



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:	03 September 2019
Centre ID:	OSV-0003404
Fieldwork ID:	MON-0022523

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 behavior support. The centre is staffed by a team of direct support workers, and each house has its own team leader, who report 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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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 3 September 2019	09:10hrs to 17:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met and spoke with five of the six residents who lived in the centre. Residents' views were also ascertained through residents questionnaires, which were completed by six residents. The inspector visited each of the houses, and spent time observing residents in their homes.

Residents spoken with were very happy with the care and support they were receiving, and some spoke about how their support needs were being met. A number of residents were complementary of the manner in which their needs were supported, including arrangements in place to support personal care, finance management and accessing the community.

The inspector heard from residents that they felt involved in their own care planning, and knew how to raise any issues or complaints. Some residents discussed complaints they had made, and were satisfied with how they had been resolved.

Residents each liked their homes, and the facilities available to them. One resident described their involvement in the decoration of the house, and was very happy with the outcome. Another resident told the inspector that they liked their bedroom, and having access to a nice garden. One resident told the inspector that they would like to have a larger bathroom, preferably with a walk in shower or wet room.

Throughout discussion with residents, they shared that they were happy with the staffing arrangements, and liked the staff members who worked in the centre. A number of residents described how they were able to make choices and decisions, and felt that their preferences were facilitated.

One resident expressed that they would like to be more involved in the recruitment of staff for their home, as they felt this would be a way of ensuring a good fit for residents and staff.

The inspector observed that staff engagement with residents was respectful and friendly, and that residents' needs were met in a prompt and responsive manner. It was also observed that communication between staff and residents was very open, with residents knowledgeable of their care and support plans, as well as other arrangements in place in the centre.

Capacity and capability

The provider demonstrated the capacity and capability to ensure that a good quality and safe service was delivered to residents. There were clear lines of authority and

accountability, and the provider had ensured that the service was subject to continuous oversight and monitoring. There was improvement required in relation to the information contained within the statement of purpose, and the notification of incidents.

The inspector found that the provider had implemented a range of audits and oversight mechanisms, including six-monthly unannounced visits, which were informing actions plans to enhance the quality of the service. A review of records found that actions were being carried out in a timely manner. It was also found that the provider had fulfilled an additional condition of registration in relation to emergency lighting.

The management structure in the centre was clearly outlined, with defined roles and responsibilities. There was a person in charge in place, with the appropriate experience and qualifications to fulfill this role. This person was supported in their role by a number of local team leaders. The person in charge worked closely with the staff team, and was well known to residents.

There were suitable arrangements in place for staff training and supervision. Staff training and development needs were identified, and training was made available to ensure that the staff team had the appropriate skills to meet the assessed needs of residents. There were sufficient staff in place to consistently and safely meet the needs of residents.

For the most part, the provider had ensured the incidents requiring notification were notified appropriately. A review of incidents found that all three day notifications (as outlined in the regulations) were notified appropriately. While the provider had submitted a record of quarterly incidents, it was found that some restrictive practices were not included in these notifications. It was found, however, that these practices were subject to the same oversight system as the restrictive practices that were notified.

The provider had prepared a statement of purpose, and while it contained most of the information required under schedule 1 of the regulations, further information was required to ensure that it accurately reflected the service being provided. For example, the information relating to staffing whole time equivalents was not accurate, and did not specify the whole time equivalent of the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of the centre, and had included all necessary information and documentation.

Judgment: Compliant

Regulation 14: Persons in charge
The person in charge worked full-time in this centre, and had the qualifications and experience required for the post.
Judgment: Compliant
Regulation 15: Staffing
The inspector found that the number and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
There were effective governance and management arrangements in place, with a range of audits and reviews in place to ensure that the service was effectively meeting residents needs, and was operating in compliance with the regulations.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose in place, that was reviewed regularly, although some of the information was not reflective of the arrangements in place within the centre.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The provider had ensured that all incidents requiring notification in a three day period were appropriately notified. While the provider had submitted quarterly

returns as required, some incidents were found not to have been included in these notifications.

Judgment: Substantially compliant

Quality and safety

The inspector found that the systems in place were ensuring good quality care and support was delivered to residents. Residents needs were well assessed and understood, and care was being provided in accordance with residents own preferences. It was found that the provider was ensuring that the service was operating in compliance with the regulations, with monitoring systems providing effective oversight in this area. There was some improvement required in relation to recording of risk within the centre.

Residents health care needs were assessed by an appropriate health care professional, and there were comprehensive care plans in place to promote good health for each person. A review of health care plans found that residents had access to a range of allied health care professionals, such as general practitioners, dietitians, and speech and language therapists, as appropriate to their needs.

Residents who were prescribed medicines received support to access a local pharmacy, and to be involved in the management of their own medicines in accordance with their preferences and abilities. There was safe storage available in each premises for medicines, and there were appropriate arrangements in place in relation to the receipt of and administration of medication. Staff who supported residents in this area had received specific training, and there were a range of audits in place that ensured medication management was effectively overseen.

There were arrangements in place to protect residents from the risk of abuse, including an up-to-date policy, and associated procedures. Staff spoken with were knowledgeable of their role in relation to adult safeguarding, and had received training in this area. It was found that potential safeguarding incidents were investigated and reported appropriately.

Residents who required support to manage their behaviour received appropriate support in this area. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. While there were some restrictive practices in place, these were subject to regular review and consultation with residents to ensure that they were used as a means of last resort, and for the shortest period necessary.

Where a resident had transferred to the centre from another service, the provider had ensured that all relevant information was obtained and utilised to inform an updated assessment and corresponding care plans. The inspector also found that there were clear transition plans in place to effectively evaluate the transition

process.

The provider had a risk management policy in place, that identified the processes by which risk was managed in the centre. While it was found that risk was generally well managed, there was some improvement required in relation to the recording of and review of risk assessments. The inspector found that the provider and person in charge demonstrated a good understanding of the risks present in the centre, and that the risk assessment process was effective in identifying suitable control measures. However it was found that the centre's risk register did not accurately reflect the level of risk in the centre, and did not facilitate clear oversight of the level of risk in each home.

For example, the risk register identified three red rated risks, which according to the providers own policy, require weekly review and escalation to senior management. However, the risk assessments related to these risks showed that the control measure implemented had reduced the risk to a more acceptable level. Improvement was required to ensure that the risk register was accurate so that it facilitated review of risk as per the providers own policy.

There were suitable fire safety arrangements in place throughout each of the premises. A personal evacuation plan had been developed for each resident, and residents engaged in fire drills. There was suitable fire fighting equipment, such as extinguishers and fire blankets, which were serviced regularly. There were also appropriate containment measures in each premises, as well as emergency lighting and signage.

The premises were found to be designed and laid out to meet the assessed needs of residents. Each of the premises were decorated in accordance with residents own preferences and tastes. There was sufficient personal and communal space in each of the premises and the Schedule 6 requirements had been provided in each home, such as bathrooms of sufficient number, and laundry facilities.

There was ample and hygienic storage for food items, and it was found that residents had access to fresh and nutritious food. Residents were supported to participate in the purchasing of, and preparation of food, and their personal preferences and dietary needs were catered for.

Regulation 17: Premises

The design and lay out of each building in the centre was appropriate to meet the needs of residents. For the most part, premises were well maintained, and required upkeep of the premises was identified and scheduled by the provider.

Judgment: Compliant

Regulation 18: Food and nutrition
The inspector found that residents were supported to prepare and cook their own meals. There was ample fresh and nutritious food available, with appropriate storage facilities.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
The provider had ensured that where a resident transferred to the centre, a clear transition plan was developed and implemented, and that all relevant information was obtained in order to appropriately meet the care and support needs of residents.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had systems in place to manage risk, and while the inspector found that risk was generally well managed, the system in place did not facilitate oversight of the current risks present in the centre.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective measures in place to protect residents from the risk of fire. There were evacuation plans in place for all residents to ensure safe evacuation in the event of an emergency.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in place, with an up to date policy in place to guide staff. There were secure storage facilities available, with appropriate arrangements for the receipt of and administration of medicines.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were assessed and there were plans in place to address these needs. Residents had access to a range of health care services such as general practitioners and allied health professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were plans in place to meet the needs of residents who required support to manage their behaviour. Where there restrictive practices in place, these were subject to appropriate oversight and review.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that all residents were protected from risk of abuse, and there were measures in place to promote the safety and welfare of adults in the centre.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Walk B OSV-0003404

Inspection ID: MON-0022523

Date of inspection: 03/09/2019

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
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose updated on the 30/10/2019</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Quarterly's to be updated to include any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. Updated quarter 3</p>	
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>Reviewed risk ratings on Walk B current risks and adjusted the risk rating to reflect the</p>	

change in the residual risk rating.

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	30/10/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/10/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Substantially Compliant	Yellow	31/10/2019

	incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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