

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
<b>Centre ID:</b>	OSV-0005283
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Waterford Intellectual Disability Association Ltd
<b>Provider Nominee:</b>	Fiona O'Neill
<b>Lead inspector:</b>	Erin Byrne
<b>Support inspector(s):</b>	Ann Delany
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	1

## **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, 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 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 1 day(s).

**The inspection took place over the following dates and times**

From: 13 October 2015 09:30 To: 13 October 2015 16:00

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 inspection was the first inspection of the centre carried out by the Authority and was carried out to inform a decision to register the centre.

According to its statement of purpose the centre intended to provide a residential service for one child, both male and female, who has a diagnosis of intellectual disability and high support needs. The centre had capacity for a maximum of one child. The centre was a self contained three bedroom apartment over a detached house which was a respite service for adults with a disability that opened a number of weekends per month. There was a secure car park to the front of the building and an enclosed garden to the rear.

As part of this inspection, the inspectors met with the director of services, assistant director of nursing (person in charge), an assistant director of nursing who would deputise for the person in charge and social worker. The inspectors also inspected the premises and viewed policies, procedures and a number of templates that had been designed for use in the centre.

Overall, the inspectors found that there was a significant level of compliance with the regulations and standards. The assistant director of nursing, who was the proposed person in charge, was suitably experienced and competent to manage the service. Policies and procedures were in place, relevant training was in the process of being provided, as part of induction for staff who had been recruited and adequate preparation had been made to ensure the smooth operation of the service when the centre becomes operational.

The inspector found that the service as outlined in the statement of purpose had the potential to provide a high standard of care in a homely and safe environment.

Improvements were required in the statement of purpose, the information guide, infection prevention and control. These improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

**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, 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.**

**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:**

The rights and dignity of children were promoted through systems, procedures and guidelines for practice that acknowledged children's diverse needs, their right to be consulted and to participate in decisions about their care. The assistant director of nursing described an admission process to the service that was focused on individual needs and rights, supplemented by a comprehensive consultation and assessment process. Inspectors were provided with a copy of the information booklet for children being admitted to the service and found that it was child-friendly and accessible. However, it did not contain information on children's rights and was contradictory to the information provided by the assistant director of nursing, who described processes and practices to be implemented which would ensure that children were aware of their right to be consulted in decisions about their care or involved in decisions about their life, such as choosing a doctor or dentist.

The centre was found to promote children's rights through guidelines in place for consultation with children during development of plans, particularly on their needs, preferences and choices. There were systems in place to maximise children's independence and the team acknowledged children's right to participate in their community. Inspectors were informed by the assistant director of nursing that children's involvement in community groups or activities would be facilitated, their wishes and goals identified and included as part of their placement plan.

Centre policies, procedures and proposed practices promoted children's right to dignity and privacy. Inspectors found, on a walk around the centre that the child would be allocated a bedroom with en suite bathroom, that provided enough space, privacy and safe storage facilities for their personal belongings. Their right to dignity, respect and

privacy was promoted through signs on their bedroom door indicating that people should knock before entering.

There was a policy on resident's personal property and finances and a recording system was in place to ensure their money and personal possessions were kept safe. The needs assessment included an assessment of whether the child could manage their own money, with a template for a plan to support any relevant goals.

There was a complaints policy and process in place in the centre. The policy outlined the process through which complaints would be reported, investigated and recorded including timeframes and procedures for informing the complainant at each stage of the process. The process for appeals required clarification with respect to the person responsible as this was referenced as the director of services in one part of the policy and the director of nursing in another. There was a system in place to monitor and review complaints on a regular basis. However, the complaints log template in the centre did not provide for recording details of action taken as a result of a complaint or level of satisfaction with the outcome of a complaint. While inspectors observed a notice in the kitchen of the people assigned for dealing with complaints which was child friendly, information on the complaints process was not prominently displayed.

**Judgment:**

Non Compliant - Moderate

**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 centre had a communication policy, systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with templates for the needs assessment process which would ensure that the staff could prepare and plan for communication needs and requirements of individual children. The assistant director of nursing informed inspectors that children would be encouraged and facilitated to become involved with community activities and events, and would be supported in using communication aids and devices as required. She also informed inspectors that a computer and internet access would be made available, with the appropriate safeguarding measures but were waiting to procure based on the needs of the child.

**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:**

Inspectors were provided with a policy on visitors to the centre which encouraged involvement of family members and significant people in children's lives, outlined safeguarding measures and detailed the requirement for respecting the wishes of children. Managers reported that friends would also be welcome. Inspectors were informed by the assistant director of nursing that children would be provided with opportunities to make and maintain friends and to be part of the local community. There was adequate space available for children to meet with visitors in private.

Inspectors found that templates for planning and decision-making processes for children were inclusive of parents and key people in children's lives. This also supported children to maintain relationships whilst in the centre.

Inspectors found that the centre was designed in a way that promoted socialisation, and plans outlined by the assistant director of nursing detailed opportunities for play which would be individualised to the age and interest of future residents. There was an outdoor green area that inspectors found was secure and accessible to children resident in the centre.

**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 were provided with an admission/transfer and discharge policy which detailed procedures for admission and in the event of a temporary absence / discharge of a service user. This policy was in line with the centre's statement of purpose. The policy outlined the processes in place to ensure that residents were appropriately placed within the centre including; a full assessment of needs involving all key people in the child's life, which would then inform the planning for gradual admission to the centre.

A template of a service agreement was provided to inspectors, this detailed the terms of the care to be provided by the centre including; management of finances, personal effects, care and support planning, and specified that residents or families were not responsible for any costs associated with the service.

**Judgment:**

Compliant

**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:**

A template for the assessment of individual needs of children, to be completed prior to admission was in place, which was designed to inform the planning process for children's care and support within the centre.

The assistant director of nursing told inspectors that the assessment of need would be completed with the involvement of the child, as appropriate, the family, teachers, and other relevant professionals in a child's life. She informed inspectors that this needs assessment would identify goals to inform the care plans for any child being admitted to the service. Reports from the organisations multi disciplinary team would also inform the assessment.

A comprehensive care plan template was proposed to be used which included; transition and admission plans, communication plans and systems, general and specialist health



care plans and education plans. The assistant director of nursing also identified that a more child friendly document 'my person centre plan' was intended for completion by the resident, through consultation and with the support of key workers, to identify the resident's personal goals for their placement in the centre.

There was a process in place for review of plans within the centre to ensure children's on-going and changing needs were identified and plans adapted as required.

**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 centre was a three bedroom, two bathroom upstairs apartment, above a large detached house, the entrance to which was by means of an outside, steep, concrete stairs. The centre could not be accessed by people with mobility difficulties or wheelchair users but was suitably designed to meet the needs of residents, as outlined in the centres statement of purpose. The centre shared a back garden with the main house, which could be accessed through a side gate.

Inspectors found, on a walk around the centre, that residents to the centre would be allocated a bedroom with en suite bathroom, that provided enough space, privacy and safe storage facilities for their personal belongings. There was adequate private and communal accommodation within the centre and a separate kitchen with adequate, suitable facilities and equipment.

The centre was recently decorated, clean and bright with appropriate furnishings. The assistant director of nursing told inspectors that personal touches and recreational equipment, appropriate to the age, preferences and individual interests of the identified resident, would be provided by the centre prior to the admission of a resident.

The centre had two en suite bathrooms, both with shower facilities. The assistant director of nursing told inspectors that visitors to the centre would access the en suite toilet, through the staff office. The staff bedroom in the centre lacked privacy as this room was accessed through double doors with large glass panels.

Family and friends with mobility difficulties or wheelchair users could not be safely accommodated to visit the centre due to the inaccessibility of the entrance to the centre. The assistant director of nursing stated that alternative arrangements would be made to facilitate friends or family members with mobility difficulties or who were wheelchair users, to visit the child in the house downstairs or in another suitable location.

**Judgment:**

Substantially 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:**

Some systems were in place to promote the health and safety of children, visitors and staff but risk management and infection prevention and control measures needed improvement. Inspectors reviewed an organisational safety statement in the centre but it had not been reviewed since July 2014.

The risk management policy did not fully meet the requirements of the legislation. While the policy included the identification, assessment, management and ongoing review of risk it did not set out the arrangements for the learning from serious incidents or adverse events or the arrangements to ensure that the risk control measures were proportional to the risk identified and did not adversely impact on the resident's quality of life.

There were some systems in place for the assessment, management and ongoing review of risk but they were not fully effective. Inspectors found a number of risks that had not been identified as a risk including exposed wires and cables on the external wall of the house, an unsecured electrical meter box and bags of sand and salt on a pathway to the garden. In addition, the risk rating and control measures identified for some risks on the risk register were not in all cases proportional to the risk identified. For example, the steep stairs leading up to the apartment had a risk score of four yet the director of services had identified to inspectors that additional supports had been ordered to make the stairs safer. The assistant director of nursing told inspectors they had graded the risk based on this additional support being in place. However, she had not received formal training on risk management.

Some procedures were in place for the prevention and control of infection. The centre had a comprehensive infection control policy, dated July 2014. Hand sanitizers were at

appropriate locations where no sink was available. However, there were no systems or guidance relating to food preparation and the waste disposal bin in the kitchen of the centre was hand operated. Inspectors also observed hand towels in use in the visitor's bathroom. Cleaning equipment was colour coded but the storage facilities for the cleaning equipment were not appropriate.

Fire safety precautions were in place. The inspector observed that the emergency exit was unobstructed. Daily checks on the fire alarm, the means of escape and the fire fighting equipment were carried out and recorded by staff. Suitable fire fighting equipment was available at a specific location. The evacuation procedures was prominently displayed within the centre and the fire assembly point was clearly marked. The centre policy did not specify the frequency of fire drills required in the centre. Inspectors identified that all risks relating to the centre's fire procedures had not been assessed. The centre had only one available exit which had not been identified as a potential risk and assessed to ensure that procedures and systems were appropriate.

The assistant director of nursing told inspectors that staff members received manual handling and fire safety training as part of their mandatory training schedule and fire procedures, alarm systems, drills and equipment was covered as part of staff members induction to the centre. A record of all visitors to the centre was maintained. The vehicle proposed to be used for transporting the child was registered, taxed and insured.

**Judgment:**

Non Compliant - Moderate

**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:**

The centre had a policy on child protection and welfare, provision of intimate care, management of challenging behaviour and use of restrictive practices, all of which were dated January 2014.

The policy on child protection and welfare required updating to reflect the appropriate reporting procedures and practices to the Child and Family Agency (the Agency). The

assistant director of nursing and social worker were identified as the designated liaison persons for the centre, and demonstrated a good knowledge and awareness of the legislation, guidelines and procedures in place for managing child protection and welfare concerns.

There were systems in place in the centre for the management of challenging behaviour, including processes for recording and reporting incidents of challenging behaviour, staff training and incident review. Inspectors were told that behavioural issues identified prior to as well as during a child's placement, would be built into the child's care plan, including strategies for providing support to address such behaviours.

The centre had a policy on the use of restrictive practices but it referred more to adults than children and required review to ensure it provided sufficient guidance to the staff team. The centre's external door was protected by an electronic key pad. This meant that children could not enter or exit the premises without the assistance of a staff member.

The assistant director of nursing told inspectors that all staff members received training on Children First (2011) and a behaviour management technique, as part of their induction to the centre.

**Judgment:**

Substantially Compliant

**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:**

There were adequate systems in place in the centre to report incident, accidents and notifiable events to the Authority.

Inspectors reviewed policies and procedures in place for recording and reporting incidents that may occur within the centre and the assistant director of services demonstrated good knowledge of their responsibilities in relation to recording and reporting such incidents, including notification to the chief inspector.

**Judgment:**

Compliant

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**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 centre promoted the rights of children to be supported to receive an adequate education and training and experience everyday life in a manner similar to their peers. The centre had policies in place and proposed practices to promote the general welfare of future residents. The assistant director of nursing told inspectors that children accessing the service would benefit from consultative communication between the centre and their school. The centre's assessment template showed that welfare, development and educational goals would be assessed prior to admission.

The assistant director of nursing told inspectors that children would be provided with opportunities to try new things and would be engaged in social activities both within and outside the centre.

**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 centre had systems in place to support residents to achieve and enjoy the best possible health.

The assistant director of nursing told inspectors that the healthcare needs of children would have been assessed prior to admission. In addition the centre had a process in

place to carry out their own assessment and record of healthcare needs. The assessment included medical, nursing, dental, audiology and ophthalmic needs of a child. Inspectors also viewed systems within the centre for monitoring medical or healthcare needs of residents.

The assistant director of nursing told inspectors that children could attend their own general practitioner (GP) while they were resident in the centre and that there was also a GP identified locally to deal with any healthcare needs or emergencies that may arise, where children could not or did not wish to avail of the services of their own GP, an out of hours, Care Doc option was also available to residents.

The nutritional needs of children were considered in their care plans, as well as in the proposed practices highlighted to inspectors by the assistant director of nursing. These included educating staff about balanced nutritious diets, promoting health eating, and consulting with children about their preferred foods when menu planning. Inspectors were told that, due to the fact that the centre would only have one resident, the staff team would be flexible with regard to food preferences and would prepare and eat meals with the child to promote meal times as positive social events. The assistant director of nursing told inspectors that the residents would be offered the option of take away or to eat out at times with members of the team.

**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:**

Inspectors reviewed the centre policy on management of medication which was comprehensive. The processes in place for handling of medicines were safe and in accordance with guidelines. The centre has a system for assessing children's ability to self administer medication. Inspectors found on a walk around the centre that there was suitable, secure facilities for the storage of medication.

There were templates in place of recording sheets to be used by staff on administration of medication and prescribed medication. Inspectors reviewed these and found that they required minor revision to ensure they contained key information, such as the address and photograph of the resident. The assistant director of nursing told inspectors about the proposed processes for reviewing and monitoring administration of medicines,

responding to errors in administration and disposal of out of date medicines.

**Judgment:**

Substantially 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:**

The centre had a written statement of purpose that contained most of the requirements under schedule 1 of the regulations. The statement outlined that the centre provided a placement for one child up to the age of 18, with an intellectual disability and/or autism. However, it did not clearly identify that the centre was not suitable for a child who had mobility issues

The statement made reference to a multi-sensory/relaxation room which was not seen by inspectors at the time of inspection. In addition, over the course of the inspection inspectors were informed that the assistant director of nursing would be working 0.25 of her hours in this centre while the statement identifies that it was 0.15 of her hours.

**Judgment:**

Substantially 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:**

There were good proposed management and governance structures in place. The management structures within the organisation were clear and managers interviewed were clear about their individual roles and responsibilities within the structure. The assistant director of nursing was the designated person in charge and she reported to the director of services. She was also responsible for two other designated centres providing respite care and a day service for people with disabilities. It was proposed that she would spend 0.25% of her time in the centre. The assistant director of nursing was suitably qualified to run the centre. She had worked in the organisation for a significant time and had good experience of managing residential and respite services for adults and children with a disability. In her absence an assistant director of nursing from another service was proposed to stand in. Both assistant directors of nursing were members of the senior management team with the director of services, human resource manager (HR) and social worker. The senior management team met on a six weekly basis with a set agenda including complaints, risks, incidents and financial matters.

Waterford Intellectual Disability Association was the registered provider and the service was governed by a Board. The director of services identified that she attended board meetings and provided reports to the Board in relation to areas such as complaints, incidents, and financial matters.

Inspectors found, through interviews with the assistant director of nursing and director of services that there were good supports and resources in place to support and facilitate the management of the centre. There were systems to monitor the performance of the centre, as well as individual staff practice. Proposed processes for ensuring safe and effective management of practices included, regular supervision, daily contact with the centre including regular unannounced visits, on call supports after hours and at weekends, management of the staff rota, direct involvement in recruitment of staff members for the centre, regular staff meetings, weekly reviews of and monitoring of finance management and allocation of resources within the centre and, regular audits of social care and health and safety practices. Outcomes for children would also be monitored and improvements implemented as required.

There were reporting systems in place to external managers on key performance indicators that included complaints, staffing, budget and finances, incident and accidents. The director of services told inspectors that she would review the operations of the service regularly with the person in charge, carry out unannounced visits to the centre and prepare reports for the board of directors on a six-eight weekly basis.

**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 were arrangements in place to cover for the assistant director of nursing, who was the person in charge, in times of proposed absence from the designated centre. The assistant director of nursing told inspectors that the organisations other assistant director of nursing, will cover the centre during times of absence. Both assistant director's of nursing work very closely together and both are supervised and lined managed by the director of services.

**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 director of services for the centre informed inspectors that there was a designated budget for the centre and it was sufficiently resourced to provide for the needs of the resident.

The assistant director of nursing informed inspectors of processes and systems in place for ensuring resources and finances were managed effectively. The facilities and services in the centre were reflective of those outlined in of their statement of purpose.

**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:**

The number of staff proposed to deliver the service within the centre was adequate. The assistant director of nursing told inspectors that the proposed staff team consisted of a centre manager working 0.25hours, and 8 whole time equivalent care staff all of whom would be qualified. The proposed roster reflected that there would be two staff on duty for each shift with the exception of when the child is in school.

The assistant director of nursing told inspectors that although there was the provision to use agency staff should they be required in the event of an unforeseen absence, the preference would be to use staff from the organisations other services.

There were policies in place for the safe recruitment, supervision, comprehensive induction and training of staff for the centre. There were specific staff identified for the centre who had begun induction and training. However, no training needs analysis had been completed with respect to the selection of staff for the centre. The HR department maintained a matrix of training attended and the HR manager advised that this was discussed at management meetings. The assistant director of nursing advised that there would be a training budget for the centre.

Inspectors reviewed a number of staff files and found that there were gaps in some areas, for example a full and complete employment history, the work the person performs and references.

There was a supervision policy and inspectors were told that staff would be supervised on a three monthly basis.

**Judgment:**

Non Compliant - Moderate

**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 centre had recording systems and templates in place regarding children who may be admitted to the centre in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 and 4 of the regulations. The centre was not open to admissions at the time of inspection and therefore, no completed records on children were maintained by the centre at that time. However, satisfactory recording mechanisms and systems were in place.

Inspectors found that the centre had a comprehensive suite of operational policies and procedures in place which were specific to the centre and in accordance with Schedule 5 of the regulations. However, not all policies were reviewed where necessary, and updated in accordance with best practice.

**Judgment:**

Substantially 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:***

Erin Byrne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Ltd
<b>Centre ID:</b>	OSV-0005283
<b>Date of Inspection:</b>	13 October 2015
<b>Date of response:</b>	

### 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, 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.

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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There was insufficient information on children's rights in an accessible, child friendly format.

**1. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

We are aware that NAS do not advocate for people under 18. However, they may consider children aged 16-17 on a case by case basis. We recognise the gap therefore in advocacy services for children under 18 with a disability and have been in contact with many agencies in this regard to see how to best advise children using our service.

We have also raised the need for an independent advocacy service for children with a disability with the Office of the Ombudsman for Children.

Where children admitted to the service have a specific support group such as Autism Ireland or Down Syndrome, we will include details of the relevant support group and any advocacy services they may offer in the information provided upon admission.

Upon admission, each child will be provided with a personalised, child-friendly Resident's Guide in an accessible format, as advised by their own Speech and Language Therapist. This guide will contain information on their rights as residents, the complaints procedure, the Human Rights Enhancement Committee and how to access relevant support groups or advocacy services as detailed above.

An accessible version of the charter of rights is located in the kitchen and on the website. An additional copy has been placed in the bedroom.

**Proposed Timescale:** 30/10/2015

**Theme:** Individualised Supports and Care

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

The complaints procedure was not displayed in a prominent position in the centre.

**2. Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

A copy of our accessible complaints procedure is now available of the notice board in the kitchen. In addition, an accessible version the complaints procedure is available in video format on the website for all service users and families to view. A computer/laptop/tablet will be provided to residents upon admission (depending on their preferences) so they can access the website.

**Proposed Timescale:** 30/10/2015

**Theme:** Individualised Supports and Care

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

The complaints log template did not provide for the recording of all relevant details including the action taken on foot of a complaint and whether or not the complainant was satisfied with the outcome.

**3. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

This information is contained in the complaints form currently and has now been added to the complaints log.

**Proposed Timescale:** 30/10/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The centre was not accessible to friends and family who had mobility issues.

**4. Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

An alternative location will be provided for residents to accommodate visitors with limited mobility.

The Statement of Purpose has been updated to reflect this.

**Proposed Timescale:** 30/10/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The risk management policy did not include the arrangements for the investigation and learning from serious incidents or adverse events involving residents.

**5. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The risk management procedure has been edited to include the timeframe for completing the cycle through management meetings.

**Proposed Timescale:** 30/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not include the arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the resident's quality of life have been considered.

**6. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk management procedure has been edited to include the provision for ensuring that control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

The Human Rights Enhancement Committee is available to consider any control measures that may adversely impact residents.

**Proposed Timescale:** 30/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The centre's health and safety policy was not reviewed in line with organisational policies and procedures.

Not all hazards and risks within the centre had been identified.

Some risk ratings and control measures were not proportional to the risk identified.



The manager had not been trained in risk management.

**7. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Risk Register and Safety Statement are being updated now that building work on the site has completed.

The PIC will undertake training in risk management.

**Proposed Timescale:** 19/12/2015

**Theme:** Effective Services

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

Adequate precautions against infection control were not in place for example; the waste disposal bin in the kitchen of the centre was not foot-operated and hand towels were used in bathrooms, there was no systems or guidance relating to food preparation and cleaning equipment was not stored in line with good practice.

**8. Action Required:**

Under Regulation 27 you are required to: 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 published by the Authority.

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

A new bin has been purchased, paper towel dispenser fitted, and food preparation boards purchased.

A new storage unit is to be purchased for mops.

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

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

Inspectors identified that all risks relating to the centre's fire procedures had not been assessed. The centre had only one available exit, this had not been identified as a potential risk and assessed to ensure that procedures and systems were appropriate.

**9. Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

services.

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

We met again with the Fire Engineer and requested further recommendations in this regard. A procedure will be drawn up based on those recommendations and fully implemented prior to the opening of the Centre.

The risk associated with the escape plan in the event of a fire will be assessed and updated on the risk register.

**Proposed Timescale:** 19/11/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The restrictive practice policy had little information in relation to children and the use of restrictive practice to guide staff.

**10. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The restrictive practice policy is being reviewed to place further emphasis on how it relates to children in our service.

**Proposed Timescale:** 01/12/2015

**Theme:** Safe Services

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

The child protection policy referred to the Health Service Executive rather than the Child and Family Agency.

**11. Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

**Proposed Timescale:**

### **Outcome 12. Medication Management**

**Theme:** Health and Development

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

The medication administration and prescription templates did not include a space for a photograph or address of the child.

**12. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

**Proposed Timescale:**

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not fully compliant with the requirements of schedule 1.

**13. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

**Proposed Timescale:**

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were information gaps in staff files including employment history, the work the person performs and references.

**14. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

**Proposed Timescale:**

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all policies were reviewed where necessary, and updated in accordance with best practice.

**15. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Our Quality Management System will be reviewed to ensure all policies and procedures are updated where necessary in line with best practice.

**Proposed Timescale:** 30/01/2016