Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Walk C
Name of provider:	Walkinstown Association For People With An Intellectual Disability CLG
Address of centre:	Dublin 12
Type of inspection:	Unannounced
Date of inspection:	05 November 2021
Centre ID:	OSV-0003406
Fieldwork ID:	MON-0034739

About the designated centre

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

Walk C comprises three residential services and aims to support residents to live socially inclusive lives. Two of the houses in the centre aim to deliver a service for those with dementia. The needs of each person are individual and are captured in detail in their care plan. Staff are trained to support each person living in the house and ensure the identified goals in the care plan are being worked on. The houses are equipped with individual bedrooms, shared kitchen, living and dining spaces, bathrooms and gardens. There is access to the local community and leisure facilities such as pubs, cafés, fitness centres and churches.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Friday 5 November 2021	9:30 am to 5:25 pm	Amy McGrath	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor compliance with the regulations. The inspector visited the three homes that made up the centre and spoke with three of the five residents who lived there. There were five vacancies at the time of inspection. The inspector also spoke with staff members and a family member, reviewed records and documents, and observed care practices and interactions to inform a judgement on residents' experience.

The centre comprised three homes; two houses and one apartment. One house accommodates one resident. The second house can accommodate up to four residents, with three living there at the time of inspection. The apartment was registered to accommodate up to five residents, with one person residing there on the day of inspection.

The inspector commenced the inspection at the house with one resident, where they were greeted by the resident and the staff member on duty. The resident was relaxing in the living room at this time and had just finished breakfast. The house had a combined living and dining area, one bathroom, a resident's bedroom, staff bedroom and office, and a modest sized but well-equipped kitchen. The premises was observed to be clean and tidy and was decorated with the resident's personal items such as photographs, ornaments, soft furnishings and seasonal decorations.

The resident spoke to the inspector about their experience in the centre and expressed they were satisfied with the support they received, which they described as being 'just enough but not too much'. They spoke about how they spent their day and described how a staff member helped them to plan their week, which could include personal errands such as grocery shopping, activities and meals out. The resident showed the inspector pictures of them from a party they recently attended and told the inspector of plans they had for their own upcoming birthday.

The inspector met another resident in their home. This person was busy tidying the front garden when the inspector arrived. They told the inspector that they enjoyed taking responsibility for the upkeep of the front and back garden and how they had help from the organisation's maintenance team when they needed it. Later in the day the inspector observed the resident being supported by a member of the maintenance team in clearing leaves and overgrown hedging. This resident discussed the care they received in the centre and appeared satisfied with the support and the facilities.

One resident showed the inspector their bedroom; they also had access to their own private bathroom and separate living area. There had been works undertaken to the bathroom prior to the inspection to replace the floor in the bathroom. Further work was required to replace the saddle-board which was damaged and swollen with water. This was known to the provider and there were plans in place to address it. A

thorough clean of the bathroom was required.

In one premises, the provider had added a sheltered outdoor area for residents who smoke. There was however some evidence that smoking occurred in the home and there was no risk assessment in place to monitor or manage this risk. The provider had implemented a range of fire safety measures in all premises. In one home, the inspector observed that there was emergency lighting at each end of a long corridor and there was no emergency lighting placed in the exit lobby of the building. In the absence of a risk assessment, the inspector was not assured that the primary emergency exit was sufficiently illuminated or signposted. This was of concern given the nature of residents' disability in this specific premises.

The inspector met a third resident in their home. This resident lived alone, although there were vacancies in the home they resided in. The resident was supported by a team of social care workers and had moved to the centre in response to changing needs. The premises was finished to a high standard with modern fittings; it had been furnished and decorated in line with the resident's preferences and it was evident that the resident's support needs were considered in the design and layout of the building. The resident spoke to the inspector and shared that they enjoyed living in their new home. They told the inspector that they liked the area and did their shopping in the local supermarket. The resident was familiar with the staff on duty and the roster for the coming days.

The inspector spoke with a family member of a resident who was complimentary of the quality of care received by their relative and were satisfied with how their family member was supported to maintain communication and contact when visits to the centre were restricted in response to national restrictions.

The inspector observed in all three homes that residents appeared comfortable in their environment. They were seen to freely and confidently use the facilities and had access to all areas of their home. Residents took a lead role in directing their care and contributed to decisions about how the centre was operated. It was evident that the provider took a human rights informed approach to the delivery of care; through discussion with residents, family members and a review of documents the inspector observed that residents were supported to exercise choice and control in their daily lives and to make informed decisions about their care and support.

The centre was staffed by a team of social care workers and was managed by the person in charge. There were three separate staff teams - each premises had its own team and roster. Staff were observed to be familiar with residents and their support needs. Communication between staff and residents was seen to be respectful, open and supportive. Residents appeared comfortable engaging with staff and making their needs and preferences known.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. The provider had established oversight and reporting procedures in place that ensured timely and accurate information about the operation of the centre was received by senior management, although some improvement was required with regard to risk management (which is discussed later in the report).

There was a person in charge of the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. It was evident that workforce planning considered residents' preference, schedules and provided continuity of care. There was a planned and actual roster maintained by the person in charge.

The person in charge ensured that staff had access to necessary training and development opportunities. The provider had identified some areas of training to be mandatory, such as fire safety management and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs and emerging risks, such as infection prevention and control. There were established supervision arrangements in place to monitor staff development.

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. There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. The provider's review of the quality and safety of the service was seen to measure performance against the national standards and improvement plans strived to achieve best practice in accordance with the related standards.

The provider regularly assessed the effectiveness of residents' personal plans and consulted with residents to inform the delivery of care. The centre was adequately resourced and it was found that the deployment of resources (such as staffing and vehicles) was flexible in meeting residents' emerging needs. The inspector reviewed the admissions procedures and found that these promoted residents' involvement, encouraged informed decision making and considered resident compatibility and the impact to other residents when considering admissions to the centre.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff

spoken with were aware of how to raise any concerns. The person in charge and the staff team carried out a range of local audits and reviews in areas such as fire safety, health and safety, and record management.

Overall, the inspector found that the governance and management arrangements had ensured safe, high quality care and support was received by residents. While there was some improvement required in relation to the system in place to oversee risk, it was found that there were effective monitoring systems in place to oversee the consistent delivery of quality care.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary skills, experience, and qualifications to fulfill the role.

Judgment: Compliant

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 including performance management and development procedures.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety

and quality of the service was consistent 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

Quality and safety

The governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. Residents were supported to direct their own care plans, contribute to the running of the centre and engage in meaningful activities that maximised their potential. Systems were in place to support the rights of the residents and their individual choices were promoted and respected. This inspection found high levels of compliance across most regulations reviewed, with some improvement required in relation to the management of risk, including fire safety risks.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. The centre was suitably resourced to meet residents' assessed needs.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied healthcare services. Arrangements to meet residents' health care needs had been amended to ensure that residents could achieve best possible health at times when access to outpatient services may have been restricted. 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.

There were arrangements in place to protect residents from the risk of abuse. The inspector found that potential safeguarding risks were identified promptly and investigated and reported as outlined in the provider's policy. Where necessary, safeguarding plans were developed and implemented to protect residents. Staff received training in safeguarding and were found to be knowledgeable in the reporting procedures.

The provider had implemented a range of infection prevention and control measures, some of which were in response to risks associated with COVID-19. There was a comprehensive outbreak management plan available which included clear procedures and responses to potential outbreaks. There was an infection control policy available that was reviewed at planned intervals. This policy clearly

outlined the roles and responsibilities of staff members and gave clear guidance with regard to the management of specific infection control risks. The policy also guided comprehensive cleaning and monitoring of housekeeping in the centre, and these practices were observed on the day of inspection. Staff spoken with were knowledgeable of the infection control risks in the centre and were familiar with the procedures in place for areas such as waste and linen management. The centre had ample supplies of personal protective equipment (PPE) and staff were seen to use PPE appropriately. The premises were seen to be clean and tidy (with the exception of one bathroom), however some surfaces were observed to be damaged and required repair or replacement to ensure thorough cleaning was possible. For example, a desk surface was heavily chipped and the arms of a chair were torn.

There was a system in place to monitor and assess risks present in the centre. The inspector reviewed records in relation to risk management and found that the system of record keeping was not effective in facilitating the ongoing review and monitoring of risk. While risk assessments were recorded and maintained on a central system, the register of risk did not reflect an accurate portrayal of risk in the centre and the person in charge was required to maintain a second record which was used to verify the accuracy of the main risk register. The inspector found that the process in place was sub-optimal and did not support effective monitoring of risk, including monitoring of the effectiveness of control measures or the escalation of areas of high risk. The provider had recognised that the system in place to monitor risk required improvement, and records of management meetings evidenced that the provider had plans to review and optimise it.

Notwithstanding record keeping, the inspector found that the assessment of risk was not always proportionate; some risks were rated high despite substantial and effective control measures. There was no evidence that these areas recorded as high risk were escalated and addressed in line with the provider's risk management policy. The inspector also found that there were some risks which were being managed in the centre, such as risks related to falls and risks related to restrictive practices, that had not been assessed. While the inspector was satisfied that there were control measures in place, in the absence of a risk assessment it could not be demonstrated that these risks were reviewed or that control measures were based on an informed assessment.

There were fire safety management systems in place, including detection and alert systems, fire containment measures and fire-fighting equipment, each of which was regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. The provider had not assessed a risk related to smoking inside the premises in one home. There was emergency lighting present in all premises, however in one case the inspector was not satisfied that the emergency exit was sufficiently illuminated or signposted. Residents took part in fire drills.

The inspector reviewed a recent transfer to the centre and found that it was undertaken in a planned and safe manner with substantial consultation with the resident. The resident had numerous opportunities to visit the centre prior to transfer and an assessment had been undertaken to ensure that the centre had the

appropriate facilities and services to fully meet the resident's needs.

Regulation 25: Temporary absence, transition and discharge of residents

Residents were given the opportunity to visit a potential new home and transitions were phased in a way that allowed residents to make informed decisions. Residents safety and welfare needs were considered in relation to transitions, and there were arrangements in place to provide the necessary support to enable residents to live as independently as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place, however the arrangements in place to assess and record risk in the centre required improvement to ensure that an accurate record of risk was available for effective oversight. Not all potential risks had been assessed.

Judgment: Not compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Some areas of the premises required deep cleaning, and some surfaces required repair or replacement to facilitate adequate cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector was not assured that the emergency lighting and signposting in one premises had been informed by an assessment of risk. A fire safety risk related to smoking in the premises had not been appropriately assessed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents needs were assessed prior to admission and on at least an annual basis. There were support plans in place to guide the delivery of care in line with residents' assessments and the centre was sufficiently resourced to meet residents' needs.

Judgment: Compliant

Regulation 6: Health care

There were appropriate arrangements in place to assess and meet residents' healthcare needs. Residents had access to a range of healthcare professionals and healthcare support was provided in a proactive and person centred manner.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Walk C OSV-0003406

Inspection ID: MON-0034739

Date of inspection: 05/11/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. There will be a review by PIC of all risks on the risk register to better reflect the apportioning of risk ratings in light of all control measures by the end of the first quarter March 31st 2. There will be a review of the risk system by PIC to ensure that there is correlation between central records and associated local information by the end of the first quarter March 31st 3. PIC will participate with the (Director of Services) DOS and other PIC's to provide training in the risk system hazard identification and risk ratings with all local team leaders by second week in February	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. Desk and chair identified during inspection in one service location to be replaced locally. 2. PIC to bring this infection control re: surfaces required repair or replacement to facilitate adequate cleaning to Team Leader 1:1 supervisions in January 3. PIC to review deep cleaning schedule & itemized list with local team leader in service location where bathroom was identified during inspection.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. Risk assessment to be done by PIC & local Team Leader regarding smoking risk identified during inspection in one service location 2. New light fixture that is an emergency light to be fitted in one service location as identified during inspection & risk assessment to be done regarding signage in same location by PIC & local Team Leader	

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.	Not Compliant	Orange	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/01/2022

	published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/01/2022