



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

Issued by the Chief Inspector

Name of designated centre:	Walk B
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	11 August 2022
Centre ID:	OSV-0003404
Fieldwork ID:	MON-0028635

About the designated centre

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

Walk B comprises three houses in South Dublin, each located in a suburban area. The centre can accommodate up to seven residents, and provides care and support to adults with an intellectual disability. It can also support residents with additional support needs, such as non-complex health care and positive behaviour support. The centre is staffed by a team of direct support workers, and each house has its own team leader, who reports to the person in charge.

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 11 August 2022	09:30hrs to 16:30hrs	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 this designated centre.

Walk B is comprised of three homes located in nearby towns in South Dublin. At the time of inspection there were six residents living in the centre, with one vacancy. One home, which was comprised of a four bedroom terraced house, accommodated three people. This home had a spacious kitchen and dining area and modest sized living area. The premises was clean and tidy and provided sufficient personal space for all residents. The premises was located on a busy street and residents could avail of plenty of local amenities and public transport. One resident had their own en-suite bathroom.

The second home, which was a bungalow, was home to two people. Each resident had their own bedroom and separate living area. There was a modest sized kitchen and private patio area available to residents. Residents' bedrooms and personal spaces were decorated in line with their preferences and contained personal items, trinkets and collectibles.

At the time of inspection, the third house was home to one resident. This home had three bedrooms on the first floor, with a kitchen and dining area, lounge, and living area on the ground floor. The single vacancy related to this home. While the premises was generally clean and tidy, there were some areas of the home found to be in poor condition, such as an upstairs bathroom which was poorly ventilated and had mould on the tiles and ceiling.

The inspector met with two of the residents who lived in the centre. The inspector commenced the inspection in the larger of the three homes. There was one resident present when the inspector arrived, with two residents at their day services. The resident who was at home did not attend a day service by their own choice and had staff support in their home on a twenty-four hour basis. On the day of inspection the resident was supported to visit the local church and went for a coffee. It was evident that staff and the person in charge knew the resident's needs and preferences well and communication between them was kind and personable.

The other resident met by the inspector was home with their support staff when the inspector arrived. The resident showed the inspector around their home and appeared familiar and comfortable in their environment. The resident was observed playing a computer game of choice with a staff member during the course of the inspection and appeared to enjoy it.

One resident had experienced some changes to their health in recent months and was receiving support to manage the changes that this brought, including to their diet and medical support needs. The inspector found in the case of another resident

that they had received support to make an informed choice about healthcare interventions.

Residents were supported in their homes by a team of social care workers and support workers. There was a team leader appointed to each of the homes, who reported to a person in charge. The inspector found that residents were receiving good quality and person-centred care, and despite some improvement being required to premises to comply with infection control and fire safety regulations, the centre facilitated a safe and comfortable home for all residents.

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

Overall, the governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents taking a lead role directing the care and support they received. The provider had progressed with the compliance plan actions from the previous inspection, which had taken place in 2021, although further improvement was required to fire containment measures in order to fully comply with the relevant regulation .

The inspector found that the governance and management arrangements were facilitating an effective auditing and monitoring system which contributed to quality improvement initiatives. The provider had undertaken a review of the quality and safety of the service for the previous year and produced a report that evaluated the performance of the service against the relevant regulations. This report also detailed residents views on the service.

The provider ensured that an unannounced visit to the centre took place every six months, during which a representative of the provider evaluated the quality and safety of the service provided. These audit reports were found to be comprehensive in nature and produced ambitious yet practical quality improvement plans that were seen to be enacted by the person in charge and the staff team.

While there were some areas that required attention in order to fully comply with the regulations, such as premises issues and fire containment requirements, the provider had identified these areas through their own internal audits and there were clear plans in place to address them.

There was a person in charge appointed to the centre who was employed in a full-time capacity. The person in charge was found to be knowledgeable with regard to

their role and responsibilities. There was a team leader appointed to each unit of the centre, who reported to the person in charge.

There was a consistent core staff team employed to support the assessed needs of residents. There was an actual and planned rota, which demonstrated the staffing arrangements in each of the houses. Staff scheduling was observed to be flexible in nature in order to meet residents' needs in a way that met their individual needs and preferences. For example, some residents had staffing available in their home on a 24-hour basis in order to meet their assessed needs, while others who lived more independently had staff available at times they determined would better support their needs.

The provider had developed a complaints policy and all complaints were well documented in a complaints log, which was up to date. There was a designated complaints officers nominated, and staff spoken with were knowledgeable of the complaints process.

Regulation 15: Staffing

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.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider had carried out an annual review of the quality and safety of the

service, and there were quality improvement plans in place where necessary.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis.

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

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

Residents were supported to make complaints where they chose to, and a record of these was maintained. There was evidence that the provider engaged with residents with a view to resolving any issues that arose.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there was a sound governance and management structure in place that aimed to promote a person-centred service for residents. 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 premises to comply with regulations pertaining to fire safety and infection prevention.

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and any concerns raised by residents were fully considered with a view to resolution. Residents were supported to engage in day programmes or activities of their choice, and the staffing arrangements were seen to be flexible in nature to facilitate residents

making choices about how they spent their day.

All premises were located in busy residential areas with easy access to local amenities such as supermarkets, restaurants, parks, and public transport. A review of records found that residents regularly engaged in activities in their local communities.

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a range of allied health care services. Residents availed of clinical support, where required, from both clinicians employed by the provider and public health professionals. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

The inspector found that there was adequate and nutritious food available to residents, and that the arrangements in place represented genuine choice and participation. Residents were supported to prepare and cook their own food according to their interest and abilities. Residents had access to well equipped kitchens in which they could prepare their own meals and snacks. Where residents had specific dietary or eating requirements (for example, where food was required to be modified) these needs were well known to staff and there were facilities to ensure appetising meals were provided to residents.

Throughout the course of the inspection, the inspector observed that the provider had instilled a human rights approach to care and support which endeavoured to uphold residents' rights. Residents' views were collected at intervals, for example, to inform the annual review, and where residents shared their views on the service their feedback was acknowledged and considered by the provider in the planning of service delivery. It was found that decisions about how the centre operated, such as staffing or resource planning, was very much guided by residents' needs and expressed preferences.

The inspector reviewed the infection prevention and control (IPC) arrangements in the centre and found that the provider demonstrated a commitment to meeting the national standards. While some corrective action was required to some of the facilities, most of the issues had been identified by the provider and there was evidence that the provider had commenced addressing known premises risks.

For the most part, the centre was found to be clean and hygienic (with the exception of some areas of one premises) and there were a range of hygiene checklists and audits in place to monitor environmental hygiene. There were hand washing and sanitising facilities available for use. Staff had access to up-to-date information and guidance in the area of IPC. Staff had received training in relation to infection prevention and control, and hand hygiene. There were clear procedures in place to follow in the event of an outbreak of infection in the centre.

There were a range of fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented some of the actions from the previous inspection in relation to fire

containment, however further action was required. The provider had commissioned a review of the fire safety measures in the centre since the previous inspection. This review identified some areas for improvement, including containment measures, which the provider had plans to address. For example, while there were suitable fire doors installed in high risk areas, some required a self-close device.

Records reviewed demonstrated that the fire safety equipment was 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 and evacuation.

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.

The advice of appropriate professionals was seen to be implemented where necessary, and in a manner that provided choice to residents.

Judgment: Compliant

Regulation 27: Protection against infection

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, standard precautions, and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available.

Residents were supported to avail of immunisation programmes according to their will and preference.

The provider had put in place a water safety management system to minimise the risk of infection associated with under-utilised water outlets.

In one house, some rooms required a deep clean as they had a build up of dirt and mould, such as a bathroom and the ceiling of a utility area. There was also mould present on some of the window frames in the kitchen.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was identified at the previous inspection that there were inadequate fire containment arrangements in the premises.

While the provider had commissioned a full review of fire safety arrangements, and had developed a plan to address them, there remained a number of areas that did not have suitable fire doors to ensure optimal containment in the event of a fire.

Judgment: Not compliant

Regulation 6: Health care

The health care needs of residents had been comprehensively assessed, and each resident had attended an annual medical review in the last 12 months.

There were clear personal plans in place for any identified health care need, and these incorporated recommendations of specialists where applicable.

Residents had access to a general practitioner of their choice, and a range of allied health professionals. Health care plans were found to be guiding the delivery of responsive health care support.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were mechanisms in place to uphold residents' rights, and that the arrangements supported residents to exercise their rights as individuals, and ensured that they could make informed decisions.

Residents were given opportunities to make choices about their care, and how they spent their day. For example, one resident had expressed that given some changes to their needs, they may like to move to another service; the provider had supported the resident to explore this option and provided unbiased information for the resident to make an informed decision about the future of their care.

The inspector found that another resident was being supported to consider a healthcare intervention, and had been given support by the staff team and clinicians

to understand the information provided to them. The process taken to support the resident endeavoured to ensure that their choice regarding their own healthcare was adequately informed and would be respected and upheld by all involved.

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 16: Training and staff development	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	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Walk B OSV-0003404

Inspection ID: MON-0028635

Date of inspection: 11/08/2022

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"> By October 31st 2022 the PIC have implement an identified program of cleaning, maintenance and home improvements based on findings from IPC audit and HIQA inspection. The local cleaning schedules will be randomly and regularly reviewed by PIC and Local Team Leads to ensure assurances on IPC practice implementation. Review will be starting 30th November 2022 By September 30th 2022 the PIC ensures that Staff Team Agenda items include IPC as a standing order. 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 30th November 2022. The planned maintenance for 2022 had identified some of the works identified in the HIQA adult and this work is planned and scheduled for the end 30th November 2022. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 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 December 22nd 2022, the PIC will have incorporated essential fire safety improvements into the budget for 2023.

3. 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.

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	30/11/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2023