<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-0003434</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>Autism Spectrum Disorder Initiatives Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Amanda McDonald</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conor Dennehy</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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: 18 August 2015 09:00  
To: 18 August 2015 19:00

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>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This inspection of a designated centre operated Autistic Spectrum Disorder Initiatives Limited which offers people with an intellectual disability short term breaks, was conducted by the Health Information and Quality Authority (the Authority) following the application to register the centre.

A new premises had been acquired by the organisation in which to accommodate the centre, and at the time or the inspection this was not yet occupied. As part of the inspection the inspector visited the new premises, and the current premises at which the service is offered. Plans for the transition to the new premises were discussed, and current structures and practices which it is intended will be transferred to the new centre were examined.
Overall the inspector was satisfied with the quality of care and support currently being offered to residents, and that there were adequate plans to continue this level of support in the new premises. The designated centre had achieved compliance in 15 of the 18 outcomes. Some improvements were required, for example in the risk management policy and the annual review of quality and safety of care and support.

These issues are further discussed in the body of the report and 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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were structures in place to promote the rights of residents, for example, staff were aware of the rights of individuals and of what constituted a restriction of rights. No rights restrictions were currently identified, however, there was a template available to document the restriction reduction plan should any rights restrictions arise.

There was clear evidence of respect and dignity being afforded to residents, for example, staff spoke respectfully both to and about residents. Family members of residents who were met by the inspector during the course of the inspections said that their relatives were treated with dignity and respect.

There was a comprehensive policy on the management of complaints and this was available in a format accessible to residents. There were currently no complaints in the log, but the format of recording complaints included details of the nature of the complaint, actions taken, and a record of whether the complainant was satisfied.

Due to the transient nature of the service offered in the centre, whilst there was an annual residents’ forum, residents were for the most part consulted on an individual basis, and a record of these consultations was maintained in their personal plans, together with a record of consultation with family members. Families were involved in plans and goal setting for residents, and two of the board members of the organisation were family members of residents.

Judgment:
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Each resident had an 'About Me' section in their personal plan which outlined the optimum methods of communication for each resident. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

Residents had aids to communication where required and preferred, for example, pictures of staff on duty, and those people currently availing of a respite service. There were also social stories available to assist understanding, for example, to assist people to understand a power cut, and to support skills building in road safety.

Residents had access to media if preferred, for example, tv, internet access, music and games consoles. In addition the organisation produced and distributed a quarterly newsletter to residents and family members.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Links with home and community were maintained whilst residents availed of respite services. Residents were facilitated to continue with their normal routine, including their day services or usual activities.
In addition community activities were offered by the service, including bowling, cinema and visits to local shops and cafes. Families were involved in the running of the organisation and in the individual plans of residents. Both a parents’ forum and a siblings’ forum were offered to families, and educational sessions were also offered to families by the organisation.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Written contracts of care were in place for all residents, which outlined the services offered. The sector manager reported that these contracts would transfer with residents to the designated centre. He also outlined how transition plans would be developed and implemented to assist residents in the move to new premises.

**Judgment:**
Compliant

### Outcome 05: Social Care Needs

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Personal plans were in place for each resident, and there was evidence of goals in these plans towards maximising the potential of residents. For example, one resident had a money management plan broken down into steps, and the progress towards completing these steps was documented. Another resident who had a history of a phobia which had seriously curtailed his access to, and involvement in the community, had a desensitisation programme in which goals were broken down into small steps, and a year after the introduction of this programme was now accessing the community independently. This was a very positive outcome for this resident.

Personal plans were reviewed regularly, and there was documented involvement of families in these reviews. Residents were also involved in their plans, for example, those who could write, recorded their own daily activities, and consent was sought from each resident in relation to who would have access to the personal plans.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents. Their normal weekly routines were facilitated whilst they availed of respite care, and additional activities were offered by the service.

**Judgment:**
Compliant

**Outcome 06: Safe and suitable premises**
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The premises which had been acquired by the organisation was a spacious three bedroom house in a pleasant location. There were adequate private and communal areas for residents, and gardens to the front and rear.

There were adequate bathroom facilities, and the planned move would mean access to a bath which was not available in the previous premises, and would be particularly significant for one of the residents. The house was accessible for the residents who used the respite service.
At the time of the inspection the home was not decorated or furnished. The sector manager outlined the plans for this.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
Whilst structures and processes were not yet in place in the planned new premises in relation to fire safety, the inspector reviewed this area in the current premises and discussed with the sector manager the plans for compliance in the new premises. Arrangements had been made for the installation of emergency equipment and for review by the fire officer, and the sector manager undertook to submit the report of the fire officer to the Authority.

Of the current staff who would be transferring to the new premises, all had received training in fire safety and regular fire drills had been conducted. Staff engaged by the inspector could describe the steps to be taken in the event of an emergency, including the management of any residents with particular difficulties.

There were processes in place for the management of risk, for example, risk assessments were in place, and the sector manager reported that health and safety audits of the new premises would take place. In addition the current system of managing accidents and incidents will transfer to the new premises. Incidents are recorded and reported, and reviewed at a management group.

Whilst there was a risk policy in place, it did not include all the requirements of the regulations, for example the measures and actions in place to control the unexpected absence of residents.

**Judgment:**
Substantially Compliant
### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There were systems in place in relation to the protection of vulnerable adults. All staff had receive training from appropriately trained instructors and could demonstrate knowledge in relation to safeguarding residents. There was a written policy on the protection of vulnerable adults, and this was available in a version accessible to residents.

Each resident's personal plan included a 'My safety plan' which was a detailed assessment of safety issues for that individual. For example, there was guidance for one resident about the need for supervision when using kitchen appliances, and for another the need for one to one supervision at all times.

There were robust systems in place for the management of residents’ finances, which staff reported would be transferred to the new premises.

There were currently no restrictive practices identified, and it was not anticipated that any would be introduced to the new premises.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.
**Findings:**
The sector manager reported that the current systems for the management of notifiable events would transfer to the new premises. The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
Continuity of training and employment was maintained for residents whilst availing of respite services, and additional activities were offered to residents.

All residents availing of a respite service together were familiar with each other, and admissions were planned around compatibility.

**Judgment:**
Compliant

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Whilst the respite service is not the primary care provider for residents, there was evidence of continuity of healthcare for residents. For example, there were plans in
place in relation to the management of epilepsy, and staff were aware of procedures to follow.
A health pathway had been completed for each resident which included any necessary guidance. The service had access to each individual’s GP, and to an out of hours GP service.

There was evidence of a balanced and nutritional diet being offered, and the service had gradually introduced a healthy eating plan. Residents maintained a record of their own food intake, and each resident was facilitated to make choices according to their communication needs.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence of good practice in relation to the management of medication in the designated centre. The transfer of medication between the residents’ homes and the respite facility was well managed, with clear record keeping at each stage.

All prescriptions and recording sheets reviewed by the inspector included all the requirements of the regulations. All ‘as required’ (PRN) prescriptions clearly indicated the circumstances under which such medication should be administered.

All staff had received training in the safe administration of medications, included the safe management of rescue medications for epilepsy. Medications audits were regularly conducted, and actions required form these audits were monitored.

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The statement of purpose includes all the information required by the regulations, and accurately reflects the service offered.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. A structure of meetings was in place with communication systems between each.

A series of audits had been conducted, including unannounced visits, and the sector manager outlined how this would inform the annual review in the designated centre, which was not yet in place. Audit reports included the identification of required actions, and these were monitored as being complete.

The person in charge of the centre was suitably qualified and experienced. She was
knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had a very good knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation and provided evidence of continuing professional development.

**Judgment:**
Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge was aware of the circumstances of absence which would need to be notified to the Authority. There were currently no planned absences. There were adequate deputising arrangements in place in the event of any absences.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The sector manager outlined to the inspector the plans to decorate and furnish the centre. He reported that the current staffing levels would be transferred with residents, and as the new premises were further from the nearest town than the previous
premises, a bus would be made available each evening and at weekends.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The current staffing levels and skills mix were appropriate to the needs of residents, and the sector manager reported that this would continue. Most of the staff would remain the same, and there was a plan for the introduction of new staff.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their needs and preferences and their communication needs. They all displayed knowledge of the management of people with autistic spectrum disorder.

Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

**Judgment:**
Compliant
**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

**Judgment:**
Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

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<td>18 August 2015</td>
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<tr>
<td>Date of response:</td>
<td>02 November 2015</td>
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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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk policy did not contain all the information required by the regulations

1. Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of

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

Please state the actions you have taken or are planning to take:
We have amended our risk management policy to include the measures that are taken to include accidental injury to staff, resident, visitor unexplained absence of a resident,
Self harm
Aggression, violence, assault

Proposed Timescale: 31/10/2015

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:
There was no annual review of the quality and safety of care and support.

2. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
Annual review of Quality and safety of care supports has been completed from January 2015 to date.

Proposed Timescale: 01/10/2015