



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Walk A
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	09 June 2022
Centre ID:	OSV-0003403
Fieldwork ID:	MON-0028522

About the designated centre

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

Walk A is a community residential service comprising three houses located in South Dublin suburban residential areas. Walk A aspires to support residents with an intellectual disability to achieve a self-determined, socially inclusive life. Walk A provides residential facilities and staff support to residents to empower them to make informed choices in relation to their lives. Each resident is accommodated in a single-occupancy bedroom with kitchen, living room, bathroom and garden areas which are suitable and accessible. The service is registered to accommodate up to 15 adult residents and is resourced with social care workers led by a team leader in each house and person in charge of the service overall. The service has access to vehicles and residents have access to local amenities such as shops and cafés.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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:

Date	Times of Inspection	Inspector	Role
Thursday 9 June 2022	10:00hrs to 18:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Walk A. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the registration of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE).

There were nine residents living in the centre at the time of inspection, the inspector met with four of these residents. There were six vacancies at the time of inspection. The centre comprised three houses, each located in a South Dublin suburb. There were two residents living in one house, four residents lived in another and two residents lived in the third home. Each resident had their own bedroom which were decorated to their individual taste. Two fire doors leading to a resident's bedroom, which was located on the ground-floor next to the kitchen, were found to be propped open.

Each home had sufficient communal space and facilities for residents. All premises were generally in good repair. A leak had occurred above the ceiling of the living room in one home and was being repaired at the time of inspection. For the most part, all houses were clean and tidy, with some areas needing a deeper clean and some facilities needing to be repaired to ensure that they could be cleaned effectively. This is detailed later in the report.

In a previous inspection it was noted that in two of the homes there was some incompatibility between residents that had resulted in safeguarding risks. The provider had since supported one resident to move to an alternative service which had a positive impact on the lived experience of the residents who remained living in the home. In another house, one resident was in the process of moving to another home. This resident spoke to the inspector about their planned move and told them they were happy with the support they received to transition to their new service. There was a clear transition plan in place that was directed by the resident. The resident had opportunity to phase their move to another home and was looking forward to taking their pets to their new larger garden.

Some other residents spoke with the inspector. Residents appeared comfortable in their home, and were engaged in the daily running of the house in line with their abilities and preferences. One resident showed the inspector their room and DJ equipment which they enjoyed using. This resident had a part-time job they were passionate about and they discussed this with the inspector. One resident was observed playing pool with two staff members, on a pool table in the lounge area. They seemed very comfortable in the company of staff and their engagements were

friendly and respectful.

Another resident had just returned from a walk and spoke briefly to the inspector. They had a bespoke day-service provided in the centre in line with their assessed needs and told the inspector they liked living in their house. The resident had independently made themselves a meal and was observed to comfortably use the facilities in the centre.

The inspector also received two questionnaires from residents in which they shared their views about the service. One resident shared that they like their home and facilities, and would like to participate more in cooking. This resident also described some activities and hobbies they enjoy doing in the centre and shared that they have a part-time job in an area of interest to them. Another resident told how they engaged in their local community, for example grocery shopping, going to local cafés, and using public transport. Residents shared that they were happy with the staff in the centre, although one suggested that they prefer familiar staff over relief staff. Both residents said they knew how to raise a complaint and one shared that they were happy with how a complaint they made had been resolved.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care. The provider had taken appropriate action in order to address issues identified at the previous inspection, with regard to incompatibility of residents and associated safeguarding risks. While further action was required to fully resolve one issue, significant progress had been made in regards to a long-term solution, and a full resolution was expected once a resident had fully transitioned to a new service.

There was a statement of purpose in place that was reviewed and updated on a regular basis. At the time of inspection, it was reflective of the service provided and contained all of the information required under Schedule 1.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff spoken with were aware of how to raise any concerns.

The provider had carried out an annual review of the quality and safety of the service, which was comprehensive in scope and assessed the service against the National Standards for Residential Services for Children and Adults with Disabilities (2013). The provider conducted unannounced audits on a six-monthly basis to

oversee the quality and safety of the service.. These audits informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the centre.

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the regulations and were responsive to the inspection process.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

The provider had suitable arrangements in place for the management of complaints. There had been very few complaints made in the centre and any complaints made had been suitably recorded and investigated, and there were clear plans in place with a view to resolution.

Regulation 14: Persons in charge

There was a person in charge employed in a full-time capacity, with the skills and experience required to fulfill the role.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a team of staff with the necessary skills and experience to meet their assessed needs. Staff demonstrated excellent knowledge of residents' needs and residents were familiar with the staff team. The person in charge maintained an accurate planned and actual roster that reflected the staffing arrangements in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place. The provider had ensured that there were effective systems in place to monitor and evaluate the quality and safety of the service, and that quality improvement

initiatives were implemented.

Staff in the centre and management personnel were clear with regard to their roles and responsibilities.

The provider had addressed areas of non-compliance found at the previous inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that was found to be current and accurately reflected the operation of the centre on the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. Residents were supported to make complaints where they chose to, and a record of these was maintained.

Judgment: Compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs, however some improvement was required with regard to fire safety and infection prevention. There were ongoing arrangements in place to manage a safeguarding risk, and the completion of the proposed plan was required in order to be fully compliant in regards to protection.

Overall, the inspector found the general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The inspector observed that residents took a lead role in directing their care and contributed to decisions about how the centre was operated. It was evident that the provider took a human rights informed approach to the delivery of care; through discussion with residents, staff, and a review of documents the inspector observed that residents were supported to exercise choice and control in their daily lives and to make informed decisions about their care and support.

The inspector reviewed the safeguarding arrangements and found that while there was an active safeguarding risk in one home, the provider had prepared and was implementing a plan to mitigate the risk, and there were arrangements in place to reduce the risk in the interim. Staff had received training in adult safeguarding and safeguarding risks were thoroughly screened and reported to the appropriate statutory agencies.

Residents were supported to buy, prepare and cook their own meals in accordance with their abilities. A resident informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Each house had ample supply of food, including dried and frozen goods, fresh fruit and vegetables. One resident enjoyed baking and there were facilities and equipment in their house to support this hobby.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor the implementation and effectiveness of these measures. The provider had developed a range of policies and procedures in response to the risks associated with COVID-19, and these were well known to the person in charge and communicated to staff. Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. Residents were supported to avail of immunisation programmes according to their will and preference.

There were a number of areas of the premises that required a deeper clean and some furniture and fittings needed to be repaired or replaced in order to facilitate effective cleaning. For example, some frequently touched surfaces were damaged, such as banister rails and toilet handles. The provider had carried out an environmental hygiene audit prior to the inspection that identified these areas for quality improvement and there was a plan in place to address them.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire-fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. The provider had commissioned a review of fire safety measures in the centre and identified deficits

with regard to fire containment. One fire door did not have a self-close device installed. Two doors were found to be propped open with furniture. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques. It was found that one resident, who attended on a part-time basis had not participated in a fire drill in the previous twelve months.

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were supported to buy, prepare and cook their own meals in accordance with their abilities.

Judgment: Compliant

Regulation 27: Protection against infection

There were effective systems in place to monitor, evaluate and address infection prevention and control risks. The provider had carried out an environmental hygiene audit the month prior to the inspection and identified a number of deficits in relation to cleanliness and hygiene. Most of these had been addressed at the time of inspection, and there were enhanced monitoring systems in place to minimise reoccurrence. However, there were still some issues that needed to be address to fully adhere to the National Standards, such as the repair of banisters and replacement of some bathrooms fixtures, to enable effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Generally, there were suitable arrangements in place to manage fire safety risks. The provider had commissioned a review of fire safety measures and there were a number of actions required to optimise fire containment measures, including the addition of a self-close device on a ground floor fire door.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents needs were assessed prior to admission and on at least an annual basis. There were support plans in place to guide the delivery of care in line with residents' assessments and the centre was sufficiently resourced to meet residents' needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place which promoted the safety of residents in the centre. Residents were supported to develop the awareness and knowledge needed for self-care, and staff had all received appropriate training in safeguarding adults. Where safeguarding concerns were identified, support plans were developed to promote and protect residents' safety. There was one active safeguarding risk at the time of inspection and the provider was implementing a safeguarding plan with a view to mitigating the risk.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure that residents were central to decisions about their care and support and directed the lives they led. Residents' rights were considered in all areas of care and support planning. Residents had access to advocates to support informed decision making.

The provider had taken action to address concerns regarding residents' rights being infringed due to their living arrangements.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Walk A OSV-0003403

Inspection ID: MON-0028522

Date of inspection: 09/06/2022

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. By August 31st 2022 the Team Lead and PIC have implement an identified program of cleaning, maintenance and home improvements based on findings from IPC audit and HIQA inspection. 2. The local cleaning schedules will be randomly and regularly reviewed by PIC and Local Team Leads to ensure assurances on IPC practice implementation. This will be ongoing with first review completed by August 12th 2022. 3. By July 29th 2022 the PIC ensures that Staff Team Agenda items include IPC as a standing order. 4. The findings from the local IPC audit will inform prioritizing of the 2022 maintenance schedule and 2023 budget planning. This will include a review of each location with the Facilities & Procurement Manager by September 30th 2022. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. By September 30th 2022, the provider will have received costings for the fire safety measures identified in the independent review which was commissioned by the provider. 2. By July 29th 2022, PIC will have submitted maintenance request to install automatic door holder for doors discussed in report. 3. By December 22nd 2022, the PIC will have incorporated essential fire safety improvements into the budget for 2023. 4. On receipt of additional funding for fire safety measures and work, a planned schedule of works will begin in a phased implementation by March 2023. 5. Update Personal Evacuation Plan for person supported by July 29th 2022. 6. Part time resident will have been included in fire evacuation drill and procedure by 29th July 2022. 	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:	

1. By July 1st 2022, New team leader appointed for new location will be inducted to new property for person supported and will support new PIC with co-ordination of the transition for person supported.
2. By July 1st 2022, Director of Residential Services and key management stakeholders will have met to progress transition plan for person supported move to new location.
3. By August 1st 2022, person supported will have moved to new location in newly registered designated center in Co.Kildare .
4. By August 1st 2022, A holiday opportunity will be created by the PIC which allows residents quality time away from housemate and environments where tension and wellbeing are currently cause for concern during the transition period for the other resident.
5. By July 20th 2022, a roster will be completed to provide support for transition period which accounts for familiar staffing to support move throughout the months of August and September 2022. This will be reviewed at intervals as part of transition plan by both PICs.
6. By August 12th 2022, PIC will have contacted National Safeguarding Team to provide an update on the status of the safeguarding plan which will include planning steps for any future engagement between residents.
7. By July 28th 2022, New PIC for new location will have contacted HIQA inspector to inform them of the moving date.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	29/07/2022

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	12/08/2022