# Report of an inspection of a Designated Centre for Disabilities (Mixed)

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Riverwalk House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Donegal</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30 October 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0002501</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023081</td>
</tr>
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</table>
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Riverwalk House provides both day and overnight residential respite care to both children and adults with a disability. The designated centre comprises of a one storey building located on the outskirts of a town, but within close proximity to local amenities such as shops and restaurants. Riverwalk House provides accommodation for up to three residents, with children and adults availing of the centre at different times. In addition to their own bedrooms during their stay at the centre, residents have access to communal facilities which include a kitchen diner, two sitting rooms, a laundry room and bathroom facilities. Residents at Riverwalk House are supported by a team of both nursing and care staff. Residents are supported with their needs by up to three staff during the day. At night-time, residents’ needs are met by two staff, with a nurse undertaking a waking night duty and care staff doing a 'sleep in' duty; and being available if required by the nurse to support in meeting residents’ needs. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 2 |
How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>30 October 2018</td>
<td>09:05hrs to 15:00hrs</td>
<td>Stevan Orme</td>
<td>Lead</td>
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</tbody>
</table>
Views of people who use the service

The inspector met two residents who were accessing respite care at Riverwalk House during the inspection. One resident spoke with the inspector and said they liked coming to the centre both for the day and overnight stays. The other resident was unable to tell the inspector about their experience of care and support at the centre. However, the inspector observed that they appeared relaxed at the centre and comfortable with all supports provided by staff during the inspection.

The inspector also had the opportunity to speak with two family members of residents accessing the respite centre. Both family members told the inspector that they felt their relative was both safe and happy when staying at the centre. They further said that their relatives were supported to do activities they enjoyed and that staff at the centre were knowledgeable on their relatives’ assessed needs.

Capacity and capability

Governance and management arrangements in operation at Riverwalk House ensured that all aspects of care and support provided was subject to regular assessment into its effectiveness. Regular management oversight into practice at the centre ensured that residents were kept safe from harm and supported to achieve their personal goals when at the centre.

Clear governance and management structures were in place at the centre with the person in charge being suitably qualified, experiences and actively involved in the running of the centre. The quality of care and support provided at the centre to residents was regularly assessed to ensure its effectiveness through a range of in-house management audits. In addition, the provider ensured that unannounced monitoring visits were completed every six months. Unannounced visits further scrutinised the effectiveness and quality of care and support provided at the centre and were conducted by a member of the entity’s senior management. Where audits and unannounced visits identified areas for practice improvement, these were addressed in a responsive manner. Audit outcomes were discussed in the centre’s team meetings and formed the basis of an ongoing ‘quality improvement plan’ for the centre, which was reviewed monthly by senior management.

The provider ensured that arrangements were in place to ensure that an appropriate number of suitably qualified staff were available at the centre to meet residents’ assessed needs. Due to the complexity of residents’ needs, the provider ensured that both nursing and care staff were always present and that staffing levels reflected residents’ support interventions such as behaviour support plans and risk
assessments. Furthermore, staffing levels ensured that residents were able to access a range of activities of choice during their stay both at the centre and in the local community.

The person in charge ensured that staff knowledge was up-to-date and reflected current developments in health and social care practices through their regular attendance at training course planned throughout the year. In addition, staff were informed about changes to residents’ needs and the centre's operational management through their attendance at team meetings chaired by the person in charge and also attended by senior management. Staff were further assisted to develop their competency and skills through individual 'personal development plans', where they looked at additional training and career development opportunities with the person in charge.

The provider’s risk management practices were robust in nature, and procedures were in place to effectively respond to all identified risks and possible adverse incidents which might occur at the centre. Risk interventions were subject to regular review and amended to ensure their ongoing effectiveness and the protection of residents from harm. Staff were knowledgeable on risk interventions in operation at the centre, especially those which related to medical emergencies and fire evacuation. In addition, the provider had arrangements in place for the recording of accident and incidents at the centre. Monthly reviews were undertaken by the person in charge into all reported events to identify where areas of practice development was required. Where improvement was required, the inspector found that planned actions were both discussed with staff at team meetings and reflected in residents' personal plans and risk assessments to ensure practice consistency.

<table>
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<tr>
<th>Regulation 15: Staffing</th>
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The skill mix and number of staff ensured that residents’ assessed needs were met and they were supported to participate in activities of their choice when at the centre.

Judgment: Compliant

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<tr>
<th>Regulation 16: Training and staff development</th>
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Staff had access to regular training opportunities, which ensured that their knowledge and skills supported residents’ assessed needs and reflected current developments in health and social care practices.

Judgment: Compliant
### Regulation 23: Governance and management

The centre’s governance and management arrangements ensured that all aspects of care and support provided to residents was regularly reviewed to ensure it meet residents' assessed needs and supported them to achieve their personal goals.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Following the last inspection, written agreements had been reviewed to ensure that informed residents of all fees associated with care and support provided at the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider ensured that residents and their representatives were aware of their right to make a complaint about the care and support provided at the centre. Furthermore, the provider ensured that complaints were appropriately recorded, investigated and records documented the complainant's satisfaction with the outcome.

Judgment: Compliant

### Quality and safety

Care and support arrangements at Riverwalk House, ensured that residents' assessed needs were met during planned respite stays at the centre. Care practices ensured that residents were safe and protected from harm as well as being supported to achieve the goals which they set with staff on each admission to the centre. However, although risks to residents were clearly identified and management interventions in operation, the provider had not ensured that recommended measures for the containment of an outbreak of fire were in place at the centre.
Residents accessed both day and overnight respite care at Riverwalk House. While at the centre, residents were supported to maintain both their day service or school placements as well as participating in a range of activities of their choice in the local community. In addition, residents were supported to play an active role in decisions on the day-to-day running of the centre. On each admission to the centre, residents were supported to set personal goals on what they expected to achieve during their stay which was then incorporated into the daily schedule of the centre. Residents also participated in house meetings on each admission with their peers, where they agreed daily meal choices and group social activities during their stay. House meetings also informed residents of their rights such as how to make a complaint and informed them of any changes to the centre’s operations since their last admission.

Residents were protected from harm and kept safe at the centre, with arrangements in place to manage all identified risks. Following the last inspection, fire safety arrangements had been reviewed. All residents had the opportunity to participate in a fire drill at the centre. Through participation in fire drills, the provider ensured that residents were knowledgeable on what to do in an emergency and also reviewed the effectiveness of their current 'personal emergency evacuation plans'. The provider also ensured that all staff had received up-to-date fire training and the centre was equipped with a range of fire safety equipment which was regularly checked and serviced to ensure its reliability in an emergency. However, following the last inspection, the provider had not ensured that appropriate measures were in place for the containment of fire at the centre. The inspector found that although measures were in place which ensured that residents could be safely evacuated in the event of a fire, recommendations on the upgrading of fire doors had not been implemented by the provider and no time frames were in place on when they would be installed.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. The provider had also made improvements to personal planning arrangements since the last inspection, ensuring that each resident had an accessible version of their plan to inform them about how their assessed needs would be met while at the centre. In addition, residents' personal plans were regularly updated to ensure any changes since their last visit to the centre were incorporated, which ensured a consistent approach to residents’ assessed needs. The provider had also introduced arrangements for the formal annual review of each residents' personal plan to ensure it was effective in meeting their assessed needs. The new review process looked at all aspects of the care and support provided at the centre, with review meeting minutes evidencing the involvement of both the resident, their representatives and any associated multi-disciplinary professionals.

**Regulation 10: Communication**

Although the provider had made efforts to provide residents' with Internet access
following the last inspection, it was still unavailable on the day of inspection.

**Judgment:** Substantially compliant

**Regulation 13: General welfare and development**

Residents were supported during their stays at the centre to participate in a range of activities in the local community which reflected their assessed needs.

**Judgment:** Compliant

**Regulation 26: Risk management procedures**

Risk management arrangements in place at the centre were subject to regular reviews into their effectiveness to ensure they meet residents’ assessed needs and kept them safe from harm.

**Judgment:** Compliant

**Regulation 28: Fire precautions**

The provider had ensured that both staff and residents were knowledgeable on how to evacuate from the centre in the event of fire. However, although suitable equipment was in place for the detection and extinguishing of fire, effective arrangements for the containment of fire were not in place at the centre.

**Judgment:** Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Following the last inspection, the provider had ensured that separate storage arrangements were in place for out-of-date or discontinued medication at the centre.

**Judgment:** Compliant
**Regulation 5: Individual assessment and personal plan**

Personal plans were up-to-date, subject to regular review and clearly guided staff on the supports residents required to meet their assessed needs. In addition, residents were provided with an accessible version of their plan to inform them about how they would be supported by staff while at the centre.

Judgment: Compliant

**Regulation 7: Positive behavioural support**

Where residents had behaviours that challenged, the provider ensured that staff training and positive behaviour supports were in place to both support the individual and reduce any risk to others.

Judgment: Compliant

**Regulation 8: Protection**

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in-line with current practice developments.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were supported to make decisions about the running of the centre while on their respite stay and had access to information about their rights such as complaints and access to advocacy services.

Judgment: Compliant
## Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
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<td>Regulation 29: Medicines and pharmaceutical services</td>
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<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 10: Communication</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 10: Communication:

• The Designated centre has a policy on communication, located in HIQA Folder 4 and all staff have signed off as having read and understood.

• The Designated centre ensures Individual communication requirements are highlighted in resident’s personal care plan folders.

• The Designated centre has a radio, television, tablets (with preloaded apps and games), and newspapers available in the designated centre if required by residents.

• The Designated centre has information on local events that are discussed at resident’s meetings and displayed on resident’s notice board.

• The Designated centre has easy read documentation and photos available on site and used when required.

Compliance with regulation 10

No Wifi:

Unfortunately the network company have tested the lines and these cannot carry broadband. This matter has been escalated to IT department. Additionally we have tried mifi, though this proved unsuccessful and 4G network is also difficult to obtain in this area.

Residents who wish to avail of Wifi can be accommodated in the local Library, residents also facilitated to access through the HSE network.
Regulation 28: Fire precautions | Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Designated centre has a fire policy on site that staff have signed off as having read and understood.

- The Designated centre has a range of Fire equipment available on site, including zoned fire alarm, smoke detectors, fire break glass points, emergency exits that are clearly identified, emergency lighting, fire blankets and fire extinguishers.

- The Designated centre has a fire register in place which identifies regular checks of fire equipment. Servicing records of the fire alarm system and fire safety equipment are stored with the Fire Register.

- The Designated centre ensures residents have the opportunity to participate in a fire drill and that residents are knowledgeable on what to do in an emergency.

- The Designated centre carries out quarterly fire drills. These include Day and night time conditions (minimum staffing levels).

- The Designated centre has a site specific emergency evacuation plan located in health, safety and risk folder.

- The Designated centre has Easy read procedures for emergency evacuation and this is displayed on notice board.

- The Designated centre has a comprehensive risk assessment identifying existing controls.

- The Designated centre has a wakened staff on night duty.

- The Designated centre has personal emergency evacuation procedures for each resident which takes into account the mobility and cognitive understanding of each resident and also aids and appliances and staff supports the resident requires for safe evacuation. These are reviewed if required after evacuation drills with the resident.

- All staff attend mandatory fire training yearly and staff training records are maintained in the designated centre.

- The Designated centre has Easy Read Fire Evacuation guidelines displayed on the resident’s notice board and fire evacuation is discussed at residents meetings.
This centre will now come into compliance with regulation 28

Fire doors-

The PIC met with HSE Fire Officer 08/11/2018 to review fire doors. He highlighted that the doors currently fitted in the house are solid Mahogany/teak hardwood doors, and these doors should provide the 20 minutes fire resistance required under the code of practice for community dwellings. Additionally he agreed the doors would be changed for FD30s fire doors with all associated ironmongery, closers etc. and Riverwalk Respite house would be included into the tender he is currently preparing for other properties. This work is to be carried out as soon as funding is confirmed and available. The fire safety risk assessment is dated March 2018, the above works have been identified as having an 'amber' risk rating which requires action within 18
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 10(3)(a)</td>
<td>The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/03/2019</td>
</tr>
<tr>
<td>Regulation 28(3)(a)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2019</td>
</tr>
</tbody>
</table>