrangements for the disposal of waste were not evident as items were stored in the garage under the stair and other locations awaiting disposal.

8. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
A) Schedule with gardening and maintenance departments to plan for disposal of items to civic amenity.
B) Arrange for recycle/disposal of items (e.g. old clothes)

**Proposed Timescale:** 30/10/2016

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**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:**
Systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies required updating. The information contained within the documents were not reflective of current practice. While a comprehensive risk assessment had not taken place within the designated centre.

Individual risk assessments were not maintained up-to-date and did not reflect current practice.

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

**Please state the actions you have taken or are planning to take:**
A) Create a new risk assessment template, procedure, handbook and develop an implementation and communication system to ensure its use and understanding. 28/12/16
B) Review and update all risk assessments, ensuring review date is scheduled and only master copy on file. 30/10/16
C) Review and update emergency plan. 30/11/16
D) Arrange for installation of a temperature regulator. 30/11/16
E) Review incident report forms for preceding 6 months to ensure all actions complete and learning arising is shared at staff team meeting. 30/10/16

**Proposed Timescale:** 28/12/2016
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective storage of mops and buckets were not reflective of infection prevention and control and hygienic standards.

**10. Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Mops and buckets have been relocated to suitable area.

**Proposed Timescale:** 27/09/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for containing fires were not evident within the designated centre.

**11. Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
A) Submit budget costing for fire door installation. 30/10/16
B) Submit costings to HSE. 30/01/17

**Proposed Timescale:** 30/01/2017

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency lighting was not in place throughout the whole designated centre.

**12. 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:
A) WALK will engage a contractor to submit current costings for installation of emergency lighting and signage. 30/09/16
B) These costings to be submitted to HSE for funding provision. 31/10/16
C) Create a schedule of work (post funding confirmation).
D) Inform residents and HIQA of implementation date (post funding confirmation)

**Proposed Timescale:** 31/10/2016

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate arrangements for evacuating all residents within the designated centre were not evident as fire drills were not taking place as required.

13. **Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
A) Formally review with H&S committee member why fire drills had not taken place as required. 30/09/16
B) Written plan in place for remaining fire drills for rest of year and to include one drill each month from September. 26/09/16
C) Review action plan and learning from each drill. 15/12/16

**Proposed Timescale:** 15/12/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The process in relation to restrictive practice was unclear within the designated centre as some restrictions were referred to the human rights enhancement committee while other were not. No guidance was available within the designated centre to identify the process.

Evidence of review of restrictions in place within the designated centre was not evident.

14. **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:
Review terms of reference for Human Rights Enhancement Committee as part of comprehensive review of current restrictive procedures system and commence implementation of new system.

**Proposed Timescale:** 28/12/2016  
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans or health and well being plans were not maintained up-to-date therefore, staff members did not have relevant documented information to guide their practice.

15. **Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have 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.

Please state the actions you have taken or are planning to take:  
All wellbeing plans have been reviewed and updated as necessary.  
A) Ensure that a schedule of reviews is in place.

**Proposed Timescale:** 30/09/2016  
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Some intimate care plans in place were not reviewed annually.

16. **Action Required:**  
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:  
Arrange with clinical department a review all clinical care plans and update

**Proposed Timescale:** 30/09/2016
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<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<td><strong>Theme:</strong> Health and Development</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Access to mental health was not evident within residents' files nor could staff provide this information.

17. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
A) Reinstate information from previous appointment dates and locate medical information forms.  
B) Refresh staff of the need to write up and file all medical information forms on the day of the appointment

**Proposed Timescale:** 30/09/2016

| **Theme:** Health and Development |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents' plans were not up-to-date and did not reflect current needs. Interventions in place were not reflected within residents' plans such as blood glucose monitoring.

18. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
A) Review all healthcare related plans ensuring that they reflect resident needs and supports and that a schedule of review is in place. 30/09/16  
B) introduce blood sugar monitoring into a care plan and liaise with HCC/Nursing Professional to ensure staff are trained and have a protocol / intervention in the event of the person having a diabetic incident. 30/10/16

**Proposed Timescale:** 30/10/2016
**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents risk assessments along with the medication plans required review as one plan viewed had no evidence of review since 2014.

19. **Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
Arrange with clinical department review of all self-administration of medication risk assessments and arrange schedule of future reviews.

**Proposed Timescale:** 30/10/2016

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some p.r.n. medication did not specify the maximum dosage to be administrated to a resident within a 24 hour period.

Some p.r.n. medication did not have the opening date specified on the label.

Clear guidance for administrating p.r.n. medication was not evident for some residents for example, pain relief and agitation.

The system in place for dealing with medication errors required improvement to ensure effective learning and to mitigate the risk or reoccurrence.

20. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Personal plans have been reviewed to address guidelines for administration of prn medication
A) Review all kardexes to ensure all relevant information is recorded. 30/09/16
B) Refresh staff on best practice regarding record of opening dates on medication. 30/09/16
C) Review medication errors over last 6 months’ actions and that learning was gotten from them. 30/10/16

**Proposed Timescale:** 30/10/2016

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Amendments were required in relation to the number of residents, age range, room numbers and staff numbers within the designated centre.

**21. Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of Purpose have been amended and provided to HIQA.

**Proposed Timescale:** 27/09/2016

### 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:**
The person in charge was required to work front line without any protected time to effectively monitor the governance and operationally manage the designated centre.

**22. Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
Plan for protected time for PIC as part of 2017 budget

**Proposed Timescale:** 31/12/2016
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No schedule of audits were present with the exception of a financial audit conducted by the finance department and the audit of medication errors.

23. **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:**
Create an audit schedule for remainder of 2016 and for 2017.

**Proposed Timescale:** 30/09/2016

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Unannounced visits to the designated centre at least once every six months resulting in a written report on the safety and quality of care and support provided in the designated centre was not available for 2015 and 2016.

24. **Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
WALK will create an audit schedule and associated written report identifying actions to improve the safety and quality of care and support in Designated Centre D in accordance with Regulation 23 (2)

**Proposed Timescale:** 30/11/2016

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Effective arrangements to support, develop and performance manage all members of the workforce was not evident.
25. **Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
A) Review staff performance development meetings and carry out where overdue. 30/09/16
B) Begin formally documenting monthly supervisions. 30/09/16
C) Schedule of performance review meetings for 2017. 28/12/16

**Proposed Timescale:** 28/12/2016

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maintenance of a planned and actual staff rota was not accurate within the designated centre. Gaps were identified and a coding system was required within the rota.

26. **Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
A) Staff to be requested to fill in actual hours worked on roster at end of shift; this will include relief staff
B) Monthly timesheets submitted will be checked against roster by PIC each month

**Proposed Timescale:** 30/09/2016

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps were evident in some staff files in relation to schedule 2 including full employment histories, a current job description and training certification was not evident files viewed.

27. **Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.
**Please state the actions you have taken or are planning to take:**
Request Human Resource Department to close gaps on files which in HIQA inspection were found to have gaps

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<td>Theme: Responsive Workforce</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some staff did not have access to refresher training as part of a continuous professional development programme for delivering safe administration of medication.

**28. Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
A) Source relevant refresher training. 30/09/16
B) Complete relevant course. 28/12/16

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A number of resident's files viewed contained multiple versions of documents.

Out dated assessments and information was contained within resident's files.

Elements within resident's files were also left blank.

**29. Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
A) Undertake archive process for all service user files to ensure only most recent files are in ‘live’.
B) During the above process, review all files to ensure all no blanks remain

| Proposed Timescale: 30/10/2016 |