

**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-0003507
Centre county:	Dublin 16
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services
Provider Nominee:	Siobhan Bryan
Lead inspector:	Anna Doyle
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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:
17 November 2015 10:00	17 November 2015 16:00
18 November 2015 09:30	18 November 2015 16:30

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

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs and staff files. The policies and procedures as set out in Schedule 5 of the regulations had been reviewed at a previous inspection held in another centre belonging to this organisation, therefore only a sample of policies were reviewed at this inspection.

As part of the application for registration, the provider was requested to submit

relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purpose of application to register were found to be satisfactory.

The designated centre is operated by Gheel Autism Services and comprises of two adjoined terraced houses. The property is owned by a third party. The lower level of one of the houses is a self contained apartment where two residents live semi independently. Six residents reside in the remaining parts of the two adjoined houses. There is a prefabricated wooden building at the end of the garden that contains two additional communal rooms for residents.

Six resident's questionnaires were received by the Authority. One family member was spoken to on the first day of inspection and two family questionnaires were received by the Authority. The opinions expressed through the residents questionnaires found that residents were broadly satisfied with the services and facilities provided. Residents stated that they felt safe and liked living in the centre. Residents did not wish to meet with inspectors in a formal way and this was respected. However, over the course of the inspection two residents spoke informally to inspectors. Only seven residents were present on both inspection days, one resident was at home.

Families stated in their questionnaires that they were very happy with the services provided and felt assured that they could raise concerns with any staff members. The family member spoken to on the first day of the inspection also confirmed this.

The person in charge was present throughout the inspection. An interview was held during the inspection and inspectors found that the person in charge was knowledgeable of the Regulations. The service manager who acted on behalf of the provider nominee was present for some of the inspection and attended the feedback session. The fitness of this person had previously been assessed at a previous inspection for the service. The director of service attended both the opening meeting and the feedback session.

Overall evidence was found that residents' social and healthcare needs were broadly met. The centre was homely however aspects of the design and layout of the centre required improvements. Inspectors found that some improvements were required in health and safety, medication management, safeguarding, safe and suitable premises and the assessment and review of healthcare and social care needs.

The action plan at the end of this report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents' rights and dignity were maintained and there were opportunities for residents to contribute to how the centre was run, however an area of improvement was still required in relation to residents' finances.

Residents were consulted on the day to day running of the centre. Weekly residents meetings had commenced a number of weeks ago within the centre and were presented in a user friendly format. The residents' questionnaire distributed by the Authority prior to inspection had been amended by the provider into a user friendly format for residents. Six residents had completed this with support from staff. The person in charge intended to use information gathered from these to guide future practice. All residents stated that they knew who to make a complaint to, were aware of who the person in charge was and stated that they felt safe in their home. One resident stated that they would like more one to one time with staff. This is discussed under Outcome 17.

The centre had policies and procedures for the management of complaints. The procedures were publicly displayed and written in an accessible format. Relatives who completed the Authority's questionnaire stated that they would know who to complain to if they had a concern. The family member spoken to on the day of the inspection stated that they felt they could raise concerns with any member of staff but had no reason to since their relative had been admitted to the centre.

There were no complaints logged in the centre on the day of inspection. However staff informed inspectors of the process. The complaints officer was a staff member in the

centre who all residents were familiar with. All complaints were logged on a computer generated form that was escalated to the next level if it could not be resolved at local level.

There was adequate storage for residents' personal possessions and each resident had a key to their own bedroom if they so wished.

Inspectors observed residents being treated by staff in a respectful and dignified manner. However, there was one aspect of the premises that inspectors felt did not promote residents right to privacy. This is discussed under Outcome 6. All residents had intimate care plans in place and staff spoken to were knowledgeable about these plans so as to maintain residents dignity.

The centre was managed in a way that maximised resident's capacity to exercise choice in their daily lives. Individual residents were seen to engage in their own specific interests outside of the centre. Residents religious beliefs were catered for and one resident spoke about a specific church in town where they like to go to light candles.

There was a policy in place for residents' finances, personal property, personal finances and possessions. The actions from the previous inspection had been addressed in that there was now a separate fund allocated from the provider that staff used for outings with residents. However residents did not have direct access to their own finances in that all residents' monies were located in the head office of the organisation. Inspectors acknowledged however that the provider was addressing this matter. One residents' financial records were reviewed by inspectors who were satisfied that there were systems in place to safeguard residents' monies.

Judgment:

Substantially 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:

Overall, inspectors found that residents' communication needs were being met; however there was one area of improvement required and this is discussed under Outcome 5.

Staff were very knowledgeable about the communication needs of residents and there was a comprehensive user friendly personal plan for residents that outlined their

communication needs. However two residents with communication needs had no input from a speech and language therapist (SALT). This is discussed under Outcome 5.

Inspectors found good evidence of information that had been developed into a user friendly format for residents including the report from the last inspection carried out by the Authority, the resident's questionnaire distributed from the Authority, residents meetings, staff rosters, personal plans and pictorial menus.

Residents had access to the internet and one resident had recently got an I Pad with a view to developing communication passports on. Residents had access to televisions, radios and one resident was observed by inspectors to be viewing the local paper on the first morning of the inspection.

There was no evidence that residents had access to information about the local area; however inspectors noted that this has been discussed at a recent staff meeting and intended to be addressed.

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:

This outcome was not inspected against during the last monitoring inspection. Overall inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community.

The questionnaires completed by residents and family members showed evidence that families were actively involved in the residents lives. Residents had regular visits home and family members attended residents' annual review meetings. One relative spoken to felt that they could visit the centre anytime and told inspectors that they were always informed of their family member's wellbeing.

There were no restrictions on visitors to the centre unless requested by residents. Residents had their own bedrooms and had access to a room in the seomra at the end of the garden where they could meet friends and family. One resident had recently celebrated a birthday in there with family and friends.

Residents were supported to maintain links with their wider community. Two residents had jobs in their local community. All residents were supported to access community facilities on a daily basis including shops, restaurants, day services, cinema and hiking clubs. All community outings were based on the individual choice of the resident on the day.

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:

Overall inspectors found that there were procedures in place for the admission and discharge of residents to the centre and each resident had a written agreement contained in their personal plan. However improvements were required in this area.

There was an admission policy in place that was reflected in the statement of purpose. At the time of inspection there were no new admissions to the centre. However inspectors were satisfied that the provider was aware of the regulations to ensure that any admissions or discharges are carried out in a planned manner.

Agreed written contracts set out the fees to be charged to residents. However it did not fully outline the services included in the fee and the additional fees to be charged were not outlined in the contract. For example, input from a speech and language therapist (SALT) would incur an additional fee for residents and this was not outlined in the contract.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Inspectors found that residents had opportunities to participate in activities that were appropriate to their individual choices. Since the last inspection, personal plans had been developed for each resident in an accessible format. However two actions from the last inspection had not been fully implemented.

A sample of personal plans were reviewed and while inspectors saw evidence of healthcare assessments, they were not comprehensive enough and had no health action plans to guide staff practice. This is discussed in more detail in Outcome 11.

An annual review meeting had taken place for residents and from this goals for the forthcoming year had been identified. However goals were not specific and there was no review to assess their effectiveness. This had been an action from the previous inspection. For example one resident had a goal to attend swimming classes. The steps identified included, 'the key worker will source membership to a local gym' and 'staff will follow their lead'. In addition while it had been documented that residents did not wish to participate in the review meeting, it was difficult to assess how residents had been involved in deciding their future goals.

Activity schedules were available in each resident's personal plan and residents had pictorial versions where appropriate. However there was no documentation to support whether residents had participated in the activities or whether activities had been offered and refused. For example, one resident's activity schedule included an outing to a restaurant, cinema and music therapy as part of their weekly plan. There was no evidence in the daily reports that this resident had attended any of these activities. Inspectors viewed a sample of daily reports for this resident and it was recorded they had went for a drive for five days and a walk one day over a one week period.

Inspectors found while there was access to general practitioner (GP), chiropody and dental services, there was limited access to allied health professionals. As discussed in Outcome 2, two residents with significant communication needs had no access to SALT. In addition, while there was access to occupational therapists in the community there was limited evidence of input given the complex sensory needs of the residents. The inspectors also noted that some recommendations from allied health professionals were not addressed. For example one resident who had behaviours that challenge had a risk assessment completed by a psychologist in July 2015; however, there was no evidence that any of the recommendations from this had been implemented into practice.

Evidence of an action from the last inspection relating to a resident who wanted to live independently was requested by inspectors on two occasions over the inspection period. This information was not given to inspectors despite the requests and therefore could not be assessed.

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):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that the size and layout of the premises met the needs of the residents; however there were issues in relation to accessibility for residents to certain areas of the designated centre. Inspectors acknowledged that the provider has been trying to address these shortfalls and that this issue was on-going.

The designated centre consisted of two suburban terraced houses with internal access to each other. The ground floor level of one of the houses comprised of a self contained unit for two residents. The remaining part of the two adjoined houses forms another unit where six residents reside. Each unit had a front and back door, with a keypad-locked door between the units on the ground level. The residents of each unit lived independently of each other. There was a third front door accessed from a staircase starting at the upper floor of the larger unit. At the end of the garden there was a prefabricated wooden building (seomra) with two rooms.

Every resident had their own bedroom, which had adequate storage space for personal belongings and was personalised and decorated to each resident's wishes and interests. All residents had the option of locking their bedrooms if desired. Both units had their own kitchen which was clean, of suitable size, and equipped with appropriate cooking facilities. Residents had access to laundry facilities.

Each unit also had a medium sized living room for the residents. However the living room in the larger unit was small given the amount of residents and their needs. In response to this, the provider had installed a seomra at the end of the garden to provide additional living space for the residents of the larger unit. It would also provide a

breakout space in the event of escalated behaviours of concern and serve as a private space away from the residents' bedrooms in which to receive visitors. However, while inspectors recognise that the provider had tried to address the issue of additional communal space; access to this was limited at night time and when weather conditions dictated. It was also a considerable distance from the back door of the kitchen in order for it to be safely used as a space for de-escalation of behaviours without compromising the dignity of residents. In addition, in order to access the seomra, residents had to go through the side car park facilities and into the garden where the seomra was located. There was no boundary wall from the car park to the garden and one resident who liked to spend time outside could be seen from the road. This impeded a resident's right to privacy.

The centre was clean, well-maintained and homely, with suitable light, heat and ventilation. There were an adequate number of bathrooms. However one of the bathrooms upstairs was in need of modernisation and the bath although clean was stained and old. There were a number of high steps outside each of the back doors, and at the divide between the two terraced houses that make up the centre, however none of the residents in the centre have been assessed at being at risk of falling. As part of the risk assessment completed, the steep dip in the upstairs is signposted as a reminder and handrails are provided at the back step to assist residents. The stairs is equipped with a double banister.

There were no clinical waste facilities required in the centre.

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):

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

Findings:

Overall, inspectors found that there were systems in place to protect the health and safety of residents in the centre. All the actions from the previous inspection had been addressed. However areas of improvement were required in the mitigation of some risks in the centre and fire containment measures.

Suitable fire fighting equipment was provided in the centre, with records maintained of the regular testing and servicing of fire extinguishers, alarms and emergency lighting. The centre was furnished with appropriate procedures and illuminated signage for emergency exits. However, it was not possible to determine if appropriate measures

were in place for containment of fire, for example there were no fire doors in any part of the centre. The provider was currently addressing this issue with the leaseholder of the building.

The centre maintained an emergency plan folder, which outlined the procedures and staff duties to be followed in the event of emergency such as fire, flood, infection outbreak or loss of heat, power or water. The emergency plan included a detailed list of contact information for each type of fault or emergency, as well as GPS coordinates and resident's summary sheet to assist responders. The emergency plan identified temporary alternate accommodation should returning to the centre not be a viable option. Inspectors reviewed the personal emergency egress plans (PEEPs) of the residents and found them to be sufficiently concise and informative, including information such as where in the building the resident is likely to be found and notes such as residents who are often barefoot.

The centre held monthly fire drills, with a mix of drills taking place in the early afternoon, evening or late night. The drill records note the time taken to evacuate, where in the building residents started from and any issues causing delay.

The centre had a risk register in place. However some risks identified within the centre had not been assessed to include the management and review of the identified risks. Cleaning supplies and chemicals were stored appropriately.

Incidents were recorded on a computer generated form and collated on a monthly basis where they were risk assessed. However incidences of behaviour that concern that had been risk rated as high, did not have any clear plan of action as to how these issues were to be addressed. This is actioned under outcome 8.

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:

Overall inspectors found that there were systems in place to safeguard residents, however there were still improvements required in the management of behaviours that challenge.

There were policies and procedures in place for the prevention, detection and response to abuse. Staff spoken to were aware of the procedures to follow and had completed training in this area. However over the course of the inspection it was evident after consultation with staff and reviewing one resident's personal plan that there were incidences of peer to peer abuse that needed to be addressed. This was discussed at the feedback session with the provider and the person in charge.

There were intimate care guidelines in place for residents and staff were very familiar with the needs of the residents regarding personal care.

The policy for the provision of behaviour support was reviewed by inspectors. However, it was not comprehensive enough to guide staff practice. For example, the policy only referred to what to do if an issue arose regarding a new identified behaviour, it gave no guidance on existing behaviours and how residents should be supported. In addition, the appendices contained an outline of how a behaviour support plan should be followed. This was not evident in any of the support plans observed by inspectors. In addition there was no evidence of a regular review being carried out on behaviour support plans. For example while a log was maintained of incidences, one risk identified as being a high risk had not been incorporated into the behaviour support plan. Residents had personal risk assessments, however the entry of "behaviours that concern" did not define what the behaviours displayed were, nor did the control measures refer to the behaviour support plans in place to guide staff. There was no clear guidance for staff on the escalation of behaviours and what supports should be given to the resident at this point.

Inspectors were informed that there were no restrictive practices within the centre. However one of the personal plans viewed stated that one kitchen press is locked at certain times during the day. This had not been risk assessed and there was no evidence as to why this was in place.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that a record of all incidents occurring in the centre were maintained, however some details that were recorded on the incidents log were not notified to the Authority.

There were systems in place to record and review all incidents within the designated centre, however inspectors noted information on one resident's file relating to a hospital visit had not been reported to the Authority. In addition inspectors noted some on-going incidences of peer to peer abuse that had not been acted on. This is discussed under Outcome 8.

Judgment:

Non Compliant - Moderate

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:

This outcome was not inspected against during the previous inspection. Inspectors found that residents had some opportunities for new experiences and social participation.

All residents had the opportunity to attend day services if they wished to avail of it. Residents who did not wish to do so had opportunities to attend other activities such as cinema, hiking and meals out. They were supported to do this by the staff in the designated centre. However it was difficult to assess whether all social care needs could be supported with the current staffing levels in the centre. This is discussed in Outcome 16. Two residents were in supported employment in their community. One resident who spoke to inspectors informally talked about their interest in collecting cars and their attendance at fairs to pursue this hobby.

Residents were encouraged to maintain independent living skills in one part of the designated centre. Both of these residents lived in a separate flat within the centre and had staff supports where required. Inspectors saw evidence of plans to teach other residents in the centre cooking skills to promote independence.

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:

Overall inspectors found that each resident was being supported to achieve good health outcomes. However there were significant gaps in the documentation and the assessment of healthcare needs was not comprehensive.

As discussed in Outcome 5, all residents' healthcare needs were not assessed. For example inspectors viewed on personal plans that one resident had low blood pressure. There was no health action plan to guide practice for staff in this area. In addition while staff were maintaining a monthly record of blood pressure readings there was no evidence of who reviewed these readings and at what point staff should access further clinical advice.

There was limited evidence of input from allied health professionals and referrals were not made in a timely manner. For example a concern was raised at one resident's annual review that required input from an occupational therapist. Staff spoken to confirmed that this referral had not been made. End of life plans were in place for residents that had been completed with relevant family members. One resident who had difficulties with certain medical procedures had this documented in their file, it had also been discussed with family members at the annual review meeting.

Inspectors did not have an opportunity to observe meal times due to the wishes of the residents, but staff spoken to said that residents could chose their meal preferences on a daily basis. Inspectors also saw evidence of pictorial menu plans in the kitchen and adequate drinks and snacks were available for residents. However staff informed inspectors that one press in the kitchen had to be locked at certain times as a resident had issues with food. This is discussed under Outcome 8.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall inspectors found that there were medication management policies in place to protect residents, however actions from the last inspection had not being fully implemented.

There was a localised procedure developed for the ordering storage and disposal of medications. All staff had completed training in the safe administration of medication. Medications were regularly reviewed by the GP or psychiatrist. However inspectors reviewed two residents' medication administration sheets (MAS) and found a number of discrepancies. The MAS did not include pictures of residents, not all required details were completed and the times for one resident's medication were incorrect. This had been addressed by the person in charge on the first day of the inspection.

In line with the centre's own procedures there were no PRN (as required) stock takes consistently maintained and out of date medication had not been returned to the pharmacy. For example one stock take chart viewed by inspectors stated that ten tablets were in stock, however this was not the case. The PRN protocol was not clear as to when staff should administer medication and the exact amount that should be administered. This could lead to a potential risk to residents.

All residents at the centre had an assessment completed for self administration of medication. One resident who had been assessed as competent to administer medications did not have a medication plan that would guide staff to support this resident. For example, although the resident was not prescribed medication, they did self administer paracetamol which they bought themselves from the pharmacy. However there was no documented evidence that information had been given to this resident on the use of paracetamol, its effects and the maximum dose to be taken in a 24hr period.

An annual audit report on medications stored in the centre had been completed earlier in the year and the provider assured inspectors that future service plans included a monthly medication audit to be completed to ensure compliance with medication management procedures.

Judgment:

Non Compliant - Moderate

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 updated statement of purpose rectifies the actions raised at the previous inspection. The statement makes reference to the recently added prefabricated building on the premises, includes the provider nominee and person in charge in the centre's organisational chart, and outlines information on how the resident and their representatives are consulted on the operation of the centre. The information required by Schedule 1 of the regulations is included in 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:

Overall inspectors found that there were effective management systems in place to support the delivery of care within the centre. However some improvements were required in the quality and safety review carried out by the provider.

The person in charge had only been recently appointed in the centre and was responsible for the governance of two other centres within the organisation. The provider was in the process of recruiting a location coordinator to the designated centre who would assist the person in charge with the governance of the designated centre.

Inspectors found the person in charge to be suitably qualified and demonstrated knowledge of the legislation. They were seen to be providing good leadership and had recently begun staff supervision meetings.

Residents knew who the person in charge was and inspectors observed that residents and family were very familiar with all employees who were involved in the governance of the centre, including the directors of services and the nominee provider. Inspectors viewed two unannounced safety and quality visits completed by a quality officer within the organisation. While the review was comprehensive and included a plan of action to address issues it did not reflect what had been achieved since the last review.

An annual review had been completed by the provider however this review was completed for the whole of the organisation and only sections of it were relevant to the designated centre.

Judgment:

Substantially 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:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.</p> <p>Inspectors found that sufficient staff were available to meet the assessed needs of the residents. Flexibility was evident on rosters to support residents' needs and the provider spoke about increasing staffing levels in one area due to the changing needs of the residents.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Overall inspectors felt that there was a skilled mix of staff to meet the residents' needs, however it was difficult to assess whether there was adequate staff to meet the social care needs of residents.</p> <p>Staff members spoken to and observed had a good knowledge of residents and their needs, interests and personalities, and spoke to them in a patient and friendly manner. Two staff were on duty all day. Staffing was available where required in the unit where residents lived semi-independently. However questionnaires completed by residents highlighted that some of them would like to learn new skills, go out more and have more one to one with staff. In addition staff spoken to felt that residents would benefit from more one to one time with staff. This was discussed with the person in charge who was in the process of reviewing work practices in the centre. The service manager also</p>

informed inspectors that they were recruiting additional staff for the unit where the residents lived semi-independently.

The planned and actual rosters did not reflect the actual hours worked by staff and did not include their roles. This had been an action at the last inspection however it was addressed by the person in charge, on the first day of the inspection.

Staff received supervision from the person in charge and staff spoken to felt very supported in their role. To support the needs of the resident's familiar staff were only rostered on duty through the use of a permanent relief staff panel and permanent staff. The person in charge spoke about an intense induction for all new staff starting in order to ensure consistency of support for residents.

Inspectors reviewed a sample of personnel files and found them to contain all the reference and vetting documentation required by Schedule 2 of the Regulations. The centre did not avail of volunteer staff. In reviewing the staff training files, inspectors observed evidence that all staff had received up to date training in fire safety and protection from abuse. Staff had had mandatory training in de-escalation techniques for behaviours that challenge, however all staff had passed the centre's specified time in which refresher training on this was to be attended.

Judgment:

Substantially 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:

This outcome was not inspected as part of the previous inspection. Residents' records were safely stored in the centre and were readily available to inspectors. Overall the policies and procedures outlined in Schedule 5 of the regulations were in place; however the policy on the management of behaviours that challenge would not guide practice. This is discussed under Outcome 8.

All of the policies required to be maintained under Regulation 4 and listed in Schedule 5 were available. 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 and easily retrievable.

Gaps were evident in some of the personal plans and in residents' daily records. For example all resident had a sensory assessment sheet that was not completed. Residents daily care records and their participation in activities was not always recorded.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements.

The information required under Regulation 21 and listed in Schedule 4 were maintained in the centre and there were no volunteers working in the centre.

A directory of residents and residents guide was maintained which included all the required information. The residents guide was displayed in an easy read version for residents

Judgment:

Substantially 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:

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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-0003507
Date of Inspection:	17 November 2015 and 18 November 2015
Date of response:	22 December 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents had no direct access to their monies

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

Proposed Timescale:

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 contracts did not fully outline the services included in the fee and the additional fees to be charged were not outlined in the contract.

2. 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:

Proposed Timescale:

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:

It was not clear how residents were involved in developing goals for the year

3. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Proposed Timescale:

Theme: Effective Services

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

Goals were not specific and there was no review in place to assess their effectiveness.

4. 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:

Proposed Timescale:

Theme: Effective Services

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

Recommendations from an allied healthcare professional had not been implemented in practice.

5. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

Proposed Timescale:

Theme: Effective Services

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

The action from the previous inspection relating to a residents wish to live independently had not been addressed.

6. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Proposed Timescale:

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 upstairs bathroom was in need of modernisation.

7. 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:

Proposed Timescale:

Theme: Effective Services

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

Access to the seomra at the end of the garden is not always accessible to residents.

8. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Proposed Timescale:

Theme: Effective Services

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

The seomra was too far away from the centre to be suitable for its intended purpose as a de-escalation space for behaviours that concern.

9. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required

alterations to the premises of the designated centre to ensure it is accessible to all.

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

Proposed Timescale:

Theme: Effective Services

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

There was no boundary wall surrounding the access to the seomra. This compromised a resident's right to privacy.

10. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Proposed Timescale:

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:

All risks within the centre were not identified and there was no risk assessments completed to mitigate the risks.

11. 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:

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

It was not possible to determine if appropriate measures were in place for containment of fire, for example there were no fire doors in any part of the centre.

12. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Proposed Timescale:

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:

A restrictive practice identified by inspectors had not been risk assessed and consideration had not been given to alternative measures.

13. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Proposed Timescale:

Theme: Safe Services

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

The challenging behaviour policy did not guide practice.

14. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Proposed Timescale:

Theme: Safe Services

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

There was no evidence that behaviour support plans were reviewed regularly so as to reflect changing needs of residents.

15. Action Required:

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

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

Proposed Timescale:

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An incident whereby a resident required medical attention was not reported to the Authority.

16. Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

Proposed Timescale:

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Agreed referral to an allied health professional had not been made.

17. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Proposed Timescale:

Theme: Health and Development

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

There was no comprehensive healthcare assessment completed for residents.

18. Action Required:

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

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

Proposed Timescale:

Theme: Health and Development

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

There were no health action plans to guide staff practice.

19. Action Required:

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

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

Proposed Timescale:

Outcome 12. Medication Management

Theme: Health and Development

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

There were no regular stock takes of PRN medications held in the centre.

20. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Proposed Timescale:

Theme: Health and Development

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

Prescribed PRN medications for residents would not guide staff practice.

21. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Proposed Timescale:

Theme: Health and Development

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

A risk assessment for a resident who self medicates did not include information on the use of medications as stated in the centre's risk assessment template.

22. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Proposed Timescale:**Theme:** Health and Development**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Out of date medications were not returned to the pharmacy.

23. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:**Proposed Timescale:****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 unannounced audit did not outline whether issues from the last audit had been completed.

24. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:**Proposed Timescale:****Outcome 17: Workforce****Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

in the following respect:

The staff rota did not clearly set out the roles of staff members on duty and the hours they were rostered to work.

25. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Proposed Timescale:

Outcome 18: Records and documentation

Theme: Use of Information

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

There were gaps in the documentation of residents' personal plans and daily care records.

26. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Proposed Timescale: