### Centre name:
A designated centre for people with disabilities operated by Autism Spectrum Disorder Initiatives Limited

### Centre ID:
OSV-0002060

### Centre county:
Co. Dublin

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
Autism Spectrum Disorder Initiatives Limited

### Provider Nominee:
Amanda McDonald

### Lead inspector:
Linda Moore

### Support inspector(s):
Noelene Dowling

### Type of inspection
Announced

### Number of residents on the date of inspection:
7

### Number of vacancies on the date of inspection:
2
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.
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**

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

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**Summary of findings from this inspection**

The provider had applied for registration for 9 places. This report sets out the findings of the inspection.

Overall, inspectors found that the provider met the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. There is capacity for nine residents in the centre, there were seven residents on the day of the inspection. There was a committed management team in place who worked hard to ensure that there was a strong governance structure in place.
Overall, inspectors found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and residents’ communication support needs were met effectively. The centre was clean and had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in telling inspectors about their home. Residents were actively involved in planning their day. Collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. There were thirteen actions identified at the previous inspection in April 2014, nine were addressed and four were partly addressed.

While evidence of good practice was found across all outcomes, areas of non compliance with the Regulations were identified.

Areas for improvement included fire drills, the contract of care and the statement of purpose.

The non compliances are discussed in the body of the report and included 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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that resident's rights, dignity and consultation were well maintained. There was evidence that residents have opportunity to contribute in how the centre is planned and run.

Residents gave numerous examples of how they were involved in the running of the centre for example, deciding on their own meals and assisting to keep their bedrooms clean.

Residents told inspectors about their involvement with their local community including trips to the supermarket, visiting family members, going to the cinema and going out for a meal and a drink.

Inspectors reviewed the complaints recorded, a complaints log was in place which showed that complaints were being addressed, however, this did not include space for the satisfaction of the complainant as a result of a complaint. The complaints procedure was available in an accessible format. The Person in Charge was knowledgeable of his role within the procedure. However the policy did not fully meet with the requirements of the Regulations. See outcome 18 regarding policies. Residents expressed familiarity with who they could make a complaint to, and they described how the staff were available if needed. Meetings were held with an external advocate if required.

Inspectors reviewed resident’s personal plans. They informed residents on issues such as rights, diet and their goals.
During the inspection, staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents’ independence. Support plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to access mass in the local church.

There were opportunities for residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities. Activities are planned for the residents with the residents. Residents said they particularly enjoyed the day trips, and trips to the cinema.

Residents enjoy a number of social and therapeutic activities such as shopping, day trips and walks in the park. There were many examples of where residents were supported to be independent and develop skills within the home or learn leisure skills. Inspectors found that the way in which staff supported residents showed their understanding of each person and the unique way that autism impacts on them individually.

Many of the residents were seen to be facilitated with day services which they said they enjoyed. Others chose to remain at home and their choice was facilitated.

There was a policy protecting residents’ property and monies which was seen to be implemented in practice. Residents retained control over their property and where monies are held by the centre there was a transparent procedures around this to protect both residents and staff.

The provider had developed a policy to provide guidance to staff on the care of residents’ property and finances, as required by the Regulations. This had been an improvement since the previous inspection and was reflected in practice. Inspectors found that resident’s finances were managed in accordance with the policy. Balances were checked and were correct; all entries were signed by two staff members. There was a system to check residents’ balances twice daily.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the person in charge and staff responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, advice on healthy eating and daily support needs were in written and pictorial form for residents. Menu choices were available in picture format to support residents making a choice. Residents daily routine were presented in pictorial form to support residents communication needs.

Inspectors reviewed minutes of the weekly residents’ meetings which showed that residents have input into their menu and house activities, as well as the opportunity to express any issues, shopping needs or individual activities that they would like to plan for that week. The activities were seen to be meaningful, purposeful, appropriate to residents’ needs and affirming individual talents. Staff were aware of the communication needs of residents and these were clearly described in the communication passport on file for each resident.

Residents told inspectors that they had access to magazines, radio, TV, and telephone. Internet access was also available.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community and that family were encouraged and welcomed to be involved in the lives of residents.

Inspector briefly met with one relative who was visiting a family member and evidenced good rapport and communication between family members and staff. Residents told inspectors that family members and friends could visit at any time and some residents said that they visited their family home regularly. While residents visit their families, they often requested to return to the centre as they described this as their home. Residents were supported to maintain friendship with those they lived with in the past.

Inspectors saw that there were records maintained in residents’ files that the family were very involved in the residents’ annual assessment goal setting. The documentation of the involvement of families on an ongoing basis could be improved.
Inspectors received completed questionnaires from some family members which were complementary of the service and opportunities being provided.

Both residents and staff confirmed that if they wished to meet a visitor in private, they could use the residents bedroom, the office or sitting room.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed and found that the admissions policy set out the arrangements and guided practice regarding admitting new residents to the centre. This was demonstrated in the practice for the most recent admission. The recent admission process considered the wishes, needs and the safety of all residents in the centre.

There was no contract of care in place to detail the supports, care and welfare of the residents in the designated centre and include details of the services to be provided for that resident.

**Judgment:**
Non Compliant - Major

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
In general, inspectors found that residents were supported to be involved in the development of their personal plans and that their needs and wishes were identified and met. Inspectors found that the care and support was provided to residents to meet their assessed needs and wishes. However the records of the goal setting and evaluation of the plans did not demonstrate the good practices delivered.

There was evidence of multidisciplinary involvement in the care of residents and some of the residents signed their support plans. Residents had an assessment in place, which in most instances was comprehensive and began prior to admission to the service. Personal support plans were reviewed monthly.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents’ interests. Individualised risk assessments were in place to ensure continued safety of residents. For example, one resident had been supported to stay alone in the centre. Their risk assessment identified the hazards of and the control measures included the phone numbers of all staff members available to the resident.

There were examples where service user consultation and involvement was central to the development of the support provided by staff. The person in charge showed the inspector where residents living areas were designed to meet the changing needs of existing and new residents.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the centre clean, warm, well maintained and homely. Each resident had their own bedroom and there was sufficient communal space in the house. There were appropriate numbers of bathrooms, showers and toilets in the house to meet the resident’s needs.

Inspectors were invited by some residents to visit their bedrooms which were well kept and of suitable size to meet their individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and various other belongings.

Residents and relatives said that the apartments were appropriately decorated for Christmas and other occasions which were being celebrated.

The entrance to the centre was sufficiently accessible for all the current residents who lived there. The centre was being kept in a clean and tidy manner, and residents told inspectors about how they contributed to keeping the house clean. Inspectors saw invoices of regular maintenance in the house and there were records that any maintenance requirements were attended to promptly. There was sufficient storage in residents’ bedrooms for their clothes and other personal items.

There was a kitchen/dining and sitting room in each apartment. Residents had unrestricted access to their kitchen. Residents had access to a back garden which was well maintained and there were plans to develop this further.

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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. The systems for the identification, assessment, management, recording and investigation of risk had been improved since the previous inspection. However, there was one area for improvement.

Inspectors read the risk management policies which were developed in line with the
Regulations and guided practice. These had been improved since the previous 
inspection. They included the policies on violence and aggression, assault, residents 
going missing, self-harm and accidental injuries to residents and staff. There was a 
health and safety statement in place which had been reviewed in 2014 and it related to 
the health and safety of residents, staff and visitors.

The provider had developed a risk register to identify and manage the risks in the centre 
and risks pertaining to residents were maintained in their files. Accidents, incidents and 
near misses were being recorded in detail and a copy of the reports were submitted to 
and reviewed by the person in charge. Incidents were reviewed monthly and were 
discussed at the management meeting and at regular staff meetings with a view to 
learning from them and reducing the risk of recurrence. The number of incidents had 
reduced in 2014.

The risk register was revised since the inspection which identified hazards and control 
measures. This is reviewed quarterly. The provider attends this meeting. The health and 
safety committee continued to meet to identify and respond to risk. 
Inspectors reviewed the service continuity plan and found that it provided sufficient 
guidance to staff on the procedures to follow in the event of an emergency.

Residents commented that they felt the centre was safe and secure because the door 
could be locked and there was a staff member in the centre at all times.

While there were a number of risk assessments in place, this was not consistent as there 
was no risk assessment in place for a resident who smoked.

Overall fire safety was well managed but there were areas for improvement.

Inspectors viewed the fire training records and found that additional fire warden training 
was provided since the previous inspection. Inspectors noted that fire training was not 
provided on an annual basis.

Almost all staff had received up-to-date mandatory fire safety training and this was 
confirmed by staff. However, there was evidence that six staff required refresher 
training by one month and there was a plan to address this. All staff spoken to knew 
what to do in the event of a fire however, regular fire drills were not carried out in all 
apartments by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly 
serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal 
fire exits were clear and unobstructed during the inspection. Personal evacuation plans 
were documented in resident’s files and staff were aware of these plans.

Written confirmation from a competent person that of all requirements of the statutory 
fire authority, had been submitted to the Authority prior to the inspection.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that measures were in place to protect residents from being harmed or abused. However, there were areas for improvement. All staff had received training on identifying and responding to allegations of abuse. Additional training was provided since the previous inspection. However, this training could be enhanced in that it was delivered by staff that were not trained in this area.

A centre-specific policy was available which gave guidance to staff on the assessment and reporting of any allegation of abuse. However, it was not comprehensive on the investigation process. Inspectors also read the easy to read version of the policy which was available to residents and staff.

The person in charge and staff spoken to displayed sufficient knowledge of the different forms of abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no current allegations of abuse in the centre. However while inspectors noted an improvement in the recording of allegations, through the allegation review form and staff were aware that a resident may be vulnerable, the documentation of the investigation into these incidents required further development.

Overall restrictive practices were used infrequently in the centre. Inspectors found that there were improvements in this area in line with the Regulations. There were robust systems of checking with the psychiatrist or the on call staff members before a restrictive practice was initiated. Staff had recently been trained on the use of restrictive practices. Residents had positive intervention support plans, and these were used to guide the staff. There was a draft policy on the use of restrictive procedures, which was being rolled out to staff and therefore did not fully guide practice.

While residents had access to psychology and psychiatry services as required, there was no documentary evidence to demonstrate who initiated the use of the small number of non pharmacological restrictive practices. There were risk assessments in place and an
audit of the practice completed monthly, however, this did not consistently include the
alternatives that were tried prior to its use.

A rights enhancement committee had been established and inspectors read the terms of
reference. The provider said that restrictive practices would be reviewed at this meeting
going forward with a view to recommend alternative, removal and reduction in the use.

There is a policy on and procedures for managing behaviours that challenge. Staff had
appropriate skills to respond to and manage this behaviour if it arose. There was
evidence that the General Practitioner (GP) and Psychiatric services were involved in the
care as required.

Throughout the inspection, inspectors noted that staff interacted with residents in a
kind, caring, respectful and patient manner. Staff referred to the policy on intimate care
for each resident to ensure privacy was respected and to protect the resident from any
risk during the delivery of intimate care.

Residents confirmed that they felt safe and described the staff as being very kind and
were able to tell the inspector about a number of staff whom they could talk to if they
had a concern.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the person in charge and staff had maintained detailed records of
all accidents and incidents that had occurred in the centre. These were reviewed by the
person in charge and provider. The person in charge was aware of the legal requirement
to notify the Chief Inspector regarding incidents and accidents. To date and to the
knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector
by the person in charge.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that residents’ general welfare and development was being facilitated. Most of the residents attended a day service for a period of time during the week which provided a range of activities. Residents told inspectors that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who work there. Residents also told the inspector that they were supported by staff to pursue a variety of interests, including walking, art therapy and joining various clubs of interest.

Many of the residents were encouraged to be independent in the house and community as much as possible. One of the residents travelled unassisted within the community with the appropriate supports.

One of the residents was due to attend a night class in the community and this was being arranged.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that there were appropriate arrangements in place to support residents’ health care issues as they arose. Inspectors reviewed the personal plans and medical folders for residents and found that they had access to a GP, including an out of
hours service. There was evidence that residents accessed other health professionals such as chiropodists and speech and language therapists. There was evidence that residents with epilepsy had regular medical reviews by their GP. Inspectors saw evidence of an annual multidisciplinary review of residents or more frequently if required. This review included the service user, family, clinical team (occupational therapy, speech and language therapist, consultant psychologist and assistant psychologist).

Health screening and Health assessments were in place for all residents and provided some valuable information for staff in the care of residents. There were plans to develop these further with the involvement of the GP.

Residents appeared to enjoy their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. Residents said they could make their own meal at any time of the day or night if they preferred and this was supported.

Inspectors found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. Fresh fruit was available during the day which residents could access.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors were satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. There was a medication policy which guided practice. This had been revised since the previous inspection.

Inspectors read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident’s medication was available in the resident’s files. There was a system to check the balances of medication every evening and a discrepancy report was completed if deficits were noted.
Staff had received training in the administration of medication and the administration of medication for the management of seizures. Staff knew about the procedures for reporting medication errors and inspectors noted that errors had been responded to and investigated by the person in charge.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and the provider and there were systems were in place to minimise the risk of future incidents. For example, the use of blister packs was introduced as result of a recent audit.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the statement of Purpose did not fully meet the requirements of the regulations. It reflected the centre’s aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met. The admissions procedure was also outlined, and again was seen to be implemented in practice.

However, it did not fully include the emergency procedures and the complaints process for example. Feedback was provided to the person in charge on the deficits in the document.

**Judgment:**
Non Compliant - Moderate
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):
No actions were required from the previous inspection.

Findings:
The provider had established a management structure, and the roles of managers and staff were clearly set out and understood. The provider was appointed as the national director since the previous inspection and reported to the chief executive of Autism Initiatives in the United Kingdom.

The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included the provider who reports to the board of directors on a quarterly basis. The executive management team and the senior management team continued to meet. The person in charge meets his team on a monthly basis to review incidents in the centre. The assistant psychologist attends this meeting.

The quality committee continued to meet. A quality assurance coordinator was in post. The centre had received external accreditation in 2013, had an external review in 2014 and was in the process of addressing the action plan. A resident’s forum had been recently established and had two meetings, one of the agenda items had been the role of the Authority and the inspection process. The person in charge meets the provider weekly to plan to service and discuss any issues. The provider was available daily if required and visits the centre regularly.

Inspectors found that the person in charge at the centre was appropriately qualified and had continued his professional development. He was responsible for the designated centre, day and community support services. He had sufficient experience in supervision and management of the delivery of a community based home. He was reasonably knowledgeable about the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. He had completed a management course since the previous inspection. He completed supervision on a six weekly basis.

Inspectors observed that he had a person-centred approach with residents and staff through his open and friendly interaction with them. He demonstrated strong leadership
and good communication with his team. He was frequently observed meeting with residents and staff and ensured good supervision to all staff. He was an organised manager and all documentation requested by the inspector was readily available.

Inspectors found that there were appropriate deputising arrangements in place. There were robust on call arrangements in place, staff had received training on the provision of on call support.

There was a system in place to review the quality of care and experience of residents. For example, the peer reviews were in place and were used to improve the service provided. This included information such as the resident’s records, risk assessments and support plans. The team leaders completed a management report monthly, which included a review of the residents needs, achievements and any actions required. The provider carried out audits of the service and this included external reviews and were addressing the actions raised.

| 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): |
| No actions were required from the previous inspection. |

| Findings: |
| Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements were in place through the availability of another experienced staff member to cover any absences of the person in charge. The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent. |

| 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that sufficient resources had been provided to meet the needs of residents. There were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. The provider had ensured that sufficient personal equipment had been provided.

The centre was suitably furnished and well equipped.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that there was a very committed and caring staff team who work well to ensure that the needs of residents are met. The care was described as "high quality care and a wonderful place".

Inspectors found that there were appropriate levels of staff on the day of inspection to meet residents’ needs and the layout of the premises. The person in charge used a complexity of need document along with his clinical judgment and feedback from staff and residents to inform decisions about staffing levels. He was currently addressing the
deficit identified. Additional staff were provided as required to meet residents needs. All staff and residents agreed that there were adequate staff on duty.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There were appropriate arrangements in place to ensure that all staff received formal supervision on an ongoing basis. Inspectors read the individual performance reviews and noted that the outcomes of these reviews were linked to a continuous professional development programme. All staff engaged in continuous supervision on a six weekly basis, the minutes were reviewed by inspectors. The supervision provided improved practice and accountability.

Inspectors found that there had been improvements in the provision of training since the previous training. Additional training was provided in restrictive practices, safeguarding, manual handling and occupational first aid. Some staff had received training in the UK in areas specific to the provision of Autism services and provided this training to other staff, the training included, autism awareness, good autism practice, board maker training, cognitive distortions, sensory integration, anxiety training, the management of behaviours that challenge training. A number of staff received training on the National Standards. As previously stated, all staff had not received up to date fire training and the safe guarding training could be enhanced.

Volunteers were vetted and the terms of the role were clearly defined. This had improved from the previous inspection.

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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that records were accurate and up to date and maintained securely but easily retrievable.

A detailed resident’s guide was available in an accessible format as required by the Regulations.

An up to date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Inspectors were not entirely satisfied that the records listed in schedule, 3 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. These are outlined in outcome five and eight.

The directory of residents was not maintained in line with schedule 3 of the Regulations.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. These had been revised since the previous inspection and were being used to guide practice. As stated previously, the safeguarding, complaints and restrictive practices policies did not fully guide practice.

**Judgment:**
Non Compliant - Moderate

**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:**

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Autism Spectrum Disorder Initiatives Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002060</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 February 2015</td>
</tr>
</tbody>
</table>

**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 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:**

Residents did not have a contract of care.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
A detailed Contract of care to be devised as set out in HIQA Regulations under the Health Act 2007

Proposed Timescale: 31/07/2015

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:
There was no risk assessment for a resident who smoked.

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:
• Risk Assessment to be put in place for resident who smokes.

Proposed Timescale: 30/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received fire training.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
• Refresher Fire Marshal training for those for whom it is outstanding.

Proposed Timescale: 30/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills were not consistently completed in line with the Regulations.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
- Fire drills will be carried out

**Proposed Timescale:** 28/02/2015

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**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:
All incidents had not been investigated.

**Action Required:**
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

**Please state the actions you have taken or are planning to take:**
- New allegation screening tool to be introduced.

**Proposed Timescale:** 28/02/2015

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**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Protection training was provided by staff who were not trained in this area.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
- Staff to be trained in specific Safeguarding training.

**Proposed Timescale:** 30/04/2015
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 did not fully meet the requirements of the Regulations.

**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:**
• Statement of Purpose to be reviewed and amended.

**Proposed Timescale:** 30/04/2015

Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safeguarding, restrictive practices and complaints policies did not fully guide practice.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**
• New documentation re: restrictive practice to be introduced.
• Complaints form to be amended. Meeting of Complaints Committee to be held/ Complaints Policy to be reviewed to reflect this.
• Safeguarding Policy to be reviewed and amended to reflect allegation screening tool.

**Proposed Timescale:** 30/04/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents did not meet the requirements of the Regulations.
**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:**
A directory of residents will be completed to include all schedule 3 of the Health Act 2007

**Proposed Timescale:** 30/04/2015

<table>
<thead>
<tr>
<th>Theme: Use of Information</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents records were not fully maintained in line with Schedule 3 of the Regulations.

**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
- Establish and maintain a record for all service users in line with Schedule 3
- Annual Review Minutes will be reviewed to ensure clear agreed goals for each Service User for each annual period and reviewed monthly.
- Restriction reduction plan to be implemented outlining previous use of restrictive practices, current least restrictive practice and rational for these.
- Safeguarding policy to be reviewed in line with Safeguarding Vulnerable Persons at risk of Abuse, National Policy & Procedures.

**Proposed Timescale:** 31/07/2015