



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

Issued by the Chief Inspector

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2020
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0029594

About the designated centre

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

Moonvoy is a designated centre that provides care and support for four adults with an intellectual disability, who have low support care needs- including some support with activities of daily living and intimate care. Residents are supported to attend work and recreational activities and to engage actively in their community. The facility is a two storey, five-bedroom, community-based house situated near a seaside town. Moonvoy was built in 2004 to include a sitting room, reception room and kitchen/dining area leading to the fully enclosed private garden. Each resident is provided with a single, en-suite bedroom in order to provide adequate privacy. Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities. The facility is a well lit, heated and ventilated space, which is appropriately maintained, serviced and cleaned by support staff. The aim for the residential service offered by WIDA is to provide a comfortable, homely and welcoming environment which meets individual service users needs, supporting and encouraging development. WIDA is committed to supporting service users to establish and maintain links within their community. Moonvoy is open all year round.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 - 2015 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
Tuesday 23 June 2020	10:00hrs to 14:30hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to meet with two residents on the day of inspection. One of the other residents was attending for a medical appointment and another was at their day service, which was facilitated throughout the COVID-19 pandemic.

The inspector observed warm and meaningful interactions between staff and residents. Residents appeared comfortable in their home and took pride in talking about their housekeeping responsibilities, be that the taking out of the bins, engaging in fire drills or caring for their pet dog. Residents had a sense of pride in their home and spoke of the recent improvement which included a new sliding door, the painting of communal and bedroom areas and a new couch. There was a discussion around other tasks that were due to be done such as the creation of new flower beds in the rear garden and the fixing of the wall in front of the house. The manner in which all these things were spoken about was indicative of the homely and relaxed atmosphere that generally prevailed in this comfortable home.

The inspector observed staff supporting residents to take part in their chosen daily activities. This included going for a walk, enjoying a cup of coffee in the kitchen and watching television. One resident was actively involved in the community and was fund raising for a local friendship club, set up to support persons with special needs. This resident was happy to talk about their project, how much they had raised and how their dog was part of the fund raising exercise.

Capacity and capability

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. Actions from this audit were addressed. For example, the action around replacing items of furniture had been addressed. The most recent six monthly unannounced provider inspection was carried out on 26 May 2020. Again the actions generated from this visit such as keeping care plans up to date, had been attended to.

The inspector discussed with the person in charge, the contingency plan and systems in place to support staff to respond to an outbreak of COVID-19. The

inspector was satisfied that these plans placed the ongoing care and welfare of the residents in a position of priority. For example, staff wore masks and changed their clothes at the beginning and end of each shift. The temperatures of staff and residents were checked daily, visitors to the centre were restricted and residents had a good understanding of the measures to be taken to help prevent an outbreak of COVID-19. These measures minimised the risk of introduction of infection. Cohorting arrangements were planned for if the need arose in the event of an outbreak.

There were clear lines of accountability with the person in charge reporting to the Director of Services. The Director of Services in turn reported to a management board. The Board of Management were active participants in the operation of this centre and were structured in such a manner to maintain good oversight of finances, employment and future planning. The organisation had in place a compliance officer who was instrumental in ensuring WIDA complied with its statutory obligations, including health and safety matters. WIDA had achieved national accredited certification for adherence to good standards of compliance and quality control.

The person in charge was also person in charge for another four centres that catered for adults with a disability. All centres were within a 10 km radius of each other.

There was evidence that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. Up to date staff training records were available and a system was in place for staff to get refresher training on a regular basis. The training, development and quality department of the organisation was instrumental in ensuring such updates were planned, carried out and recorded. Staff spoken with, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at understanding what brought joy to residents.

The person in charge had ensured that a regular cohort of staff worked in the house and that there was no cross over of staff from one centre to another. Every effort was made to ensure the well being of regular staff. There was a screening and reporting process to ensure that symptomatic staff did not come on duty. On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in community activities, attend day services and take part in individual activities, albeit that these activities were curtailed due to COVID-19.

A broad range of audits were conducted and included audits of medication management and practices, record management audit, audit of food and nutrition. The results of these audits, along with residents views, informed the annual report.

A change in the directors of WIDA took place. The notification of this to HIQA was outside the required timeframe. However, this was in part due to the unprecedented

challenges posed by COVID-19. The later notification was received and accepted by HIQA.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's registration. These documents were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

A change in the directors of WIDA took place. The notification of this to HIQA was outside the required timeframe. However, this was in part due to the unprecedented challenges posed by COVID-19. The later notification was received and accepted by HIQA in line with registration regulation 7(5).

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by the provider representative. In addition, the person in charge reported that her colleagues supported each other to ensure that effective management continued if one or the other was not or could not have a presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff, who had a role in the centre, had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was facilitated by online platforms operated by the HSE. Training records were well organised and available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that effective governance and management arrangements were in place to ensure that proactive action had been taken by the provider to minimise the risk of the introduction of and the transmission of infection.

The required resources, including personal protective equipment if needed, had been sourced. Contact had been established with the statutory body in relation to the sourcing of additional supplies in the event of an outbreak. The inspector was satisfied that the person in charge had good clinical awareness and was informed in an evidence based way. She spoke of being vigilant in her and her team's efforts to protect residents and staff. Viral testing for residents and staff was completed and all results were negative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area and spoke positively of its benefits.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated at least annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. In particular goals to go on holidays, visit family or shopping, had been postponed. Overall, the plans showed that they were up to date and informed practice.

The physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, an apartment type arrangement was created for one resident whose needs were such that having their own space was important. The premises were spacious, homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available.

Staff were aware of residents' underlying health care issues. Medical attention was sought promptly as required. The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. The inspector noted that one resident attended their GP in the company of the person in charge, on the day this inspection was being conducted. Much care and planning had gone into ensuring this visit was a success and that the tests required could be carried out without undue distress to the resident. This was completed while adhering to infection prevention and control measures. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24-hour basis. The provider's contingency staffing plan provided for the continuation of nursing care.

Despite the constraints of restricted movements and travel, residents partook in exercise and residents monitored their daily steps. Residents engaged amongst residents from other houses and amongst those they lived with, about the number of steps they took. Other forms of exercise such as dancing also took place. A

weekly newspaper had commenced to keep everyone in touch with each other. It was written in a light-hearted and informative way and was proving to be very well received by all, including families. There was a "bake off" in the house each week and this was a source of fun as well as being a social interaction. Photographs of the finished delights were in the newsletter, and this was something that everyone enjoyed reading about. As referenced previously, one resident was actively engaged in fundraising and was achieving significant success with their endeavours. The fundraising project also emphasised the community building networks that were being strengthened by this charity project.

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, one resident was facilitated to continue with their one to one day service as this minimised risk of behaviours that challenged, residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment. One resident spoke about the frequency of fire drills that took place and was very familiar with the practice. The resident described these drills in a good humoured and knowledgeable manner, especially when describing the discomfort of deep sleep fire drills.

Residents and family members were actively involved in the life of the centre. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation. These included, exercise programmes, fun activities such as weekly "bake off" and a community and family newsletter.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. For example, staff assigned to this house did not work elsewhere. Residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

Judgment: Compliant

Regulation 27: Protection against infection

It was evident from discussions with the person in charge, that infection prevention and control measures were in place and that staff were requested to adhere to these. As discussed in the other regulations, there was access to the appropriate information, and training had been completed with staff. Staff were supplied with PPE and the inspector observed that staff were using these at the appropriate level. There was a uniform policy, a requirement (where possible) to physically distance and twice daily temperature screening of staff and residents. There were facilities for the management of clinical waste and the provider was confident that any above normal level of usage would be stored and managed appropriately. The person in charge, who is a nurse, was clear on cohorting guidance in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at varied times of the day and night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

On the previous inspection, the inspector identified some areas in need of improvement for the management of medicines. These matters had been addressed. For example, medication prescriptions were regularly reviewed and guidelines were updated around the safe administration of some medication to be administered as

required (PRN).

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured comprehensive personal plans were in place for all residents. These plans reflected residents' health, personal and social care needs.

Judgment: Compliant

Regulation 6: Health care

The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge said that this included physical review by their General Practitioner (GP) if this was deemed necessary. This was completed while adhering to infection prevention and control measures. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24 hour basis.

Judgment: Compliant

Regulation 7: Positive behavioural support

The challenge posed to the implementation of recommended infection prevention and control measures was captured in the knowledge that staff had of residents' needs and in the assessments completed by staff. Practical measures were implemented such as the provision of extra staffing at weekends to support residents. One resident was facilitated to continue with their one to one day service at the day centre. This was necessary in order to support the resident in managing their stress. Stress support plans were updated every six months or more frequently if needed. There was a multidisciplinary approach to supporting residents in the management of their stress. Where medication was prescribed there was regular review with regards to its effectiveness.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider facilitated residents to participate in and consent, with supports where necessary, to decisions about his or her care and support. Residents had the freedom to exercise choice and control in his or her daily life. Activities were incorporated in to the daily routine and residents reported to be content with their routines.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant