

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by The Irish Society for Autism
Centre ID:	OSV-0002001
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Irish Society for Autism
Provider Nominee:	Tara Matthews
Lead inspector:	Ciara McShane
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 March 2015 09:30 To: 02 March 2015 15:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centres third inspection which was conducted as a follow up to the registration inspection that occurred over two days in November 2014. The registration inspection was as a result of the Providers application to register the centre to accomadate twelve residents. The inspection was unannounced and took place over one day.

Overall there continued to be a significant number of non compliances. Fifteen outcomes were followed up on, seven were found to be of major non compliance, six were of moderate non compliance and two were found to be compliant. The inspector acknowledges that some of the action time-frames had not yet expired. However, work had not commenced on a number of these actions or interim measures were not put in place to ensure the care, welfare and support of residents was consistently upheld.

Minor improvements were found in some areas for example, new personal plans had been introduced. However, although they had been commenced for residents they were incomplete at the time of inspection and areas such as appointments recently attended by residents were not updated as appropriate. The complaints form had been updated to reflect the requirements of the Regulations. However, as outlined in the body of the report complaints continued to be insufficiently addressed. A health and safety representative had also been selected since the last inspection however, it was unclear if a health and safety meeting had taken place since the most recent inspection in November 2014. Improvements regarding the premises had taken place.

Significant improvements were required for the centre to come into compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. With regards to staffing, there continued to be no team leader, specifically for that centre, in post. The inspector was told that a team leader had been advertised however, no person was in place and no interim measure had been organised. Staffing levels remained low at the weekend, there remained to be two staff which had a negative impact for residents and staffing levels during the week were also often seen to be low. A staffing review had taken place on the afternoon of 17 February 2015, by an external consultant, however the team leader who was present at the time of inspection was unaware of their findings and the report was not yet complete. No additional interim measures, with the exception of changing the occasional shift pattern, had occurred to amend staffing levels and supports. The inspector also reviewed activity levels for the centre in addition to the residents' goals. Communication plans, aids and methods also required a review to ensure that resident's needs were being met.

The governance arrangements were found to be ineffective to ensure safe outcomes for residents and that their health and social care needs were met. The findings of the inspection are further outlined in the body of the report and the action plan at the end.

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:

Some improvements had been achieved regarding consultation with residents however, further development was required.

As seen recorded on an accessible consultation sheet, within each resident's personal plan; the team leader and/or a staff member met with residents to ascertain their satisfaction with the service. They also endeavoured to ascertain if there were any activities or other areas of improvements they would like to see happen. This was seen to be an effective tool for three of the four residents sampled. However, for one resident it was evident that this was an ineffective way of eliciting information regarding their service as agreed by a team leader. An alternative method had not been trialled but was required by Regulation 9(2)(e).

The inspector reviewed the complaints log. A complaint had been received since the most recent inspection. The inspector reviewed the complaint. It was in relation to an activity being cancelled and the resident no longer having the opportunity to attend a particular activity. The complaint was responded to via a phone call. The satisfaction levels of the complainant were recorded. However, the actual complaint was not addressed. In the response, the resident attending another activity had been recorded as a solution to the complaint. The inspector found that the cancelling of activities was due to low staffing levels. Appointments had also been cancelled due to low staffing levels. This is further addressed in Outcome 14.

The inspector found that residents' activities were recorded. However, the activities

were not always found to be meaningful or to afford residents with new experiences and opportunities to engage in activities of their preferences. The inspector also reviewed the activity schedule for residents and found that often scheduled activities had not occurred, and the activities that were listed were predominantly group based and limited to the centre for the most part. The provider is required to ensure that each resident has the freedom to exercise choice and control in his/her daily life as detailed under Regulation 9(2)(b).

On multiple days over a three week period, residents' activities mainly involved completing household chores, walking to the top of the avenue to leave the bins out or go for a walk with their fellow housemates. Completing the grocery shop or attending appointments were logged as activities. There was minimal integration with the community they live in. Improvements were required to ensure residents were supported to develop and maintain personal relationships and links with the wider community as outlined in Outcome 3. The inspector did see that residents attended the cinema and bowling on occasion. Residents' preferences for activities, as recorded in their personal plans, were not always supported. For example, a resident had the preference to go swimming but this was not evident as being facilitated over the three week period of activities reviewed. The inspector noted that since the last inspection one resident was supported by staff to reengage in an activity of their choosing which had at the time of the last inspection ceased.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector reviewed a sample of residents' communication plans. This was a newly developed template that outlined resident's communication needs and preferred methods of communication. For one resident, from the sample reviewed, the inspector found recorded PECS (picture exchange communication system) and Lamh had been tried with the resident a number of years ago however, the resident rarely used them. It was not evident that alternative communication aids had been trialled with residents such as tablets or assistive technology aids. The sample of communication plans reviewed were found not to be wholly reflective of residents' actual communication needs. The communication plan format outlined prompts for example 'How you can

communicate with me' 'at this time or in this situation'. For one resident who has self injurious behaviour their communication requirements around this time were not highlighted or outlined in their plan. This required an immediate review to ensure their communication needs at vulnerable times were clearly outlined.

The inspector noted an additional area for improvement while on inspection. The inspector was informed that some residents would like to have access to a computer and internet so they could correspond with family members. The centre continued to have no access to internet or a computer which they could avail of.

Judgment:

Non Compliant - Major

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As outlined in Outcome 1 it was found that residents had minimal integration with their local community.

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:

The action from the previous inspection due to be completed by 20 November 2014 was found to be incomplete. Details regarding the services provided, the type of accommodation and the additional costs that may be incurred as part of their service was not outlined in the contract of care.

Judgment:

Non Compliant - Moderate

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:

Since the most recent inspection new personal plans were implemented. The inspector found that all aspects of the personal plans had not been completed however, acknowledge that the action date was 30 March 2015.

Outlined in residents' progress notes were appointments they had attended such as general practitioner appointments. However, these appointments were not updated in their personal plans as having occurred or what the actions/outcomes were. This required a review to ensure residents' assessed needs and healthcare needs were accurately captured and recorded.

The inspector found that although there was accessible material within the personal plans, residents continued not to have a copy of their personal plans in a format accessible to them.

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):

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

Findings:

The actions from the last inspection were complete with the exception of the vacant bedroom and apartments being furnished.

The light fittings and shower hoses were repaired. New shower curtains had been erected. Some painting had also taken place.

Judgment:

Non Compliant - Moderate

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 actions from the most recent inspection were partially completed.

The centre had a safety representative nominated however there were no minutes in the designated centre to indicate that a meeting had taken place since the most recent inspection. The team leader was also unaware of these details.

The inspectors reviewed the risk register which had been updated December 2014. The risk register continued not to be centre specific. All risks had not been identified on the risk register. For example the open fires, the range, the farm equipment and associated hazards with the land around them.

Staff spoken with were aware of the personal emergency evacuation plans and the location of same.

The inspector was unable to ascertain if learning had been gained from incidents and accidents as this information was not available at the designated 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:

The inspector was unable to ascertain if the previous action regarding learning from the analysis of Antecedent Behavioural and Consequent charts had been gained, as none had been completed since the last inspection.

In addition, to the actions from the most recent inspection, the inspector saw that a physical intervention plan was initiated for a resident during periods of behaviour that challenge. The staff in order to respond to such an incident, and where a physical hold was necessary, required non-violent crisis intervention training. All staff working with this resident did not have this training. Staff who were not trained in non-violent crisis intervention were working alone with this resident on frequent occasions as evidenced by the roster. The person in charge is required to ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. The inspector read in incident report forms that the resident had been involved in such incidents since the most recent inspection. This is further outlined in Outcome 17.

In addition the support plan for the use of the physical restraint was lacking in detail. It failed to outline what type of hold should be used for example it stated 'physical hold'. The protocol instructs staff to 'assess the situation, in five minute intervals, and whether to continue or release'. However there was no clear guidance to state what actions staff take to assess the situation. Under Regulation 7(4), the provider is required to ensure that, where restrictive practices including physical restraint is used, such procedures are applied in accordance with national policy and evidence based practice.

<p>Judgment: Non Compliant - Major</p>

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

Findings:
The inspector ascertained since the most recent inspection a resident had recommenced attending their preferred activity and was accompanied by a staff to do so.

No further planning or discussions, with residents, had taken place to identify their preferences to access opportunities for education, training and employment. The section relating to this in their personal plans was also not populated. No resident had access to a day service. The inspector was informed that one resident in particular would thoroughly enjoy and welcome the opportunity to engage in employment. However, this had not been reviewed or evident from a review of their personal plan. The inspector acknowledges the proposed timescale for the following was due for completion 31 March 2015.

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

Findings:

From a review of residents' personal plans, the inspectors found that referrals had been made to allied health professionals including speech and language and a dietician.

A speech and language therapist was actively working with a resident and the staff regarding their speech and language requirements.

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 actions from the most recent inspection had been implemented.

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):

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

Findings:

The most recent inspection identified six actions relating to governance and

management. At the time of inspection, four actions remained outstanding.

There was no annual review of the quality and safety of care and support available at the designated centre. This action was due for completion 16 February 2015.

Under Regulation 23 (3) (a) the provider is required to ensure that arrangements are in place to support, develop and performance manage all members of the work force. The inspectors were not assured that staff were fully supported. Staffing levels remained low and there continued to be no full time team leader in place at the centre. The inspectors read in the staff meeting minutes a request from staff to be supported more by management, therefore reinforcing the need for a team leader. The team leaders, as per the last inspection, continued to visit the centre. This was approximately three to four times a week for a short number of hours each time. Staff spoken with confirmed this and the inspector also read entries in the diary of when the team leader and person in charge visited. Staff supervision and performance management had not commenced in the centre and as further outlined in Outcome 17, the persons participating in management, who would be overseeing this for a number of staff, had not received training in performance management or supervision.

The management structure of the centre did not clearly define lines of authority, accountability and details of responsibilities for all areas of service provisions. On the day of inspection the person in charge was rostered on a day off, a team leader was on annual leave therefore one team leader, who attended the inspection, deputising for the person in charge, had oversight of three designated centres. The largest of the three designated centres, which had 34 residents, had no person in charge or person participating in management in place for the duration of the inspection.

The inspectors were not assured that the designated hours spent by the person in charge, in the designated centre was sufficient. As per the statement of purpose this time equated to the whole time equivalent of 0.17.

The inspectors were not assured that the designated centre was sufficiently resourced to ensure effective delivery of care and support in accordance with the statement of purpose. For example, as a result of low staffing levels residents had appointments and activities cancelled. The inspectors found that a hygienist appointment arranged with specialist services, for all residents, was cancelled due to staff shortages. The inspector also saw residents' personal appointments cancelled.

The inspectors were told that relief staff were shared with another designated centre who are short staffed which has implications on staffing levels at the designated centre. This is further outlined in Outcome 16. The inspectors were also told that staff were being redeployed between designated centres due to skill mix such as some staff did not have medication management training. This redeployment of staff members will impact on the continuity of care for the resident group.

The inspectors were not assured that management systems were in place to ensure the service provided was safe and appropriate to residents' needs, consistent and effectively monitored. The persons participating in management had a checklist which they used when visiting the centre to verify tasks had been completed. For example, checking the

balance on residents' finance and signing off on incidents and accidents. There was no clear audit schedule in place that ensured robust management of quality indicators such as incidents and accidents, medication errors, reviewing care plan documentation and the quality of same. There was no data available to show these areas were reviewed regularly. A robust management system was required to ensure complete oversight of the service.

Judgment:

Non Compliant - Major

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):

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

Findings:

Staffing levels, as outlined in Outcome 14, remained unchanged. Staffing levels at weekends remained at two staff. Staff informed the inspectors that their ability to go out with residents at weekends was still affected due to other residents going home or being dropped back to the centre. The inspectors acknowledge the action was to be completed at the end of March 2015. However, no interim arrangements had been put in place to ensure residents' needs were met in particular at weekends, to attend appointments and activities as outlined in Outcome 14.

The inspectors were informed, while on inspection, that a staffing review had taken place, by an external company, for one afternoon on 17 February. The inspector spoke with the person in charge, the day after the inspection, she stated the report was not finalised and she was not aware of their findings. No interim measure had been put in place.

On regular occasions there was no driver rostered on duty and therefore, due to the remoteness of the centre residents, were unable to partake in activities outside of the centre.

The inspectors found occasions where shifts had been rostered from 12:00 to 20:00 to facilitate evening activities for the residents such as going to the pub. Staff stated this worked well.

Judgment:

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):

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

Findings:

Staff files which are held centrally were not reviewed by the inspectors during this inspection. However, the Provider confirmed post inspection, that this action had been completed.

The inspector spoke with a team leader regarding training they had received since the last inspection or that was planned for them consummate to their supervisory role and to ensure continuous professional development. Under regulation 16 (1) (a) the person in charge is required to ensure that staff have access to appropriate training as part of their continuous professional development. At the time of inspection, the team leaders had received no further training related to their supervisory roles. There was no plans to provide the supervisors with additional training consummate to their role. For example, team leaders have not received training on performance management, supervision or debriefing. Team leaders had received training since the most recent inspection, along with some care assistants, on personal plans.

In addition there were staff working at the centre for at least two years who have not received training in the safe administration of medication.

As outlined in Outcome 14, staff were being redeployed from one centre to another. The person deputising for the person in charge, confirmed this was due to skill-mix; staff who were drivers and staff not being trained in safe administration of medication. The inspector was not assured that staffing and staffing arrangements were consistent with continuity of care.

As outlined in Outcome 14, staff did not receive performance management or formal supervision. Staff spoken with were familiar with the Regulations and stated a copy was made available to them.

Judgment:

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:

The inspectors found that some of the actions from the most recent inspection were completed. The inspectors reviewed a number of menus as to identify the meals provided to residents. The menu was varied and adequate.

The inspector reviewed the updated policies regarding food and nutrition and behaviours that challenge and found the actions were not satisfactorily addressed:

- The food and nutrition policy failed to offer guidance to staff to support residents with particular dietary requirements.
- The food and nutrition policy also failed to refer to the need to refer residents onto specialist such as speech and language therapy and/or dietician.
- The policy regarding behaviours that challenge did not guide staff when to use PRN (as required) medication such as chemical buccolam; which was prescribed for a number of residents.
- The policy regarding behaviours that challenge failed to outline the need for specialist support, external to the service, in circumstances where the behaviours were not reducing or where further specialist support such as a behaviour therapist maybe required. The policy referenced psychology and psychiatry but their roles were not sufficiently explicit.
- The policy regarding behaviours that challenged failed to clearly outline the protocol regarding the use of physical restraint.

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Irish Society for Autism
Centre ID:	OSV-0002001
Date of Inspection:	02 March 2015
Date of response:	17 April 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:

The method used to consult with residents was not effective for all.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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:

In order to comply with Regulation 09 (2) (e) the Person in charge and the team leader will explore alternative methods for consultation and participation of the residents in the designated centre for whom the resident consultation form is not effective.

Proposed Timescale: 15/05/2015

Theme: Individualised Supports and Care

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

Activities that occurred and which were on the activity schedule were often group based which did not afford residents to exercise choice and control in their daily life.

2. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

As per Regulation 09 (2) (b) the team leader will ensure that residents have the freedom to exercise choice and control in his or her daily life. The team leader will meet, or will cause the residents' key workers to meet, to discuss the residents' wishes; these will be documented in the resident consultation form, which has been amended to include follow-up actions, responsibilities and timelines. This will enable staff to record and monitor resident's activities, both individually and group based. This will be overseen by the person in charge.

Proposed Timescale: 15/05/2015

Theme: Individualised Supports and Care

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

Resident's preferences for activities, as recorded in their personal plans, were not always supported.

3. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

As per Regulation 13 (2) (b) the team leader will ensure that opportunities are provided for residents and they are supported to participate in activities in accordance with their interests, capacities and developmental needs. This will be overseen by the person in charge.

A record of all activities undertaken by any resident will be recorded in the personal plan.

Proposed Timescale: 15/05/2015

Theme: Individualised Supports and Care

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

Complaints were not appropriately responded to.

4. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Deputy Executive Director is the person, other than the person nominated in Regulation 34(2) (a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained. To comply with Regulation 34 (3) and Regulation 34(2) (a) we will ensure that all complaints going forward are responded to in accordance with the regulations. This will be overseen by the Person in Charge. The Person in Charge will initiate a monthly review of the complaints log and submit this to the Deputy Executive Director.

Proposed Timescale: 22/05/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

It was found, for those residents who were non-verbal, effective communication tools were not in place or being actively used to assist residents with communicating their needs and wants.

5. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

As per Regulation 10 (1) each resident will be supported and assisted to communicate in the method most appropriate to the individual. Management have contacted an allied health professional, who is qualified to adjudge each resident's ability to use technology as an assistive communication aid to promote their full capabilities, to carry out an

assessment of each resident.

Immediate action will be taken to ensure that residents have a specific communication plan for vulnerable periods where appropriate. This will be overseen by the person in charge.

Proposed Timescale: 01/05/2015

Theme: Individualised Supports and Care

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

Residents have not been supported to access assistive technology and aids.

6. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

To comply with Regulation 10 (3) (b) management have contacted an allied health professional, who is qualified to adjudge each resident's ability to use technology as an assistive communication aid to promote their full capabilities, to carry out an assessment of each resident.

Proposed Timescale: 01/05/2015

Theme: Individualised Supports and Care

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

Residents have no access to a computer or internet access.

7. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

To comply with Regulation 10 (3) (a) management have contacted an allied health professional, who is qualified to adjudge each resident's ability to use technology, to carry out an assessment of each resident. Based on the assessment measures will be taken to ensure such technologies are made available for the relevant resident to access, where appropriate.

Proposed Timescale: 01/05/2015

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:

There was limited integration between residents and their local community.

8. 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:

To comply with Regulation 13 (2) (c) residents will be given every opportunity to integrate with the wider community in accordance with their wishes. A memo was distributed to staff on March 30, 2015 with immediate effect regarding completion of documentation to record all activities. The residents are currently, and have been, taking part in activities in the local community but such activities have not been documented sufficiently. Participation in activities will be reviewed at activities planning meetings that will take place every six weeks going forward. These meetings will, on a continuous basis, ascertain and document the wishes of each resident. The Person in Charge and team leader will monitor this to ensure that each resident's wishes are being met and that they have access to a range of activities in line with their needs and preferences.

Proposed Timescale: 22/04/2015

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:

The contract of care had not been amended in line with the previous action:

- Detail regarding the services provided, the type of accommodation and the additional costs that may be incurred as part of their service was not outlined.

9. 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:

As per Regulation 24 (4) (a) the organisation has reviewed and amended the contract of care to include the type of accommodation and now includes additional costs that

may be incurred where appropriate.

Proposed Timescale: 22/04/2015

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:

Personal plans were not made available to residents in a format accessible to them.

10. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Provider Nominee is meeting with external experts in the field of communicating with persons with autism to research the most appropriate method to make personal plans available in a more accessible format.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Appointments and the outcome/follow up of the appointment were not updated in the personal plans.

11. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

As per Regulation 05 (6) (c) and (d) resident's personal plans have been reviewed and a new template has been implemented. This now includes a section for outcomes, follow up and actions to be implemented following appointments where appropriate and/ or necessary. The team leader and the person in charge will ensure that these are completed in a timely manner.

Proposed Timescale: 22/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The vacant rooms were unfurnished.

12. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

To comply with Regulation 17 (1) (c) the organisation will ensure that all apartments that were unused at the time of the inspection will be furnished. This will be overseen by the team lead.

Proposed Timescale: 30/04/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register was not centre specific: all risks specific to the centre had not been identified and assessed.

13. Action Required:

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

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

To comply with Regulation 26 (2) the risk register for the designated centre will be amended to further include all centre-specific identified risks. This will be overseen by the person in charge.

Proposed Timescale: 08/05/2015

Theme: Effective Services

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

It was unclear if learning from incidents and accidents had been gained.

14. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management

policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The Person in Charge will meet with the team lead on a regular basis to discuss and record any learnings from incidents and accidents in the designated centre. At the house meetings between the team lead and the co-workers, any incidents or accidents are discussed, and learnings from those incidents and accidents are communicated to the co-workers. This is documented in the minutes of the house meetings.

Proposed Timescale: 27/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff did not have the appropriate training to respond to residents as prescribed in their support plans.

15. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

To comply with Regulation 07 (2) training in the management of behaviour that is challenging occurred on February 4, 2015. For those co-workers who were unable to attend, additional sessions are being scheduled to take place within the next month, the exact dates are to be confirmed.

Proposed Timescale: 13/05/2015

Theme: Safe Services

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

The provider did not ensure that the support plan developed for a resident was not in line with evidenced based best practice.

16. 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:

As per Regulation 07 (4) support plans for residents who require physical restraint during episodes of challenging behaviour will be more comprehensive and detail the methods of restraint and the methods staff use to assess the situation in accordance with national policy and evidence based practice. This will be recorded and updated as necessary in their care plans. This will be overseen by the team leader, the person in charge and a co-worker who is trained in Positive Behavioural Support.

Proposed Timescale: 22/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The person in charge did not ensure that residents are supported to access opportunities for education, training and employment.

No resident attended or had access to a day service.

17. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The Person in Charge will ensure that residents are supported to access opportunities for education, training and employment where appropriate. The Person in charge and the team leader will assess all residents for opportunities using various methods including consultation with residents and representatives. These will be reviewed in the residents' personal files and acted upon appropriately. This will be monitored by the Person in Charge.

Proposed Timescale: 22/05/2015

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:

The role of the person in charge equated to the whole time equivalent of 0.17 hours, at the designated centre. In light of the findings this was insufficient in overseeing the centre and the care, welfare and support of residents.

18. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she

can ensure the effective governance, operational management and administration of the designated centres concerned.

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

A team leader has been appointed to the designated centre on a full time basis. An additional Person in Charge will be appointed for one of the designated centres to reduce the responsibilities of the current Person in Charge. A new post of Senior Manager Compliance and Quality has been approved. This will significantly increase effective governance, operational management and administration of designated centres.

Proposed Timescale: 31/05/2015

Theme: Leadership, Governance and Management

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

The management structure of the centre did not clearly define lines of authority, accountability and details of responsibilities for all areas of service provisions.

19. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A new organisation structure has been developed and agreed. A team leader has been appointed to the designated centre on a full time basis. An additional Person in Charge will be appointed for one of the designated centres to reduce the responsibilities of the current Person in Charge. A new organogram of staff, lines of authority, accountability and details of responsibilities will be developed.

Proposed Timescale: 27/04/2015

Theme: Leadership, Governance and Management

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

Staff supervision and performance management had not commenced at the time of the inspection.

20. 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:

To comply with regulation 23 (3) (a) a staff supervision and performance management form has been developed. Performance management training is scheduled to occur on April 28, 2015 for the Person in Charge and the team lead. Subsequently, the team lead will ensure that formal documented one- to- one consultations with staff happen at least every six-months, and informal meetings will continue to happen more regularly and as appropriate or required. The team lead currently holds an advanced certificate in supervisory management skills and will participate in the training on April 28, 2015. The first formal one-to-one consultations will be concluded by June 30, 2015.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

Management systems were not robust to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

21. 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:

Management will work with the newly-appointed Senior Compliance and Quality Manager to develop management systems appropriate to the designated centre. In addition, and as per regulation 23 (1) (c), a team leader has been appointed to the centre on a full time basis to ensure that management systems are more robust and that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored.

Proposed Timescale: 27/04/2015

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 in the designated centre.

22. 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:

In compliance with Regulation 23 (1) (d) the annual review of Quality and safety of care and support has been completed and is available in the designated centre.

Proposed Timescale: 22/04/2015

Theme: Leadership, Governance and Management

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

Residents and/or their representatives did not have a copy of the annual review of the quality and safety of care and support.

23. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

In compliance with Regulation 23 (1) (f) the annual review of Quality and safety of care and support has been completed and is available to residents and their representatives in the designated centre.

Proposed Timescale: 22/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Although a staffing review was in progress, staffing levels continue to have an impact on residents regarding attending appointments, activities they participate in and how they spend their weekends.

24. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A team leader has been appointed to the designated centre on a full time basis to ensure the effective delivery of care and support. An external consultant has reviewed the needs of the residents in line with staffing arrangements and has delivered a report to the provider nominee, which is being reviewed in the expectation that it will be acted upon where appropriate.

Proposed Timescale: 31/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The deployment of staff to and from alternative centres may impact on the continuity of care received by residents.

25. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

As per regulation 15 (3) deployment of staff between centres is selected from a small number of staff who are familiar with the location and the residents in order to ensure that residents receive continuity of care and support. A full time team leader has been appointed to the designated centre.

Proposed Timescale: 22/04/2015

Theme: Responsive Workforce

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

Staffing levels as seen on inspection were insufficient to meet the assessed needs of residents.

26. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A team leader has been appointed to the designated on a full time basis. An external consultant was engaged to review the needs of the residents in line with staffing arrangements. This report was received, and is being reviewed. It will be acted upon where appropriate.

The organisation is also currently recruiting to increase the number of staff, including recruiting for a full-time Person in Charge and an additional co-worker. Completion depends on the success of the recruitment process and is under constant review.

Proposed Timescale: 31/05/2015

Theme: Responsive Workforce

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

The team leaders, since the most recent inspection, received no further training or opportunities for continuous professional development consummate to their supervisory role. No plans have been identified regarding same.

Staff working at the centre, some for at least two years, have not been trained in the safe administration of medication.

Staff at the centre required CPI training.

27. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Supervisory / performance management training has been scheduled to take place for team leaders and will be completed by 30.04.15

Not all staff receive Safe Administration of Medication training but the organisation ensures that sufficient numbers of Safe Administration of Medication trained staff are available.

CPI training occurred on 13th and 14th April 2014.

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies as outlined in Outcome 18 required a review to ensure they guided staff and reflected the service provided.

28. Action Required:

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

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

In accordance with Regulation 04 (3) all of the organisation's policies and procedures are reviewed and updated where appropriate and at intervals not exceeding 3 years. Policies identified in the report will be reviewed by 30.04.15.

Proposed Timescale: 30/04/2015