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A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd, Waterford

Item Type	report
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Citation	Caroline Connelly, 'A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd, Waterford', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-09
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-13 22:41:51
Link to Item	https://hdl.handle.net/20.500.14765/71636

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
Centre ID:	OSV-0003725
Centre county:	Waterford
Email address:	fiona@wida.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Waterford Intellectual Disability Association Ltd
Provider Nominee:	Fiona O'Neill
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 July 2014 10:00	29 July 2014 17:30
30 July 2014 10:00	30 July 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was a registration inspection of a respite house which is one of a number of designated centers that come under the auspice of the Waterford Intellectual Disability Association (WIDA). WIDA provides a range of day, residential, and respite services in Waterford. It is a not for profit organisation and is run by a board of directors that delivers services as part of a service agreement with the HSE.

As part of the inspection the inspector met with residents, the nominated provider, the person in charge, the social worker, the human resources' manager, the assistant director of nursing and care staff.

Throughout the inspection the inspector observed practices and reviewed documentation which included residents records, policies and procedures in relation to the centre, medication management, accidents and incidents, complaints, health and safety documentation and staff files. The main offices for the WIDA services were on site and the director of the service/nominated provider is based there along with the human resource manager, social worker and administration staff.

The centre provides residential respite care for five adults with a mild/moderate intellectual disability at any one time. Residents are all aged over 18 years. There is no upper age limit; however, residents are offered breaks in age appropriate groups. The service is provided for both males and females.

The aim of the respite service as outlined in the statement of purpose is to provide a residential respite service wherein residents are supported to access their local community, to develop their independence and enjoy a holiday with their peers. The inspectors were satisfied that the service met the stated aims.

The person in charge works full time and has responsibility for two respite centers. She was seen to be very involved in the day-to-day running of the respite service and responsibility for the day to day organisation and management of the house which included staffing and budgetary management. Staff and residents informed inspectors that the person in charge was accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. All of the residents come in from home for respite care so community and family involvement was evident and encouraged as observed by inspectors.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their person centered plans. The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP and allied health professional services as required.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centers for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- Contract of care
- Improvements in the management of residents finances and in relation to the provision of intimate care.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care and their stay in the respite centre. The Inspector observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. Due to the admission criteria for the centre, residents were generally independent in many day to day activities and only needed a low level support from staff. Residents described the staff as being available to them if they had any concerns. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents' meetings held weekly generally on the first night of admission for respite. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. There was a set agenda that outlined all residents needed to be made aware of for their stay, such as fire evacuation procedures, security codes, budgets, bills, expenses, meal planning for the week, house rules, how to make a complaint and to whom. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

Residents to whom inspectors spoke stated that that they were happy and enjoyed coming into the centre for respite and saw it as their holiday and looked forward to it. Residents were provided with 'feedback forms' annually and all feedback received is logged and acted upon, as required. However the feedback forms were universal for all WIDA services and were anonymous so it was not always easy to distinguish which service was being referred to. The person in charge told inspectors that all views expressed form the basis for planning of the operation of the centre going forward.

The inspectors were informed that should residents wish to receive visitors while availing

of a respite break, space within the house was provided for them to do so in private if they required. There was an open visiting policy where visitors were welcome to visit the residents at any time. Residents told the inspectors as they were only in for respite they tended not to have a lot of visitors and they were out a lot on activities in the evenings and at weekends.

The complaints procedure was viewed by the inspectors and was found to meet the requirements of the regulations.

There was an accessible complaints procedure in place and this was seen displayed in the entrance to the building. The procedure displayed was in a plain English version and had photographs of the persons nominated to deal with complaints. The person in charge informed the inspectors that all residents were also provided with 'plain English' version of the complaints procedure and that a video explaining this procedure is made available to them on WIDA's website. The procedures were seen along with a copy of the statement of purpose in each resident's bedroom. A computer for residents and staffs use with easy access to the WIDA website was available in the kitchen/dining room and staff assisted residents to use this.

Staff informed the inspectors that they are trained in the complaints procedure and they inform residents about it during residents meetings so that all feedback from residents may be documented and brought to the attention of management. There is a charter of rights which is also made available to residents in an accessible version (video) on the website. Residents are encouraged to access independent advocacy to assist them to articulate their wishes regarding the operation of the designated centre and a named independent advocate is available to residents.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. As residents were generally only in for a week they did not tend to bring in too many personal possessions with them.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector noted that residents had access to appropriate media, such as television,

and radio. There was a comprehensive communication policy seen by the inspectors and a number of the staff were trained in communication techniques such as 'Lamh' and Picture Enhanced Communication Systems (PECS) to aid communication. Staff who spoke to the inspectors demonstrated awareness of individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice.

The residents guide and numerous notices were seen around the centre. There was a notice board at the main entrance which contained a picture of the staff on duty, the complaints policy with pictures of the staff who to make a complaint too. Other relevant information was available to residents in an accessible format including as spoken about in outcome one a computer with access to the WIDA website with easy accessible information for residents.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

As outlined previously there was an open visiting policy where visitors were welcome to visit at different times and contact was kept with families via the telephone.

The inspectors saw that residents are supported to develop and maintain personal relationships and links with the wider community and as residents live at home families are fully involved in the lives of residents. Some residents made regular phone calls to relatives when residing in the centre some of these were scheduled in their person-centred plans. Residents told the inspector that the phone calls were very important to them to keep in touch with family.

The inspectors saw that relatives were updated as required in relation to residents' progress. Prior to the resident coming into the service there is contact and comprehensive communication with the family in relation to the residents needs and there is a communication with the families in an evaluation of the residents stay in the service at the end of the respite break. The inspector saw in residents' personal plans that families were involved in meetings and had signed off on their plans of care.

A number of the residents would request to have respite at the time their friends are receiving respite so that they can enjoy the social aspects of care and friendship together.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed the statement of purpose and noted that the aim of the respite service is to provide a residential respite service wherein residents are supported to access their local community, to develop their independence and enjoy a holiday with their peers. Referrals for admission to the service were set out in the statement of purpose which stated that a person may be referred by another agency or may make a self-referral for respite. They are advised of and are supplied with the appropriate forms for completion. They are invited to visit the service with a relative or representative of their choosing to discuss the service and their needs.

Arrangements are made for the applicant to have a number of introductory visits to the service. Once the applicant has been successfully introduced to the service, they will be included in the list to receive planned respite breaks. These breaks are offered in December for the forthcoming year, with 14 nights offered to each applicant and further breaks, as appropriate. Residents who are deemed to have a particularly high respite need are assessed by WIDA's social worker so that additional breaks may be offered in line with their needs. The person in charge informed the inspectors that emergency respite may also be offered, with due consideration being given to the needs of the applicant and the needs of other service users.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently receiving respite in the centre.

The inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residing in the centre. The service agreement did detail the

support, care and welfare of the resident and details of the services to be provided for that resident. However it was noted by the inspectors that although the fee per night was outlined it did not include what was included in this fee and what was excluded from the fee. It also did not include details of any additional charges that residents may incur during their stay.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The respite house is in the middle of well populated area in Waterford city. As the residents are living at home and only avail of the respite service infrequently they told the inspector they very much enjoy the social aspects of care when on respite and to go out socially with their friends and peers.

Each resident's personal plan reflected their individual wishes regarding social activities. The activities offered each week are reflective of the wishes of the particular group availing of respite at that time. The residents are facilitated to have a meeting at the commencement of their break to decide what activities they would like to plan for the week. Evidence of this was seen in the residents meeting book. All activities are recorded on the record of social activities a copy of which is provided to residents' at the end of their break this is documented by staff. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same.

Residents to whom the inspector spoke described the many and varied activities they enjoyed and spoke of the day trips out and about dining out and going into town. Inspectors saw that the personal plans reflected the individual residents' interests and goals.

The inspectors reviewed a selection of personal plans which were personalised, detailed

and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and care assistants who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

As the residents lived at home with their families access to interdisciplinary team involvement in residents' care including, medical and general practitioner (GP), speech and language, dentist and chiropody services was done by their families. These will be discussed further in Outcome 11 healthcare needs.

The inspectors noted that there was a circle of support identified in each resident's personal plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence in some residents' personal plans that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The facility is a six-bedroom two-storey community-based house in Waterford City. The ground floor accommodates the respite service and the first floor accommodates WIDA offices, which are accessed through a separate entrance to the side of the building. Electronic gates are provided to the front of the facility. The house had been recently refurbished to include a sitting room and kitchen/dining area with French doors leading to the south-facing garden. There was adequate sitting and dining space separate to the residents' private accommodation which allowed for a separation of functions. Each resident is provided with a single, en-suite bedroom in order to provide adequate

privacy.

The centre was found to be very clean and well maintained and fully wheelchair accessible. The providers informed the inspectors that a 'deep clean' of the service is conducted by WIDA cleaning staff after each respite break. There was ample car parking provided to the front of the building and an enclosed garden to the rear, with a shed and garden furniture. The garden was well maintained and there was an outdoor patio area to accommodate suitable garden seating and tables provided for residents use.

Laundry facilities were provided within the premise and were adequate. Staff said currently laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition. As the residents tended to be mostly independent, specialist equipment for use by residents or people who worked in the centre was not required. Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The house has recently been renovated to high standards and included all the requirements of fire safety including fire doors, emergency lighting and fire alarm. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" throughout the house. Regular fire drills took place. A personal emergency evacuation plan (PEEP) was seen to have been developed for residents. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Fire drills were held on a regular basis with records showing that four drills had been undertaken in the last six months. Training records confirmed that fire training was held on various dates in 2013 and 2014. The inspectors examined the fire safety register with details of all services and tests carried out. There was evidence that safety management systems were in place for the checking of fire escapes, fire alarms, equipment and the maintenance of service records of emergency lighting. Fire

equipment was serviced in January 2014 and the fire alarm was tested in July 2014. Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of the centre.

A comprehensive emergency plan was in place in relation to fire and numerous other emergency situations such as power outage, accidents, and disruption to water supply. Staff demonstrated their knowledge of what to do in an emergency situation. Emergency contact numbers were seen for all staff and numerous services that may be required in an emergency situation.

Comprehensive risk assessments were seen by inspectors for the centre and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included risk assessments for absconding, self injurious behaviour, challenging behaviour, medication not received, and daily living support such as dietary choices and weight management.

There was a risk management and risk assessment policy in place that met the requirements of legislation and the risk registrar included the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

The environment of the current house was homely and visually clean. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the care staff with assistance from some of the residents. At the end of the respite a deep clean was undertaken by WIDA cleaning staff. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available in the centre and the inspectors observed staff using the hand gels and undertaking regular hand hygiene.

There was a comprehensive safety statement dated July 2014 which contained numerous hazard identification and control sheets for the service. The inspector viewed training records which showed that staff had received up to date training in moving and handling in 2013 and 2014 the residents in the centre were all independent with mobility and hoists and other equipment were not required.

The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own vehicles. Up to date service records were seen and all vehicles were taxed and insured. Staff were required to have a full clean driving licence to drive the vehicles.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Policies and procedures dated 2014 were in place for the prevention, detection and response to abuse and these were viewed by the inspector and found to be comprehensive. Staff with whom the inspector spoke knew what constituted abuse and they demonstrated an awareness of what to do if an allegation of abuse was made to them. They told the inspector that all allegations of abuse are recorded.

The designated person to deal with any allegations of abuse is a social worker employed by WIDA. The person in charge also acts as a designated person in the absence of the social worker. They both provided training on all aspects of recognising and responding to abuse to staff. The inspectors met with the social worker and the inspectors saw evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and investigation.

Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and saw that there was easy dialogue between residents in their interactions with staff. The person in charge informed the inspector that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care was provided.

Inspectors reviewed the policy on finances and personal property dated 2013. Some residents had money management competency assessments completed in their personal plans. The inspectors viewed the process used to safeguard residents' money in the centre. Residents brought in money from home in an envelope in their bags. This money was documented in a property log and signed in by the staff member. Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. The policy states that all transactions to be signed by staff and resident where possible and that at the end of the shift two staff must complete a check on the final balance. However a number of transactions were only signed by the staff member and there was no evidence of two staff signing off at the end of the shift.

Written receipts were retained for all purchases made on residents' behalf but these receipts were returned home with the resident and no copies are kept to ensure an effective auditing of the system by the person in charge. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. Although the fees were outlined in the contract with the service residents did not receive an invoice or statement of charges for care provided by WIDA services.

There was an up to date policy on responding to behaviours that challenge. From a selection of personal plans viewed, inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. Staff with whom inspectors spoke confirmed that they had received suitable training and had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Inspectors saw that comprehensive behaviour management plans and guidelines had been devised and implemented. Staff training records showed that staff had received training on dealing with behaviours that challenge and this training was current. The inspectors noted that centre specific policy in relation to restrictive practices would guide their use in line with evidence based practice. However there was no use of restrictive practices in the centre at the time of the inspection.

The inspectors viewed the policy on personal intimate care 2014 which outlined the measures that would be taken to provide personal intimate care in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity. The policy stated that where possible staff work with residents of the same sex, as there is a mixed group of residents in at any one time for respite and only one staff member this is not always possible and the person in charge and provider agreed to review same.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation. All incidents and accidents were recorded in a comprehensive incident

log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The provider outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required. The authority had received all notifications in a timely manner as required by legislation

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported. Some residents to whom inspector spoke outlined that they had regular roles within the house and the inspector noted that such roles formed part of residents' goals in their personal plans. The resident's roles and responsibilities included keeping the house tidy, making their beds, managing laundry, setting tables for meals, participating in food preparation and washing up after their meals. The inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents. Residents outlined to the inspector how they could access appropriate and accessible indoor and outdoor recreational events for example bowling, cinema, and trips to the seaside and to different local pubs.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspectors saw that as residents all lived at home with their families, access to interdisciplinary team involvement in residents' care including, medical and GP, speech and language, dentist and chiropody services was done by their families. However if there was a medical issue in the centre staff would accompany them to appointments and assisted in collecting the prescription as required. The inspectors saw one resident being accompanied to her GP and a meeting held following same. Out of hours services were provided by the local on call service who attended the resident at home if necessary. The inspectors saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry, physiotherapy, occupational therapy, chiropody, optical and dental speech and language therapy and psychology services were available through the HSE and information is given to the centre from the families.

The inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held at the start of the week with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. The food was seen to be nutritious with adequate portions and the staff encouraged health eating. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. They also liked to eat out and often had two meals out per week.

The residents where possible assisted in the food preparation and in the cleaning away afterwards and inspectors observed that residents had access to fresh drinking water at all times.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were centre-specific medication management policies and procedures in place which were viewed by the inspectors and found to be comprehensive. Inspectors saw that the residents own GP prescribes all residents medication and this is obtained from the residents' local pharmacist for each resident and sent in with the resident on

admission by the family. Medication was stored in a locked cupboard and counted and documented on admission by staff. Medication that is returned home is also counted and documented by staff as number and type of medication returned. This is then placed back in the resident's bag to go with them to their day service. The inspectors did not feel this system was sufficiently robust as medication could be taken out of residents bags and a system of handover of medications would be required to the day service staff.

The inspectors saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

Non nursing staff had undergone two day training on safe medication administration. They were assessed as competent by a nursing staff member prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication.

There were no residents that required scheduled controlled drugs at the time of the inspection.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A recently updated statement of purpose was available and reviewed by the inspectors. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The person in charge confirmed that she kept the statement of purpose under review and provided the inspector with a copy of the most up to date version. The inspector noted that there was a copy of the Statement of Purpose in each resident's bedroom and at other locations in the house.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The centre is one of a number of designated centres that come under the auspice of the Waterford Intellectual disability Association (WIDA). WIDA provides a range of day, residential, and respite services in Waterford. It is a not for profit organisation and is run by a board of directors and delivers services as part of a service agreement with the HSE. There is a director of services/director of nursing who reports to the board of directors. She is the nominated provider on behalf of WIDA services. The director of services/director of nursing leads a senior management team which comprises of two ADON's, a social worker and a human resources manager. The senior management team meets very regularly. The ADONS take responsibility for different parts of the service one works as the person in charge for residential services and the other as the person in charge for respite services.

The person in charge for respite services works full-time and is a registered nurse both of Intellectual Disability and of Psychiatry. She holds a degree in nursing studies and a management qualification for senior nurses. She has over 20 year experience in intellectual disability, 16 of those in respite care.

Inspectors noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about whom to report to within the organisational line and of the management structures in the centre.

The inspectors formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The person in charge for residential services takes responsibility in the absence of the person in charge for respite services. Additionally the person in charge is available on call and staff told inspectors that they have called her in the past.

The senior management team were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in the house along with other relevant documentation.

Staff who spoke with the inspectors said they had regular team meetings and received good support from the person in charge and had commenced the process of performance reviews which they stated they found beneficial.

Inspectors noted that throughout the inspection the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. The provider visits the centre regularly and had undertaken an unannounced visit to the designated centre and had prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support for the year ahead. This action plan included a training plan, to roll out the human rights committee and to undertake further actions identified as required in the risk register. The inspectors reviewed this review and found it met the regulatory requirement. There is also ongoing auditing of various aspects of the service which included medication management, residents' records, financial records, accidents/incidents, complaints, safeguarding and health and safety audit. An audit schedule was seen by the inspectors to be in place. The inspectors were satisfied that the systems were in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence. Support and acting up arrangements were comprehensive, the second ADON covers for the person in charge when she is away and is supported by the nominated provider.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The premises were recently refurbished and capital funding was secured to do so. The house has been renovated to a high standard to ensure compliance with regulatory requirements.

There is an annual budget for the centre which is reviewed on a monthly and then annual basis. The person in charge told the inspectors that funding would be made available in the event of a major piece of equipment breaking down and requiring replacement.

The accounts and budgets are prepared and allocated by the accounts department and are managed by the person in charge and overseen by the registered provider who

reports to the board of directors.

The inspector saw that there was sufficient assistive equipment to meet the needs of residents with servicing records up to date. The inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. Inspectors observed that residents were familiar with staff, and staffs pictures were on the notice board in the entrance to the building to inform them of who was on the roster. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection, all staff appeared to be competent and were aware of their roles and responsibilities. Staff in the centre generally worked alone but stated they felt well supported by the person in charge and there was a senior manager on call at all times that they can call for advice or assistance. Although there was a lone worker policy in place it required review to ensure it covered all aspects of actions to be taken in the event of any emergency situations.

There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure. The inspectors met with the human resources manager during the inspection and she outlined her role in ensuring all staff were recruited and inducted in accordance with legislative requirements.

The Inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were

available. There was evidence that new staff received a comprehensive induction programme and these were seen signed by the staff member and the line manager in individual staff files.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that accessible copies of the standards were available in the centre and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training completed by staff included food hygiene, first aid, risk management, community inclusion, communication therapies, health and safety and hand-washing. All care staff have at a minimum a Further Education Training Awards Council (FETAC) level 5 qualifications in healthcare.

The inspector noted that staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented. Records showed that the person in charge formally met with each staff member and staff stated they found this very beneficial.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector reviewed the centres policy and procedures and found that the centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff to whom inspectors spoke demonstrated an understanding of specific policies such as medication policy and managing allegations of adult abuse in practice. In relation to residents' records such records were generally complete and up to date.

The inspectors reviewed the directory of residents which were located in the main office and noted that the directory was completed for each resident and contained the required information.

The inspector found that records were accurate, complete and maintained in a manner that allowed them to be easily retrieved by staff.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Caroline Connelly
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
Centre ID:	OSV-0003725
Date of Inspection:	29 July 2014
Date of response:	26 September 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contract for the provision of services did not include what was included in this fee and what was excluded from the fee. It also did not include details of any additional charges that residents may incur during their stay.

Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

The Service Provision Agreement has been altered to set out the support, care and welfare of the resident, details of the services to be provided for the resident and the fees to be charged. It also sets out what is included in this fee, what is not included in the fee and additional charges likely to be incurred by the resident during the stay.

Proposed Timescale: 16/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedure relating to provision of intimate care has been altered to add that all personal care will be delivered in line with the resident's person centred plan and in a manner that respects the resident's dignity and bodily integrity.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

Please state the actions you have taken or are planning to take:

The procedure relating to provision of intimate care has been altered, with the sentence referring to staff working with residents of the same sex removed.

Proposed Timescale: 16/09/2014

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The system in place to manage residents' finances is not sufficiently robust.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

All receipts for purchases made by service users are photocopied, so that the original can be kept by the service user and a copy can be maintained on file for audit.

The Person in Charge will audit service user finances regularly.
The procedure has been changed to reflect the practice in services where there is a lone worker.

Proposed Timescale: 16/09/2014