



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:	20 June 2019 and 23 July 2019
Centre ID:	OSV-0003403
Fieldwork ID:	MON-0022522

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 comprised of three houses located in South Dublin. 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 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
23 July 2019	09:00hrs to 17:15hrs	Amy McGrath	Lead
20 June 2019	09:00hrs to 11:30hrs	Amy McGrath	Lead
20 June 2019	09:00hrs to 11:30hrs	Conan O'Hara	Support

Views of people who use the service

The inspector met with three of the residents who lived in the centre at the time of inspection. Residents views were also ascertained through residents questionnaires, of which eight were completed and returned to the inspector.

Residents spoken with shared with the inspector their views on their home, staff support, and ways they would like the service to improve. All residents were complementary of the staff who worked in the centre, and expressed that their needs were very well understood and supported. All residents spoken with were knowledgeable of the plans in place to support their care and welfare, and described being involved in their development and review.

A number of residents told the inspector about their hobbies and interests, the activities they engaged in while in their home, and clubs and groups they were part of in their local community. One resident spoke about their part time job. In all cases residents were satisfied with the support they received to engage in activities that interested them.

Some residents gave feedback on their experience of having visitors in their home, and expressed that their family and friends were always made to feel welcome. One resident particularly liked the extra space available in their home to have visitors over.

There were some areas that residents expressed they would like to see change or improvement. One resident felt that their bedroom was too small, and felt cluttered and untidy. Another shared that they would like new furniture in their living room, as the seats were old and not very comfortable. One resident told the inspector that they felt their privacy was not always respected by other people they lived with; the resident had highlighted this to the provider through the complaints process, and it was addressed to their satisfaction.

A number of residents stated they would like meals to be served at different times to suit their schedules. One resident expressed they would like to be more involved with grocery shopping. A resident also suggested that a weekly residents planning meeting might be useful to support them to be more involved in the running of the centre.

Some residents spoke to the inspector about the restrictive practices in place in their home. One resident expressed that in their case, while they would prefer not to have a restriction in place, they understood that it was necessary to reduce the risk of harm. They also acknowledged that they were engaged in a skills teaching programme, with a view to reducing or removing this restriction.

One resident told the inspector that they did not like living with another resident in their home. The provider was aware of this issue, and there were plans in place to

improve the experience of this resident in the short term.

Capacity and capability

The provider demonstrated that they had the capacity and capability to deliver a safe and good quality service to residents. While there were some areas for improvement, these largely related to documentation, and overall it was found that the provider was ensuring that residents received person centered care, that was effectively monitored.

The provider had applied to renew the registration of the centre, and while all of the required information had been submitted, the information on the application form was not reflective of the arrangements in the centre. This was rectified by the provider following the inspection.

There was a statement of purpose prepared, and available to residents, that was reviewed at regular intervals. While it contained most of the information required under Schedule 1 of the regulations, some information was missing or was inaccurate. For example, the information regarding staffing did not include the full time equivalent of the person in charge. Furthermore, the information relating to the type of service to be provided to residents was not reflective of the arrangements in place in the centre. It was found that one resident availed of a part-time respite service, and this was not outlined clearly in the statement of purpose.

There was a clearly defined management structure in place; each house had a team leader, who reported to the person in charge, who in turn reported to a director of residential services. The person in charge was employed in a full time capacity, and had responsibility for one centre. It was found that the person in charge had the necessary experience and qualifications to carry out their role.

Residents were supported by a team of residential support staff, who were suitably skilled and experienced to meet the assessed needs of residents. The provider had ensured the information required in respect of staff under Schedule 2 of the regulations had been received for all staff members, for example, Garda Vetting reports and references. The person in charge maintained a planned and actual roster for each house. There were arrangements in place to ensure that residents received continuity of care, for example, named relief staff and planned inductions.

The provider had ensured that the service was sufficiently resourced to meet the needs of residents. They had carried out an annual review of the quality and safety of the service, as well as six-monthly unannounced visits to the centre which generated improvement plans. There were a number of local audits and reviews in place, with evidence that actions were responded to promptly. The inspector found that the provider had complied with the additional condition of registration relating

to emergency lighting. It was also evident the oversight mechanisms within the organisation contributed to planned improvement and shared learning between centres.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre, and had provided all of the required information, however the information on the application form did not accurately reflect the staffing arrangements in place in the centre.

Judgment: Substantially compliant

Regulation 14: Persons in charge

There was a person in charge employed in a full-time capacity, who had sufficient experience and appropriate qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff, with the appropriate skills and experience, to meet the needs of residents. The person in charge prepared and maintained planned and actual rosters for each unit of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to identify staff training needs, and the provider had ensured that training was available to meet these needs. Staff had received training in areas such as fire safety, and safeguarding, as well as in areas specific to residents' care and support. The organisational structure had ensured that staff were being supervised appropriately, and there were arrangements in place to ensure that the person in charge was supervised in their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, with defined roles and responsibilities. The governance and management arrangements were ensuring effective oversight of the quality and safety of the care delivered to residents. The provider had carried out an unannounced visit on a six monthly basis, and had also prepared an annual review of the quality and safety of the service. There were a range of internal auditing systems in place, that generated action plans to further enhance the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose, that was reviewed at intervals, and while it contained most of the information required as per Schedule 1 of the regulations, there was some further information required, such as;

- Accurate information regarding the type of service being required, specifically in relation to residential and respite care.
- Information regarding the staffing complement, in full time equivalents, specifically in relation to the role of the person in charge.
- The size of the rooms within the designated centre, and accurate information regarding their primary function.
- The information contained in the certificate of registration.

Judgment: Not compliant

Quality and safety

The inspector found that the systems in place facilitated good quality, safe and person centred care and support. The provider had ensured that the quality assurance systems in place were effectively and positively impacting the quality of the service received by residents. There was some improvement required in relation to the upkeep and furnishing of premises, as well as arrangements in place for storing and administering medicines. While residents were safe, improvement was required in the recording and reporting of safeguarding concerns.

The provider had arrangements in place to assess the needs of residents, and while this system could have been improved by a more cohesive approach, it was being utilised well to identify residents' emerging needs. It was found that there were comprehensive plans in place to meet residents' needs in areas such as health, social, and personal care. Support plans were reviewed regularly, and it was evident that residents were involved in this process, and supported to contribute to and direct their plans.

Health care needs were identified throughout the planning process, with support from an appropriate health care professional. Residents had access to a general practitioner, as well as a range of other allied health professionals. A review of residents' health care records found that health care plans were effectively supporting residents to maintain good health, and that the provider was responsive to changing health care needs.

Where required, residents had plans in place to support them in managing any behaviours that may negatively impact themselves or others. There was a clinical team available to contribute to the care of residents' well being and mental health, and support plans included guidance and recommendations from this team. While there were a number of restrictive practices in place, these were each implemented following a thorough assessment, as a measure of last resort, and with a comprehensive plan to implement the least restrictive measure for the shortest time. Residents were fully informed of restrictive practice, and were supported to give informed consent to their implementation.

There were arrangements in place to ensure that residents were protected from risk of harm or abuse. The provider had a policy on the prevention, detection and response to abuse. Staff were trained in safeguarding vulnerable adults. The inspector found that potential safeguarding risks were identified and responded to, with safeguarding plans in place where necessary. While it was found that in one instance, a potential safeguarding concern had not been investigated or reported as per the providers own policy, this concern was addressed and there was no risk or negative impact to residents. All other concerns or suspicions had been investigated appropriately, and residents expressed that they felt safe in their homes.

The centre comprised of three buildings, and the design and layout of each was appropriate to meet the needs of residents. Residents each had their own bedrooms, and there was ample communal space. All of the requirements of Schedule 6 had been provided, such as laundry and kitchen facilities, however one resident had requested additional storage for personal items, which had not been facilitated.

While generally, the premises were in a good state of repair, there were some areas that required addressing, for example, damaged floor boards and broken door handles. There was improvement required in relation to housekeeping, as some areas were visibly dusty, and some furniture was damaged or stained.

While there were some concerns in relation to housekeeping, it was found that there were suitable practices in place to mitigate the risk of residents acquiring a health

care associated infection. There were arrangements in place to ensure effective management of waste, laundry and cleaning of health-care equipment. There were also suitable facilities for hand-washing.

The inspector found that there were appropriate mechanisms in place to manage risk in the centre, including a risk management policy and clear procedures. There was an active risk register, which identified current risks and contained assessments and control measures to mitigate risk. The provider demonstrated awareness of the risks present, and the system in place was found to facilitate learning from incidents.

Residents had access to a local pharmacist, and were supplied with medicines as prescribed, although it was found that some PRN (medicine to be taken as the need arises) medicines were not available in the centre and could not be administered as prescribed. There were suitable storage facilities in place in each of the premises. Residents were supported to manage their own medicines to the best of their ability. There were number of audits in place to ensure that medicines were correctly received, administered and stored. There was guidance in place in relation to the administration of some medicines, but the inspector found that these did not contain sufficient detail to effectively guide staff to administer medicine as prescribed.

The inspector reviewed the fire safety arrangements in place, and found that there were appropriate fire precautions in place. There was suitable fire equipment, which was serviced regularly. As mentioned previously, the provider had installed appropriate emergency lighting as required by an additional condition of registration. Residents engaged in fire drills, and there were individual evacuation plans in place to ensure that residents could evacuate safely in the event of a fire or emergency.

Regulation 17: Premises

The design and layout of each house was appropriate to meet the needs of residents. All of the requirements of Schedule 6 had been provided, however one resident had requested additional storage for personal items, which had not been facilitated.

While generally, the premises were in a good state of repair, there was improvement required in relation to housekeeping and furnishings.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management system in place, with suitable procedures for

identifying, assessing, and managing risk. There was evidence of learning from incidents, and a review of risk assessments found that control measures were in place as described.

Judgment: Compliant

Regulation 27: Protection against infection

There were appropriate arrangements in place to manage the risk of residents, staff and visitors acquiring a health care associated infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety arrangements in place, including fire fighting equipment, emergency lighting, and appropriate containment measures. The provider had ensured that all staff received training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While there were arrangements in place for the receipt, storage, and disposal of medicines, inspectors found that improvement was required to ensure that medicines were administered to residents as prescribed. For example, some medicines prescribed to residents to be taken as the need arises, were not available in the centre, and there was insufficient guidance in place to guide the administration of some medicines.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were various personal plans in place to support residents needs, such as health care plans, well being plans, and financial management plans. Although there was no specific individual assessment of residents' need carried out, the inspector found that the planning process incorporated an evaluation and assessment of the

residents health, social, and personal needs. While the system was somewhat disjointed, it was utilised well to adequately inform the planning and review process.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were assessed on at least an annual basis by an appropriate health care professional. Residents had access to a general practitioner and a range of allied health professionals. There were health care plans in place for any identified health care need.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were plans in place to support residents well being and behaviour support needs. There were clinical services available to enhance support in this area. While there were restrictive practices in place, these were implemented with the informed consent and participation of residents, with plans in place to minimise and discontinue restrictions where possible.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to ensure that residents were safe and protected from safeguarding risks. It was found that the provider and person in charge identified risks in this area, and responded to allegations or concerns as they arose. Safeguarding concerns were investigated and there were safeguarding plans in place where necessary. It was found that one allegation was not investigated in accordance with the providers own policy, however it had been addressed and did not represent a risk to the resident.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially 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	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Walk A OSV-0003403

Inspection ID: MON-0022522

Date of inspection: 20/06/2019 and 23/07/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> - Edit and resubmit the application to ensure that it reflects the staff arrangements in place in the centre (reflect that staff do not reside in centre only sleepovers) 	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> - Edit document to ensure that it is the type of service that is provided. Ensure that it clear that there is part time residential placement provided. - Edit document to ensure that it is clearly reflects the person in charge is a full-time equivalent. - Edit document and ensure that the dimensions of the rooms in each service are reflected on the document with the correct room function. - Place the certificate of registration within the Statement of Purpose 	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- Ensure that furnishings are updated and that housekeeping is at a high standard.
- Discuss with individuals and ensure that each person had enough space for personal belongings.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Ensure that all medicines on Kardex are available with the service.
- Ensure that all guidance is in place in relation to administering medication

Regulation 8: Protection

Substantially Compliant

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

- Ensure that all adult protection issues are reported in a timely manner.
- Develop protocol and guidance in relation to adult protection issue within one service in DCA.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	18/10/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	15/11/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/11/2019
Regulation	The person in	Not Compliant	Orange	18/10/2019

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Yellow	18/10/2019
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	08/10/2019