

**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 Gheel Autism Services
Centre ID:	OSV-0003498
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services
Provider Nominee:	Siobhan Bryan
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	5

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 September 2015 09:30	08 September 2015 17:15
09 September 2015 09:30	09 September 2015 18:45

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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff, family members along with the person in charge, provider nominee and the director. The centre was initially made up of five units, which was later reviewed by the provider and an application to Register was resubmitted seeking to register 4 units catering for the needs of up to 16 residents with Autism. A separate application to Register the remaining unit would be applied for in future.

Overall the inspector found a high level of compliance across the outcomes inspected, and determined that residents received a good quality service, which was

ensuring residents lead the lives of their choice and had their individual needs met. Feedback from families and residents expressed satisfaction with the service and facilities on offer by the provider. The inspector spoke with staff who demonstrated a good understanding of the individual needs and preferences of residents, along with the policies, procedures that guided their practice. Staff expressed to the inspector that were supported to access training and education. Staff recruitment was found to be carried out in line with best recruitment practices.

The inspector found that the person in charge was suitably qualified, skilled and experienced to manage this designated centre. The inspector found there to be strong management systems in place which were working effectively as evidenced through the high level of compliance with the Regulations and Standards.

Improvements were required in relation to fire safety as will be discussed under outcome 7 Health and Safety and risk management.

The findings of this inspection are laid out within 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights and dignity were respected and promoted in the designated centre through the delivery of person centred care and support, and the ethos of the organisation which promoted individuality. Through the inspection, the inspector observed interactions between residents and staff and found them to be respectful of each residents' individual manner of communicating. Personal information was securely kept and residents along with their own bedrooms had ample space for privacy.

The inspector found there to be a complaints policy and procedure in place, with information on display for families and residents to assist them to understand how to make a complaint. Residents and their families expressed to the inspector that they felt they could easily bring any concerns to the person in charge or senior management, and that they would be listened to. The inspector reviewed the complaints log and found the policy and procedure were guiding practice, with clear records maintained, reviews undertaken and adequate follow up and feedback to any complainant. Residents had access advocacy services if they wished, with evidence of residents being supported to avail of this service in the past.

The inspector found that residents were consulted with and involved in relation to their care and support need, and had comprehensive accessible versions of their plans and information. Residents showed these to the inspector and used them to discuss their lives and what it was like living in the centre. The inspector observed practice and found that residents' guided the day to day routine, with choice and control over their own lives.

The inspector found that residents were encouraged to protect and value their own finances and personal property, while being encouraged to take as much control as possible. For example, support plans for resident to manage their own budgets. The management of residents' finances for those who required more support, were found to be transparent and protective of residents.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents' communication needs were met in the designated centre. The inspector found there to be policies in place in relation to communication. The inspector found that all residents had comprehensive personal profile at the start of their files which included critical information such as communication methods, and approaches to interactions. Residents also had further documentation in place, such as "Communication and Language Support Plans", and written guidance on "communication methods to avoid". The inspector observed interactions between staff and residents, and found that they reflected the content of such documentation with staff taking a low arousal and consistent approach.

The inspector found pictures and photographs were used around the centre if necessary to assist residents. Speech and language therapy could be accessed through community based referral if required.

The inspector found that residents had access to television, radio and internet in the centre, and information on local events.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that families were actively encouraged to be involved in residents' lives in so far as residents' wished. Residents were supported to maintain personal relationships with their families and friends. For example, two residents who lived in separate units of the centre were supported to spend time together on a weekly basis to maintain their friendship. The inspector spoke with family members and reviewed documentation and found that families were included and involved in all aspects of residents' lives. For example, they attending review meetings in relation to support goals. Families were encouraged to visit and spend time with residents and vice versa. There was adequate privacy spaces available for residents to spend time with visitors. The inspector found that staff also supported these relationships in a practical manner such as offering transport to families who wished to visit, or driving residents long distances to support relationships.

The inspector found that community involvement was encouraged for residents who sought this. For example, residents who wished to attend social group events, avail of local amenities or take part in community events. Residents who did not wish for or enjoy this type of community involvement had their wishes respected in line with their personal plans. The inspector found that staff had a good understanding of the unique needs, wishes and abilities of residents that they supported with regards to relationships and links with the community.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed residents' files and found that there were signed written

agreements in place which clearly outlined the terms and conditions of their residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector determined that these agreements clearly detailed the services to be offered to residents. Residents or a family member had signed these agreements, and residents could speak of their content with the inspector as they had details in accessible versions in their own personal plans.

There was a policy in place in the organisation, as required by Schedule 5 in relation to the admission, discharge and transfer of residents entitled "Service request" which clearly outlined how residents could seek placement within this centre. The centre had the potential to offer care and support to 16 residents, with 5 vacancies at the time of inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the care and support offered to residents reflected the assessed needs and wishes of residents. There was a process in place for the assessing and planning of residents' needs, wishes and preferences. Each resident had an individualised personal plan which highlighted critical information and any areas of need or risk or wish for the future.

Overall the inspector was satisfied that residents social care needs were met through well maintained assessments and plans, with weekly timetables in place to ensure residents' individual preferences, likes, dislikes and sensory needs were respected. The inspector found that residents were aware of their plans, and had accessible versions as previously mentioned. Residents showed these to the inspector during the inspection, and discussed them positively.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the design and layout of the four units that make up the designated centre were suitable to meet the collective and individual needs of residents. The inspector found the centre to be well maintained internally and externally, and decorated and designed to facilitate residents' needs and preferences. For example, bedding, furnishings and room layout suitable to residents' sensory needs and requirements.

The inspector found that each resident had their own bedroom along with ample communal and private space available. The inspector found that there was adequate outdoor space in each unit which included items such as garden furniture, trampolines and sensory plants. One of the units had an outside room for residents' use. The inspector found the specifics of Schedule 6 were met in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that in general the health and safety of residents, staff and visitors was being promoted in the designated centre, with some improvements required in

relation to fire safety. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, there was an up to date health and safety Statement, health and safety policies including guidance on infection control and emergency response and evacuation plans.

The inspector was not satisfied that there were effective fire safety systems across all units of the Designated centre. For two of the units in the centre, the inspector determined that there were adequate fire detection and alarm systems and fire fighting equipment and emergency lighting systems in place. These were found to be routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine checks were well maintained. The inspector noted two fire door strips were missing and in need of replacement in one of the units. A clear list of all zones in the unit was needed to assist staff in easily determining the location of a possible fire or fault as displayed on the panel. This was rectified at the time of inspection, along with updating of fire procedures to reflect this.

The remaining two units were found to have adequate fire fighting equipment in place, such as fire blankets and fire extinguishers. These were evidence as having been serviced yearly by a relevantly qualified professional. However, the inspector was not satisfied that these two units had effective fire detection and alarm systems in place as is required by the Regulations. For example, these two units had battery operated smoke/heat detectors in each room of the house. These detectors were not linked to each other in order to alert staff in one part of the unit should a fire arise in another room or area. This could pose a risk to staff's ability to respond quickly to a potential fire in the downstairs of the building at night time. Emergency lighting in these two units was by a torched system or battery operated sensor lighting that automatically turned on when it was dark, and it detected movement. Although working at the time of inspection, this was not found to be an effective form of emergency lighting.

The inspector reviewed documentation and spoke with residents and staff and determined that regular fire and evacuation drills were conducted, with ongoing supports offered to ensure residents could evacuate safely in the event of an emergency. The inspector reviewed training records, and found that all staff had been provided with fire safety training which was routinely refreshed in line with policy. Personal evacuation plans were documented on each residents' files. Staff discussed residents' needs and supports in the event of an evacuation.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. The inspector found low incidents had occurred in the centre.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre. There was a comprehensive risk management policy written up as required in the Regulations. There was a number of active risk registers which showed the inspector how all risks in the centre and organisation were identified, assessed and managed. For example, there was a health and safety register, a service user risk register and a corporate risk register. Each resident had written risk assessments in place also where a risk had been identified. For example, risk of poor nutrition, risk of falls and risk of behaviours that may be challenging.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents living in the centre was safeguarded and protected from harm in the designated centre.

There were policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. Staff and management were familiar with the content of these policies. The inspector spoke with staff members and found them to be clear on how to deal with an allegation and report same. the inspector spoke with some residents who informed the inspector that they felt safe living in the centre. From reviewing the training records, the inspector found that all staff had received training in safeguarding and protection of residents. Staff confirmed that they had attended this training.

The inspector reviewed documentation and found there to be policies in place in relation to supporting residents with behaviours that may be challenging, and restrictive practices. The inspector found that the personal plans in place for residents were comprehensive and person centred and ensured all residents needs were met. Any incidents or behaviours of concern observed were recorded clearly and appropriately followed up and supports reviewed. The inspector found no restraints in use in this centre, with a restraint free environment being promoted.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that a clear record of all incidents were maintained and if required had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector determined that residents were supported to participate socially in activities suitable to their age, interests and wishes. Residents who did not wish for or enjoy community involvement had their wishes respected in line with their personal plans. The inspector found that staff had a good understanding of the unique needs, wishes and abilities of residents that they supported with regards to this.

The inspector spoke with residents and staff and reviewed documentation and found that residents was provided with suitable activation in line with their own goals and preferences as outlined in their person centred plans.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were encouraged to have the best possible health. In general, residents in this centre had low needs in relation to health care, with supports available to meet any health care needs should they arise. There was evidence of timely access to allied health care professionals such as General Practitioner (GP) and dentistry services. Support plans were in place to desensitise residents from health visits. For example, a residents' GP visited the resident often in her home so that if a health visit was necessary this would not be a distressful experience.

Details of any health issues or needs were found in the comprehensive personal plans, along with residents' accessible versions of their information.

The inspector observed residents preparing and enjoying mealtimes throughout the inspection and found that residents were encouraged to take part as much as possible. The inspector reviewed documentation and spent time with residents, and found that advise of allied health care professionals was followed in relation to dietary advise. For example, dietary requirements such as gluten free/ wheat free along with clear recording of food intake for residents who required this review. The inspector found that some residents had "weight management plans" and had been referred to the dietician for further advise or assessment. This plans and interventions were found to be working effectively as a resident had steadily lost weight over the previous months.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medication management

practices in the designated centre. There were medication management policies in place to ensure all parts of the medication management cycle had been included.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. The inspector found evidence staff had received training in the safe administration of medication, and this was routinely refreshed.

Medication documentation had been recently reviewed and positive changes made to ensure they were in line with best practice. There was no chemical restraint in use in this centre, with no psychotropic medication being administered to support residents with behavioural issues.

Overall the inspector determined that residents were protected by safe medication management practices in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector determined that this document clearly demonstrated the services and facilities on offer to residents living in the centre. Over the course of the inspection, the inspector found that the care and support offered to residents was a true reflection of the Statement of Purpose.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were effective management systems in place in the designated centre to monitor and develop the experience of residents. For example, a comprehensive annual review had been carried out, unannounced visits and continuous auditing of areas such as medication management. The inspector found clear action plans to address any issues identified through the audit and review system or the review of adverse events or complaints.

The inspector found there to be a suitably qualified, skilled and experienced person in charge of the designated centre, who worked full time and had a good understanding of her regulatory responsibilities. The inspector determined that the person in charge was involved in the operational management of the designated centre on an ongoing basis. She was known to residents, staff and families. There was an evidenced system of staff meetings.

The management structure had been reviewed and was offering clear lines of reporting and accountability in the designated centre and the wider organisation. Some vacant roles within the management structure were being recruited at the time of inspection, which would further enhance the leadership already in place.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and provider nominee were fully aware of the requirements to notify the Authority of any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was effectively resourced to deliver a service in line with the Statement of Purpose, and to ensure residents care and support needs were met. The inspector determined staffing resources were adequate as will be discussed under outcome 17. There were vehicles available to the designated centre in order to ensure residents' daily activities and routines were met, and to support relationships with families and friends. As mentioned under outcome 6, the requirements of Schedule 6 of the Regulations was met by the provider.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector spoke with staff, families and residents and reviewed staffing rosters and determined that the staffing number, skill mix and ratios in the centre were adequately meeting the needs of residents, and ensuring the care and support offered was in line with their individual personal plans.

The inspector spoke with a number of staff and observed interactions between residents and staff and found that staff could demonstrate an in depth knowledge of the residents that they supported and the contents of their individual plans. Interactions were positive and respectful.

The inspector reviewed a sample of staffing files for permanent and relief staff working in the centre, and found them to be meeting the requirements of Schedule 2. Recruitment practices were found to be in line with the organisational policies and ensured safe recruitment of staff. Improvements had been made to ensure all gaps in employment were identified. Staff meetings were held regularly and staff felt they could raise any issues or concerns through this meeting with ease.

The inspector spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. For example, all staff had up to date training in safeguarding of residents, fire safety and manual handling.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that documentation in the designated centre and in relation to the

care and support offered to residents was person centred, well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. A significant amount of work had gone into ensuring all Information in relation to residents was accessible. Residents showed the inspector accessible version of all their information and found that were person centred. These comprehensive documents ensured residents' were informed of the care and support the received, and were advantageous as a talking point for the inspector during the inspection.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff as required by Schedule 5 of the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. For example, how to deal with an allegation or suspicion of abuse.

The inspector reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce. Improvements had been made since the previous inspection ,with all gaps in employment clearly identified on staff files.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

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:

Louise Renwick
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 Gheel Autism Services
Centre ID:	OSV-0003498
Date of Inspection:	08 September 2015 and 09 September 2015
Date of response:	24 November 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 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:

Not all units of the centre had effective fire safety systems in place.

1. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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:

Fire alarms wired to a control panel which are connected to the mains electrical system will be installed in the two private rented properties that form part of this designated centre. This action will be complete by the 19th February 2016.

Emergency lighting that is wired to the Fire Safety System will be installed in the two private rented properties that form part of this designated centre. This action will be complete by the 19th February 2016.

The two private rented properties have Fire Alarms that are battery operated available in each room of the Designated Centre as an interim measure until the Mains Fire Alarm is installed. The alarms are checked once a week and records of checks are available in the designated centre.

The two private rented properties have lighting available that activates when the power is cut. These devices are available throughout the houses and can be removed and used as a torch in the event of a need for lighting. This measure will continue to be available in the rented houses until the Mains operated Emergency lighting is installed.

Proposed Timescale: 19/02/2016

Theme: Effective Services

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

Two fire doors required replacement strips.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The two doors strips were replaced on the 15th September following feedback from the inspector during the inspection.

Proposed Timescale: 15/09/2015

