## Centre name:
A designated centre for people with disabilities operated by The Irish Society for Autism

## Centre ID:
OSV-0002000

## Centre county:
Wexford

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

## Registered provider:
The Irish Society for Autism

## Provider Nominee:
Tara Matthews

## Lead inspector:
Ide Batan

## Support inspector(s):
Caroline Connelly;

## Type of inspection:
Announced

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

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

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:  
21 July 2015 10:30  
22 July 2015 09:45
To:  
21 July 2015 18:00  
22 July 2015 14:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This was the centre's third inspection which was conducted as a follow up to the registration inspection that occurred over three days in March 2015. On the registration inspection there was significant non compliance in relation to some fundamental and essential components of the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including core aspects of governance which included, management of alleged allegations of abuse, staff supervision and reviewing quality and safety of care. Following the registration inspection the provider was given written notice that the Chief Inspector proposed to cancel the registration of this designated centre on the grounds specified in Section 51(2) (b) and 51 (2) (c)(i) of the Health Act 2007, as amended. In accordance with Section 54 of the Health Act 2007, as amended, the Registered Provider made a written
representation to the Chief Inspector concerning the proposal to cancel the registration of the designated centre.

The inspectors found that the nominated provider and management of the centre had commenced providing a service that met the requirements of the Regulations and Standards. The provider had engaged with the Authority and has taken actions in response to concerns and issues raised by the Authority on the previous inspection. This included formation of an organisational structure to ensure that management systems were in place to monitor compliance with the Regulations and to provide assurances to the Chief Inspector that the centre was being efficiently governed. Thus ensuring residents were being delivered a service that was safe, effective and met their needs.

There was a newly appointed person in charge, senior compliance and quality manager and a general manager was in the process of being recruited. The general manager will assume the role of provider nominee and maintain oversight of all designated centres under the auspice of the Irish Society for Autism.

Overall, since the last inspection some progress had been made with regard to multidisciplinary input, nutrition, staffing and redecoration of the centre in order to provide improved outcomes for residents. From reviewing the day time staff duty rota, communication with residents and staff inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff were provided access to education and training, appropriate to their role and responsibilities.

However, inspectors also found evidence of further improvements required to bring this centre into full compliance with the Regulations. For example: Individualised Assessment and Care Planning records and documentation healthcare needs.

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

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

**Findings:**

On the previous inspection the Inspectors found there was not a good culture of advocacy within the centre. On this inspection the inspectors saw evidence that the new person in charge had made contact with the national advocacy services for people with disabilities and requested information on their services to display in the centre. The person in charge has ensured staff had a greater understanding of their role in acting as advocates for the residents and families are encouraged and facilitated to be involved in residents care.

On the previous inspection there was inadequate evidence of consultation with residents or their relatives in relation to the organisation of the centre, such as through residents meetings or resident/relative surveys. There was no evidence of any regular house meetings between residents and staff. On this inspection the inspectors found there had been significant improvements in how residents were consulted. There was evidence of detailed house meetings taking place on a weekly basis and nightly consultation meetings with residents to plan the activities for the following day, menu options were discussed, trips out, activities holidays and any other issues as required. There was evidence that issues such as residents rights charter, the complaints policy and health information were also discussed at the weekly meetings. The meetings were found to be in a good format which identified topics for discussion, actions to be taken and who responsible for the action.

On the previous inspection there was insufficient evidence to determine that the programme of activities was developed following consultation with residents to ensure activities available were in accordance with their interests, capacities and developmental needs. On this inspection as identified above the residents were consulted in relation to
their requirements for activities, residents were given the opportunity to provide input into the programme of activities by expressing their wishes about activities in accordance with their interests, capacities and developmental needs. A resident-accessible form had been developed to assist in ascertaining each resident’s support needs and wishes and the inspectors saw that resident’s key workers communicated and worked with the resident to ensure his support needs and wishes were known and communicated. The residents’ support needs and wishes were documented in resident’s personal plans.

On the previous inspection there were a number of issues identified with complaints management which included that the complaints policy was not displayed, there was no evidence of whether the complainant was satisfied with the outcome of the complaint and there was no second nominated person to respond and maintain complaint records as required under regulation. On this inspection these were all seen to be rectified, the complaints procedure and who to complain to was clearly displayed in the entrance to the house. The complaints log had been amended and the inspectors saw that the format of the complaints log now included a column to record whether or not the complainant was satisfied. The complaints policy was amended to include the deputy director as the nominated person to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Findings:
On the previous inspection it was found that residents had minimal integration with the local community. Part of the provider’s response to this finding was that there would be improved consultation with residents in terms of activities in the local community. Inspectors were satisfied that residents were now being consulted with in a meaningful way and that this consultation was documented. There were weekly residents meetings and staff were also consulting with residents every evening in terms of what activities they wished to engage in on the following day.

The person in charge informed inspectors about her efforts to improve local integration for the residents. For example, the person in charge was actively engaging with a number of service providers with a view to providing a day service off site for the
residents. There were also attempts made to seek employment and training for the residents. One resident engaged in employment with a local retailer for a period of time. While these placements were not always successful inspectors were satisfied that the provider and person in charge were aware of the importance of community interaction and engagement and were continuing to make efforts to improve this for residents.

**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):**

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

**Findings:**

The person in charge told inspectors that she was introducing a revised personal planning system. However improvements were required in the current system to ensure the assessed needs of residents continued to be met.

The inspectors reviewed a sample of resident's personal plans. The inspectors found that resident's needs were not sufficiently assessed and documented to ensure staff was providing safe and effective care in line with their assessed needs. From a sample of personal plans reviewed inspectors found where personal plans were in place, they were not comprehensive or sufficiently detailed to guide staff in providing consistent care. Regarding individualised assessment and personal planning, the inspectors found variance in the standard of personal plans, care plans and person centred support plans. For example, the inspector found that some plans were clear and accurately maintained, updated and reviewed while others had not been reviewed.

The personal plans did not set out in a formal manner the services and supports required to enhance the quality of life of residents, to realise their goals. The plans did not adequately address:

- education, lifelong learning and employment support services, where appropriate
• development, where appropriate, of a network of personal support
• transport services
the resident’s wishes in relation to where he/she want to live and with whom
• the resident’s wishes or aspirations around friendships, belonging and inclusion in the community
• the involvement of family or advocate.

There was inadequate evidence of consultation with residents and their relatives in relation to the development of plans and there was inadequate evidence that plans were based on the aspirations and choices of residents. There was no evidence of residents’ involvement in developing and reviewing their personal plan.

From a selection of personal plans reviewed, inspectors noted a number of assessments had been conducted including capacity to self medicate, manage money, individualised risk assessments and activity assessments. However, from this review of residents’ personal plans; inspectors formed the view that they were not adequate for the following reasons:

personal plans were not in an accessible format to the residents
the timelines or names of those responsible for pursuing objectives in the personal plan were not recorded
residents/relatives were not consistently involved in reviews
there was limited evidence of multidisciplinary involvement in the reviews.

Judgment:
Non Compliant - Moderate

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

Findings:
On the previous inspection the inspectors found that some of the furniture in the living rooms were seen to be torn and in need of repair. On this inspection the inspectors saw that the provider has replaced worn furniture in the living rooms of the designated
centre and had purchased new couches and chairs. The provider stated that to ensure that equipment and facilities for use by residents and staff were maintained in good working order, that an audit of the premises will be undertaken on a regular basis to ensure ongoing compliance.

On the previous inspection the inspectors also found that the centre was not visibly clean with dust and cobwebs seen throughout the centre and parts of the premises were seen to be in need of redecoration due to paint off the ceilings and walls. On this inspection the centre was found to be much cleaner. There was evidence that the centre underwent a deep clean in April over a number of days. The new person in charge had introduced new cleaning guidelines, schedules and new cleaning products. The centre had been painted externally and a number of areas internally which including the lounge areas. The centre was now noted to be in a good state of repair and there was a more homely look and atmosphere.

**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:**
The previous inspection found that the fire alarm panel was obscured and that an entrance to the property was locked, thereby impacting on the ability of emergency services to gain entry should the need arise. The provider had addressed both of these matters. The gate was now unlocked and the fire alarm panel was clearly visible. The new person in charge had implemented a number of additional fire safety measures including: day and night time fire drills, daily inspections of escape routes and weekly inspections of fire doors. The fire alarm, fire equipment and emergency lighting had all been serviced within the time frame required by the Regulations. In addition, the person in charge advised inspectors that a new fire alarm was being sourced for the premises.

On the previous inspection there were a number of areas of risk in the centre particularly in relation to the outdoor areas which included farming, horticultural, care of animals and other activities that were not included in the risk register for the centre. On this inspection the inspectors found that these had been included in the risk registrar and were being reviewed on a regular basis. It was also identified on the previous inspection that Inspectors were not satisfied that all incidents were followed up appropriately with recommendations being put in place to prevent the accident.
happening again. On this inspection there was evidence that all accidents and incidents were reviewed by the person in charge and that actions were put in place following same. However there was no trending of accidents and incidents to establish patterns or trends to enhance outcomes for the residents.

It was identified on the previous inspection that the emergency plan did not include measures in place to respond to adverse weather conditions, outbreak of an epidemic, loss of power, loss of heating, loss of cooking and laundry facilities. On this inspection the emergency plan reviewed was found to be very comprehensive and outlined all the systems in place for the management and ongoing review of risk, including a system for responding to emergencies.

On the previous inspection the inspectors found that the centre was not visibly clean with dust and cobwebs evident throughout the centre and the kitchen cooking areas was particularly noted to be in need of a deep clean. Cork notice boards which were torn were also seen on the walls of the kitchen which are an infection control hazard. As discussed under outcome 6 on this inspection the inspectors found that the centre was much cleaner. The centre had received a deep clean in April by an external company and new cleaning schedules were introduced. The person in charge had implemented infection control protocols and strategies and new colour coded mops, buckets and clothes were seen throughout the centre. The cork notice board had been removed. Although the centre was found to be much cleaner one of the residents bedrooms was found to have a very strong odour and required further deep cleaning.

On this inspection the inspectors identify a number of areas of additional risk in the premises, the residents were seen to enjoy their walks around the grounds of the centre however the inspectors found that the paths were very uneven, were unlit if used at night or evenings during the winter and could present as a trip hazard. The inspectors also found that there was no system in place for staff to summon assistance if a resident became aggressive or was in need of a second staff member, taking into account the large size of the house and grounds of the centre.

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:**
On the previous inspection one staff member had not completed any training in relation to behaviours that challenge. On this inspection training records and staff confirmed that all staff had received this training. It was identified on the previous inspection that not all behaviour support plans reviewed had proactive strategy and did not accurately detail the behaviours. These support plans had not been reviewed by a relevant professional since 2013. On this inspection although residents were all reviewed by the psychiatrist, the person in charge told the inspectors she has not been able to get access to psychology services and was aware that all plans continues to require review.

On the previous inspection the inspectors were not assured that where concerns arise for the safety of individuals that the person in charge and provider took reasonable and proportionate measures to ensure the protection of all individuals in advance of the outcome of any assessment or investigation into the matter. Inspectors were not assured that staff understood their duty of care to report any past or current concerns for the safety of the residents in the house and some staff who spoke with inspectors did not accurately reflect the actions they should take in the event of an allegation, process for support of and protection of residents pertinent to the nature of the allegation and the personnel who may be involved. Following the last inspection, staff had reported an allegation and action had been taken in response to the allegation raised. The inspectors were satisfied that staff were more aware of their responsibility to report any allegations of abuse and the provider had provided external adult protection training for staff in March, however not all staff had received this training to date.

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

**Findings:**
The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector. The person in charge was fully aware of her regulatory responsibilities regarding
The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

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

**Findings:**
On the previous inspection it was unclear from reviewing resident’s personal plans if their wishes and aspirations regarding training, education and employment were known or that this was assessed or explored on behalf of the residents as there was no supporting documentation available. None of the residents attended day services.

There was no evidence of any planning or discussions, with residents, to identify their preferences to access opportunities for education, training and employment. On this inspection there was evidence that the person in charge was actively sourcing day services for residents. There was evidence that part time employment had been sought for one resident. The person in charge acknowledged to inspectors that the entire process of personal planning required review with residents and their families. This is actioned under Outcome 5.

**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):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The level of support which individual residents required varied as observed by inspectors. There were some improvements in the management of aspects of residents’ health care.

On the previous inspection there was very limited multidisciplinary input for residents. The PIC said that residents’ had access to a general practitioner (GP). However, there were no formal medical records kept on site so inspectors could not see frequency of medical reviews. This remains an issue as the person in charge told inspectors that the current GP will not conduct annual health checks for residents. There was no evidence that residents had access to screening, early detection or any other health and welfare services in the community. The person in charge is now seeking an alternative medical service for residents. This lack of systematic management of residents’ health causes a potential risk to ensuring residents received adequate and appropriate care. It can also lead to confusion and potential for error.

Regarding food and nutrition, the inspectors found appropriate knowledge of food and nutrition was evident amongst staff on this inspection. Choice was facilitated through knowledge of resident's likes and dislikes, dietary needs and the rotation of menus. The inspectors observed the resident having choice at meal times and receiving good support in a dignified and respectful manner. In the house staff told the inspectors that some residents liked to help preparing the meals. Inspectors observed residents making their own drinks and snacks.

Inspectors were not assured that each resident’s assessed health needs were reviewed and met on an ongoing basis. Residents that displayed challenging behaviour were not reviewed by the appropriate allied health professionals. There was no evidence that behaviour support plans were reviewed as actioned under outcome 7. There was evidence that the person in charge had requested psychology input from the HSE with no response. The nominated provider was currently sourcing private psychology services for residents. However, inspectors saw that the psychiatrist had done a full review on all residents since the previous inspection.

Judgment:
Non Compliant - Moderate

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:
On the previous inspection the inspectors found that residents were not facilitated a choice of pharmacist which is a requirement of legislation. The inspectors also found that there was no valid rationale as to why a resident had not received the pain relief that he had been prescribed for and that the protocol and system in place was unclear, vague and insufficient to direct care staff in the absence of medical/nursing expertise.

On this inspections the inspectors found that the medication management policy and procedure had been reviewed and centre specific medication management policies and procedures were in place which were viewed by the inspector. The person in charge had changed pharmacy provider and the new pharmacist provided education and training to staff. The person in charge had introduced a new system of monitored dosage medication administration which the staff confirmed they found easier to use. Inspector saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a photograph and physical description of the tablets which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement. Photographic identification was also available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed distinguished between PRN (as needed), short-term and regular medication and maximum amount for PRN medication to be administered within 24 hour period was stated on all of drug charts reviewed.

Medication was generally administered by non nursing staff. The staff demonstrated an awareness of medication management and all staff had completed safe awareness in medication management training and received regular update training which was evidenced in their training records. There was evidence of audit of medication practices by the person in charge and she was undertaking competency assessments on staff’s ability to safely administer medications.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The previous inspection found that the statement of purpose did not meet the requirements of the Regulations. Upon review the inspectors found that the revised statement of purpose had all of the required information as per schedule 1 of the Regulations apart from the room sizes. This was brought to the attention of the person in charge during the course of the inspection and the matter was rectified satisfactorily.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
On this inspection inspectors found that there was an organisational structure in place and management systems were in place to ensure compliance with the Regulations and to provide assurances to the Chief Inspector that the centre was being efficiently governed ensuring residents were being delivered a service that was safe, effective and met their needs. There was a newly appointed senior compliance and quality manager who had developed an audit schedule and also conducted unannounced visits to the centre. The compliance manager was also responsible for ensuring action plans are completed within the agreed timeframes.

There was a newly appointed person in charge. The inspectors found that the person in charge was qualified and knowledgeable and had extensive experience in the disability sector. The person in charge stated she had daily contact with the compliance manager and nominated provider. She told inspectors that she had good support systems in place. Inspectors observed that the person in charge also receives support from an external consultant in relation to her role as person in charge and ensuring compliance with the Regulations. Inspectors observed minutes of these meetings.

The inspectors were satisfied that good lines of communication and support existed between the person in charge and the provider's management structure. The person in charge demonstrated an adequate knowledge of legislation and was familiar with the requirements of the Regulations.
There was a board of management who also made unannounced visits to the centre to conduct a review of the service. Inspectors reviewed minutes of these visits. The current provider nominee told inspectors that the board of management had completed the process of recruiting a general manager who would assume the role of provider nominee for this service.

On the previous inspection it was found that appropriate supervision and guidance for qualified and unqualified staff was not found to be in place due to the lack of a robust management structure within the house. On this inspection inspectors observed that the person in charge was supernumerary. She also worked late one evening and worked weekends also. Staff were very complimentary of her management style to inspectors. Inspectors saw that all staff had received support and supervision. The person in charge said that these one to one formal consultations with staff would happen once every six months.

Information governance required improvement on the previous inspection. On this inspection the inspectors found that the person in charge had access to a computer and there was email and internet access for administration purposes.

**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:**
The provider said that she would deputise for the person in charge in the event of a proposed absence of the person in charge.

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

**Findings:**
The previous inspection found that the provider had failed to adequately resource the centre to ensure effective delivery of care and support in accordance with the statement of purpose. Inspectors determined that extra resources had been put in place to bring the centre in to compliance in this regard. For example, there were now three staff present in the centre during the night whereas there were previously only two. Staffing had also been increased at the weekends which allowed residents greater choice in terms of activities.

The provider also advised inspectors that a number of new management posts had been created to address the non-compliances of the previous inspection. The centre now had a dedicated person in charge who was only engaged with the management of this service. A new general manager of services had been recruited and was due to take up post in the near future. Inspectors also met with the new quality and compliance manager who was tasked with ensuring all of the designated centres run by the provider were in compliance with relevant Regulations and standards.

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

**Findings:**
On the previous inspection inspectors found that there was insufficient provision of
suitable qualified staff to meet the needs of the residents. Staffing levels at weekends consisted of two staff which was inadequate to meet the needs of residents. On this inspection, inspectors saw that the provider had commissioned an external review of the number, qualifications and skill mix of staff. Inspectors saw and were told by staff that additional hours had been allocated to the service both day and night and at weekends. Rosters viewed by inspectors confirmed this.

Inspectors reviewed the staff files which were made available in the centre. Of the sample of files reviewed, only one met the requirements of the Regulations. There were a number of shortcomings with the other files and the provider acknowledged that these matters were the subject of on going audit and improvement.

The previous inspection found that not all staff had access to appropriate training. This remained non-compliant on this inspection. There were some staff who had not received training in safeguarding and manual handling, which is a mandatory requirement of the Regulations. Inspectors found that all staff had up-to-date training in positive behaviour support and fire safety. The inspectors reviewed the staffing roster and found that it was reflective of the shifts and type of shifts worked by employees. It was clear from the roster if the allotted times were morning, evening or night.

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):
No actions were required from the previous inspection.

Findings:
There were two non-compliances identified on the previous inspection in relation to this outcome: not all of the policies required by Schedule 5 of the Regulations were in place, and; there were no residents' medical records kept in the centre. Inspectors found that both of these matters remained non-compliant. While the majority of new policies had
been introduced in the centre, there was no policy on monitoring and documentation of nutritional intake. Inspectors also found that there were insufficient medical records maintained in the centre. For example, there was no record of general practitioner (GP) review of residents.

**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:**

Ide Batan
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 The Irish Society for Autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002000</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 August 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited evidence of any multidisciplinary reviews for residents.

1. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Residents have access to a psychiatrist and a psychiatric review of all residents was carried out on the 8th July 2015. A chiropodist has been engaged who met with and treated all residents on August 14th 2015 and will review every 8 weeks on an ongoing basis. Appointments have been made for all residents with the dentist and optician in the local community which will be completed by 30th September 2015. All appointments will be monitored and followed up when necessary by a key worker and overseen by the Person in charge. A Behaviour support specialist has been engaged and will commence assessments and subsequent behaviours plans on September 4th 2015. All appointments will be recorded in the residents’ personal plan along with any specific plans which arise from the multi disciplinary reviews.

Proposed Timescale: 30/09/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The timelines or names of those responsible for pursuing objectives in the personal plan were not recorded in some personal plans as observed by inspectors.

2. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
Each resident's care plan will be reviewed by the person in charge in consultation with the staff team. All residents regularly have a consultation using the accessible format resident's consultation form with a key worker to discuss goals and objectives which explore various aspects of their lives. These consultations are ongoing and are recorded and filed in the resident's personal plan. All of these consultation forms have a specific page to record timelines and the person responsible for pursuing these objectives. The person in charge will periodically review these forms to ensure that goals and objectives are being followed up within the forecasted timeline.

Proposed Timescale: 31/08/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was inadequate evidence of consultation with residents and their relatives in relation to the development of plans and there was inadequate evidence that plans were based on the aspirations and choices of residents.
3. **Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
A local service review of each resident's plan will be undertaken with each resident, their key worker and their respective family representative using the Resident's Consultation Form. These plans will be reviewed by the resident and their key worker on a 6 monthly basis.

**Proposed Timescale:** 23/10/2015

### 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 inspectors found that the paths were very uneven, were unlit if used at night or evenings during the winter and could present as a trip hazard. The inspectors also found that there was no system in place for staff to summon assistance if a resident became aggressive or was in need of a second staff member, taking into account the large size of the house and grounds of the centre.

4. **Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
The pathways are being inspected by the organisation's maintenance manager and any remedial action which is deemed appropriate will proceed in the week commencing 24th August 2015. The Society is exploring options for the installation of lighting on the grounds and is currently engaged with an appropriate electrical contractor in regards to a solution to this. A walkie-talkie system has been purchased for staff to carry on their person to summon assistance when required.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One of the bedrooms was in need of a deep clean due to ongoing strong odours from continual incontinence.
5. **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:**
The person in charge in consultation with the resident and their family discussed a remedy to remove the source of the strong odour. It was agreed that a new custom made specialised mattress protector is required to help prevent the prevalence of the odour and this has been ordered. A new bed and mattress will also be purchased. The floor covering has been sourced and ordered and will be installed by 30.09.15. A deep cleaning schedule in line with infection control has been put in place and commenced.

**Proposed Timescale:** 30/09/2015

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all behaviour support plans reviewed had proactive strategy and did not accurately detail the behaviours. These support plans had not been reviewed by a relevant professional since 2013.

**6. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
A behaviour support specialist has been engaged and will commence assessments and subsequent behavioural support plans on September 4th 2015.

**Proposed Timescale:** 04/09/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**7. 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:**
All staff have completed training in the Safeguarding of Vulnerable Adults with an external training group.

**Proposed Timescale:** 13/08/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was limited evidence that residents had access to screening, early detection or any other health and welfare services in the community.

**8. Action Required:**
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

**Please state the actions you have taken or are planning to take:**
All residents have access to a General Practitioner in the locality which they avail of when required. The person in charge has scheduled a meeting with the medical practice to discuss carrying out phlebotomy and annual health checks. Neurology and dermatology appointments have been made as required for each resident. All appointments will be monitored and followed up when necessary by the key worker and overseen by the person in charge on an ongoing basis. They will also be recorded in the resident’s personal plan along with any specific plans which arise from the multidisciplinary reviews.

**Proposed Timescale:** 31/08/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was evidence of very limited interdisciplinary team involvement in residents’ care since 2013 such as speech and language therapy, dental, neurologist, ophthalmic, occupational therapy, General Practitioner (GP) and psychology services.

**9. Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.
Residents have access to allied health professionals such as dental, optometry, chiropody, neurology and dermatology services as required by the individual resident. Review appointments have been scheduled which are due to be completed by 30th September 2015. All appointments will be monitored and followed up when necessary by a key worker and overseen by the Person in charge. A behaviour support specialist has been engaged and will commence assessments and subsequent behavioural support plans on September 4th 2015. All appointment will be recorded in the resident’s personal plan along with any specific plans which arise from the multi disciplinary reviews.

**Proposed Timescale: 30/09/2015**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Of the sample of staff files reviewed, only one met the requirements of the Regulations.

10. **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:**

The organisation has conducted a comprehensive audit on all staff files for the designated centre and has requested in writing, information from the employees in order to ensure that the files are fully compliant with Schedule 2 of the regulations.

**Proposed Timescale: 25/09/2015**

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There was no policy on the monitoring and documentation of nutritional intake.

11. **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:**
The current nutrition policy has been reviewed and revised to include details of monitoring and documentation of nutritional intake. The policy has been approved and disseminated to designated centre and this has been communicated to all staff.

**Proposed Timescale:** 24/08/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Medical records were not available in the centre.

12. **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:**
The person in charge has contacted the current medical practice, in writing, to obtain medical records. All future medical appointments/interventions will be documented and filed appropriately.

**Proposed Timescale:** 31/08/2015