**Centre name:** A designated centre for people with disabilities operated by Autism West Limited

**Centre ID:** OSV-0002065

**Centre county:** Galway

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

**Registered provider:** Autism West Limited

**Provider Nominee:** Tressan Dooley Kelly

**Lead inspector:** Lorraine Egan

**Support inspector(s):** None

**Type of inspection** Unannounced

**Number of residents on the date of inspection:** 5

**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 17 December 2014 10:10
To: 17 December 2014 16:00

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

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**Summary of findings from this inspection**

As part of the inspection the inspector met with the person in charge and reviewed progress in a number of areas. It was evident that some areas which had improved between the registration inspection in July 2014 and the follow up inspection in October 2014 had not been maintained to a satisfactory level.

Although some residents were being supported and responded to in accordance with their assessed needs and wishes it was evident that not all residents needs and wishes were being adequately responded to. There was inadequate oversight which resulted in health concerns not being identified and responded to.

The provider nominee (hereafter called 'the provider') had arranged for support in regard to human resource management issues and the person in charge said she found this support beneficial. However, it was evident that the person in charge required support in regard to other areas and this had not been provided.

The person in charge was not working supernumerary to the staffing complement. She had returned to the front line complement of staff following the previous inspection.

As part of this inspection the inspector and inspector manager met with the provider
and outlined the Authority’s concerns regarding the ongoing governance of the centre.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Not all aspects of this outcome were reviewed on this inspection.

The inspector found that resident weekly meetings were not taking place as outlined in the action plan response to the inspection on 9 and 10 July 2014. Resident meetings did not take place between 20 October 2014 and 12 December 2014.

This had been brought to the attention of the provider at the inspection on 30 October 2014. As part of the initial action plan response submitted by the provider on 2 December 2014 the response stated that meetings were taking place every Friday and the date of completion was 5 December 2014. However, a meeting did not take place until 12 December 2014.

There was no documented outline for staff to follow in regard to the weekly meetings. The person in charge said staff on duty identified areas to discuss or the person in charge would request specific items to be discussed. Improvement was required to ensure staff had clear guidelines regarding the frequency of meetings and how the meetings should be conducted.

Not all residents were adequately supported to maintain and improve contact with their family in line with their assessed wishes. Improvement was required to the person in charge and staff members understanding of how to support some residents in regard to family contact.
The minutes of a meeting which had taken place to discuss the care and welfare of a resident did not document that the resident was present. The person in charge told the inspector the resident was present at the meeting. However, the resident was not included as one of the attendees on the minutes of the meeting.

Numbers which could identify individual residents were being used as a reference number on notification forms. This was brought to the attention of the person in charge who stated that this would be addressed immediately.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
Not all aspects of this outcome were reviewed on this inspection.

The action pertaining to supporting residents to make links with the local community had not been adequately progressed. Garda vetting had been received for identified volunteers and the inspector was told a policy on the use of volunteers in the centre was complete. However, a satisfactory plan regarding how this would be progressed to ensure residents were supported to make links with the community and natural supports was not in place.

**Judgment:**
Non Compliant - Moderate

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

Findings:
Not all aspects of this outcome were reviewed on this inspection.

The inspector viewed a contract and noted reference to the resident's room being used in their absence from the centre. The person in charge said this was incorrect and a resident's room would not be used by any other person in their absence.

Judgment:
Non Compliant - Minor

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:
Not all aspects of this outcome were reviewed on this inspection.

The inspector viewed a sample of residents' positive behaviour support plans. Plans which required updating had not been updated in line with the previous action plan response. Plans referenced a physical restraint which was no longer used in the centre.

Plans had previously been written up by a person who was a trainer in non violent crises intervention (CPI). However, the centre staff no longer used CPI as all staff had recently been trained in Studio 3. Positive behaviour support plans required review to ensure they were meeting the current needs of residents.

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

**Findings:**
Not all aspects of this outcome were reviewed on this inspection.

Some notifications had not been submitted as required and some had not been submitted in a timely manner.

The person in charge said she did not know that some notifications were required. She said these were brought to her attention by the person providing human resource (HR) support to her and she subsequently submitted the notifications.

The provider had not submitted required notifications pertaining to a provider led investigation which she was required to carry out.

**Judgment:**
Non Compliant - Major

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

**Findings:**
Not all aspects of this outcome were reviewed on this inspection. The required actions from the previous inspection had not been satisfactory addressed which resulted in the healthcare needs of residents not being met in some instances.

While some residents' healthcare needs were being responded to not all residents'
healthcare needs were being met. The person in charge did not have adequate oversight of all residents' healthcare needs.

During the course of the inspection, the inspector had identified some areas of concern. It became apparent that through poor oversight and review arrangements these concerns had not been identified by the person in charge or staff. This resulted in the person in charge not being aware of some residents' health care needs and required response to areas of concern had not been addressed.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Not all aspects of this outcome were reviewed on this inspection.

The person in charge was working full time as a front line member of staff. She told the inspector she had made the decision to return to the front line complement of staff to allow staff to take annual leave before the end of the year.

The provider was not visiting the centre as often as she had outlined to the Authority. The provider had met with the centre coordinator following the last inspection of the centre. However, minutes viewed showed that she had met with the person in charge only once since the previous inspection. This meeting took place on 16 December 2014. The person in charge said that she had been in contact with the provider by email, text and phone.

Adequate support was not being provided to the person in charge. Although support in regard to human resources (HR) had been sourced and provided by another service provider it was evident that this was not sufficient. The person in charge required ongoing support to provide care and support for residents which would meet their needs.
The centre was not meeting the needs of all residents living there. This was evident in the care provided to some residents. Although some things had been tried the provider and person in charge did not demonstrate adequate knowledge to respond to and support all residents' needs.

**Judgment:**  
Non Compliant - Major

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

**Findings:**  
Not all aspects of this outcome were reviewed on this inspection.

The centre did not have all the policies required by the Regulations. The inspector was told that the person in charge and a person participating in management of the centre had been working on the formulation of some policies. There was insufficient evidence that the provider was addressing this non compliance which had been identified at previous inspections of the centre.

**Judgment:**  
Non Compliant - Major

### 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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Autism West Limited
Centre ID: OSV-0002065
Date of Inspection: 17 December 2014
Date of response: 13 January 2015

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:
Resident weekly meetings were not taking place as outlined in the action plan response to the registration inspection on 9 and 10 July 2014.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted.

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

**Please state the actions you have taken or are planning to take:**
Resident’s house meetings are taking place every Friday since December 12th. Staff are reminded of this in the house diaries. There are agenda items suggested. These will be reviewed and updated to reflect current issues in the service and to foster control for the residents.

**Proposed Timescale:** 31/01/2015  
**Theme:** Individualised Supports and Care  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The minutes of a meeting which had taken place to discuss the care and welfare of a resident had not documented that the resident was present.

**Action Required:**  
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

**Please state the actions you have taken or are planning to take:**  
The resident was not present at the meeting to discuss her care. She was invited to attend, but declined.

**Proposed Timescale:** 05/01/2015  
**Theme:** Individualised Supports and Care  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Numbers which could identify individual residents were being used as a reference number on notification forms.

**Action Required:**  
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**  
New numbers have been generated for each resident as unique identifiers. These are specific to the service, and cannot identify the resident outside of the service.
Proposed Timescale: 23/12/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents were adequately being supported to maintain and improve contact with their family in line with their assessed wishes.

Action Required:
Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability and assessed needs and his or her wishes.

Please state the actions you have taken or are planning to take:
All resident’s families will be contacted to invite them to visit the service to visit their family member. They have been encouraged to visit their family member whenever they choose previously. We have requested further information from families so residents can meet siblings and other family members outside of the service.

Proposed Timescale: 31/01/2015

Outcome 03: Family and personal relationships and links with the community
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The action pertaining to supporting residents to make links with the local community had not been adequately progressed. A satisfactory plan regarding how this would be progressed was not in place.

Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
Volunteers have been contacted to attend for interview during January, with a view to them commencing volunteering in the service before the end of February.

Proposed Timescale: 27/02/2015

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:
A contract inaccurately referenced the resident’s room being used in their absence from the centre.

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

Please state the actions you have taken or are planning to take:
Individual contracts of care have been amended to remove this information from the contract.

**Proposed Timescale:** 26/12/2014

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Positive behaviour support plans which required updating had not been updated. Plans referenced a physical restraint which was no longer used in the centre.

**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:
Crisis development models in place are being reviewed and updated to reflect the current model of restraint used in the centre. To also ensure they meet the current needs of the residents.

All of the models once updated, will be reviewed by the psychiatrist or behaviour support specialist involved in their care, to ensure they are reflective of current best practice.

**Proposed Timescale:** 31/01/2015

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
| **in the following respect:** |
| Notifications had not been submitted within the required three working day time period and some notifications had not been submitted by the provider. |

**Action Required:**
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

**Please state the actions you have taken or are planning to take:**
PIC is aware of the notification period for allegations of misconduct and other notifiable events. Notifications are now submitted by the Service Provider.

| **Proposed Timescale:** 05/01/2015 |
| **Theme:** Safe Services |

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some notifications had not been submitted as required.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
Notifications have been submitted by the Service Provider.

| **Proposed Timescale:** 05/01/2015 |

| **Outcome 11. Healthcare Needs** |
| **Theme:** Health and Development |

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Items of concern which were identified by the inspector had not been identified by the person in charge. The person in charge was not aware of some residents' health care needs. As a result required response to areas of concern had not been addressed.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**
Specific health care needs have been identified. Referrals have been made to relevant
agencies and teams for a review of the care of this resident. A period of intense information gathering is taking place for us to move forward with concrete information, and for full assessments to take place.

The person in charge receives an ongoing regular report on the residents’ health care needs and therefore is aware of these needs and responds accordingly. The residents’ health status is reviewed regularly and their doctors’ and psychiatrists’ prescriptions and advice is fully implemented.

**Proposed Timescale:** 27/02/2015

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge was working as a front line member of staff.

**Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
Person in Charge is now supernumerary.

**Proposed Timescale:** 05/01/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management systems did not ensure the service provided was safe, appropriate to all residents’ needs, consistent and effectively monitored.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
As an immediate measure, Ability West are providing PPIM (Person participating in Management) support to the Person in Charge at Autism West Ltd to strengthen provider governance.
**Proposed Timescale:** 01/01/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Adequate management support was not being provided to the person in charge.

**Action Required:**  
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**  
As an immediate measure, Ability West are providing PPIM (Person participating in Management) support to the Person in Charge at Autism West Ltd to strengthen provider governance. An agreement has been reached with Ability West consisting of a time framed plan in relation to the takeover of the Cloonmore Service by Ability West.

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

**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 centre did not have all the policies required by the Regulations.

**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:**  
These policies have been reviewed and they will be completely updated and in place by 31st January 2015.

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**Proposed Timescale:** 31/01/2015