



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

Issued by the Chief Inspector

Name of designated centre:	Walk D
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	22 June 2022
Centre ID:	OSV-0005492
Fieldwork ID:	MON-0028292

About the designated centre

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

Walk D comprises two houses (one five-bedroom house and a one-bedroom bungalow) located in suburban areas of South Dublin. The centre provides full time residential care and support for up to 6 adult residents who have intellectual disabilities. Walk D can also support residents with non-complex health care needs, and mental health support needs. Residents are supported by a team of direct support workers, who are managed by a local team leader and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 22 June 2022	09:30hrs to 17:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

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

Walk D comprises of two homes located in South Dublin. One home is designed to accommodate one resident, and the other can accommodate up to five residents. At the time of inspection, there were two residents living in the centre, with one person residing in each of the two homes. There were four vacancies at the time of inspection, all of which related to the same home.

Due to the nature of residents' assessed needs, staff support was provided in a flexible manner to support their needs and facilitate independence. Staff were not present in the centre on a 24-hour basis; staff scheduling was determined based on residents' needs and expressed preferences. One resident had a part-time job in a local supermarket and attended a day service two days per week. They travelled to work and to day services independently using public transport. Another resident attended a day service, however was in the process of changing day services in accordance with their expressed choice.

The inspector met with one resident, who briefly discussed their experience living in the centre. The other resident was out of their home at prearranged activities throughout the inspection, however the inspector did visit their home. The resident spoken with told the inspector they were happy with the support they received and that they liked the staff who worked there. This resident had plans to move to another centre in the weeks after the inspection, and shared that while they did like their current home, they were looking forward to the move.

The inspector spoke with staff and reviewed records which indicated that the resident had engaged in a great extent in the planning of their transition to another home. The proposed move was expected to improve the resident's quality of life further, and they were receiving support from family members and staff to ensure a smooth transition to their new home.

The inspection commenced at the larger of the two homes. On entering the house, the inspector saw that overall, the physical environment of the house was clean and for the most part, in good decorative and structural repair. There were five spacious bedrooms, a modest size kitchen and dining area, a large, bright living room, a small conservatory, a staff room and office, and multiple bathrooms. All facilities were in good condition. The premises was located on a busy street, and the resident used local public transport and engaged in their local community independently, for example, shopping in local grocers and newsagents.

The other premises was a one-bedroom bungalow which accommodated one resident. This home was found to have sufficient space and facilities to meet the

resident's needs, however there were parts of the home that were dirty and untidy. This had been identified at a recent environmental hygiene audit. Some areas of the premises required a deep clean, such as the oven and microwave. Generally, the maintenance and upkeep of this home needed improvement to ensure the resident could enjoy a clean and tidy home.

Residents were supported to live lives that they directed and were facilitated to make informed choices about their care and support. It was found that residents were encouraged and supported to take positive risks, with the provider implementing control measures to minimise risk and support self-determination. However, in some cases, while steps taken to promote independence were in line with residents' expressed wishes, improvement was required to ensure that the risks and control measures in place were accurately recorded and documented.

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 within the centre were ensuring a safe and quality service was delivered to residents. While there were some areas that required improvement in order to fully comply with the regulations, for most part these had been identified by the provider and there were action plans in place.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf every six months.

The annual review was found to be comprehensive in nature; it assessed the performance of the service against the relevant National Standards and informed a quality improvement plan which was found to affect positive change in the centre. The review also incorporated residents' views, which were used to inform service planning. The arrangements in place in the centre evidenced a commitment to providing a safe, high quality, and person centred service to all residents.

The centre had a clearly defined management structure, which identified lines of authority and accountability. The person in charge managed the staff team, with the support of a team leader. The person in charge reported to a director of services.

The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meet residents' assessed needs.

There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre. A review of rosters found that staffing and workforce planning was flexible in response to residents' needs and preferences. It was evident that residents were familiar with the staff team and were comfortable giving feedback or raising any concerns they had.

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained all of the necessary information, and was reflective of the service provided.

Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents.

There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. The inspector found that scheduling and workforce planning was determined based on residents' individual needs.

Judgment: Compliant

Regulation 23: Governance and management

A number of systems of oversight were in place to ensure the quality of care and support was monitored at all times. A range of audits had been completed as commissioned by the provider, including infection prevention control audits, fire safety, and health and safety audits.

In addition to this, the provider ensured an unannounced visit occurred every six months. The visits contributed to a clearly defined action plan which highlighted areas for improvement or review. Actions were allocated to a responsible party and there was evidence that actions were followed through on.

The inspector found that information regarding the quality and safety of the service was shared with appropriate stakeholders and was used to inform service planning at an organisational level.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

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. While generally risk was well managed, improvement was required to ensure all risks associated with residents' own decision making were fully recorded and reviewed. One of the two premises that made up the centre required a deep clean, and improved cleaning arrangements on an ongoing basis.

Residents' social and personal care needs were comprehensively assessed and there were clear, individualised support plans in place. In order to meet some of these needs safely, there were a number of restrictive practices in place. These had been recorded by staff and the person in charge and were regularly reviewed. It was evident that efforts were being made to reduce restrictions to ensure the least restrictive measures were used for the shortest duration. Residents received support from a range of allied health professionals to develop their skills and abilities, with a view to further reducing restrictions in place.

One of the restrictions in place was in relation to receiving visitors. The inspector reviewed the visitors arrangement and found that any restrictions in place had been determined following a comprehensive risk assessment, and with the informed consent of the resident subject to the restrictions. All residents could receive visitors to their home, and the restriction did not prevent any resident having family or known friends visit them in their home.

There were arrangements in place to manage risk, and generally, risks were well controlled. There was a clear risk management policy available, which informed local operating procedures. There was a risk register that recorded all known risks, and facilitated ongoing assessment and review. Notwithstanding, there were improvements required in the documentation of risk control measures to ensure that all risks specific to residents were recorded and documented.

At the time of inspection, one resident had plans to transfer to another centre operated by the provider. A review of documents, and discussion with the resident and staff, found that this transfer was planned in accordance with the provider's own policy. Furthermore, there was substantial evidence that the transfer was based on the resident's assessed needs and preference. While the resident's needs were adequately met in the centre, the transfer provided an opportunity to enhance quality of life in some areas, such as personal relationships. There was a clear

transition plan in place, including an accessible version for the resident which clearly outlined a phased approach that would support a successful transition. The resident had contributed to planning and made decisions in areas such as staff support.

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 relation to infection prevention and control (IPC), and these were well known to the person in charge and communicated to staff. The provider had become aware of some deficits in the IPC auditing arrangements prior to the inspection, and in response had reviewed and made improvements to the auditing programme and oversight arrangements. A recent environmental hygiene audit found that in one home the cleaning arrangements were not effective, with some areas of the home dirty and some facilities requiring repair to ensure that they could be effectively cleaned. This audit had occurred shortly before the inspection occurred, and the same issues were observed by the inspector.

The provider had put in place a water safety management system that addressed the risks associated with some rarely used water outlets.

The inspector reviewed the fire safety arrangements in place. The provider had implemented a range of fire safety measures, such as a fire alarm system, emergency lighting, and fire fighting equipment, all of which were serviced at regular intervals.

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.

Regulation 11: Visits

There were adequate facilities in both premises for residents to receive visitors. While there were some restrictions in place for one resident, these restrictions were based on a clear risk assessment to which the resident had been involved in. There was evidence that the provider endeavoured to implement the least restrictive measure to support the resident to receive visitors and ensure their safety.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were seen to enjoy security in their living arrangements and transfers or discharges occurred with the full consultation of residents, and in response to their assessed needs.

Transitions from the centre ensured that residents were given the opportunity to visit any potential new home and each transition to a new living arrangement was phased in a way that allowed residents to make informed decisions. Residents' safety and welfare needs were considered in relation to transitions, and there were arrangements in place to provide the necessary support and life-skill training to enable residents to live as independently as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspector found that residents were encouraged and supported to take positive risks and to take an active role in directing their service. In this regard, it was found that residents' choices were respected and upheld; however improvement was required to ensure that all risk control measures associated with resident's individual choices were documented appropriately.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had implemented a range of measures to protect residents from acquiring a healthcare associated infection. 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. Resident were supported to avail of immunisation programmes according to their will and preference.

There were arrangements in place to ensure that IPC risks were identified, assessed and managed. A recent environmental hygiene audit found deficits in relation to the cleaning arrangements in one home. On the day of inspection, one premises was found to require a deep clean in areas, with some facilities and furniture visibly dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. There were suitable fire containment measures in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of restrictive practices in place, such as in relation to freedom of movement, these were used as a measure of last resort and for the shortest duration of time. Any restrictive intervention had been assessed to ensure its use was in line with best practice.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Walk D OSV-0005492

Inspection ID: MON-0028292

Date of inspection: 22/06/2022

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>a) By 31st July, PIC will discuss with resident, the implications of prn medication on resident's Kardex for resident's preferred model of support. Resident's response will determine whether option b or c will be followed.</p> <p>b) In the event that the resident wishes for the Kardex to remain as is, PIC will ask resident to confirm in writing their understanding of the implications of their preferred model of support on service providers ability to undertake Kardex instructions.</p> <p>c) In the event that resident wishes for Kardex to be modified, PIC will support person to discuss this with their GP / consultant. (both options b or c will be complete by 31st August).</p> <p>d) Full review of resident's risk register to be completed by PIC by 31st August.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>a) By 14th August a deep clean will have been completed in the identified premises.</p> <p>b) By 31st August a full review of current protocol and practices related to IPC practices on the premises will be undertaken by the PIC – this will involve contribution from IPC team.</p> <p>c) By 30th September a complete action plan will be furnished to Director of Residential Services for short and medium term actions required to improve IPC standards and overall homeliness of property; including costings for same.</p>	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/08/2022
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	Substantially Compliant	Yellow	30/09/2022

	published by the Authority.			
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