| Centre name: | A designated centre for people with disabilities operated by Autism West Limited |
| Centre ID: | OSV-0002065 |
| Centre county: | Galway |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Autism West Limited |
| Provider Nominee: | Anthony Carroll |
| Lead inspector: | Lorraine Egan |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 31 August 2015 10:00
To: 31 August 2015 18:00

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

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
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Summary of findings from this inspection
This was the seventh inspection of this centre. As part of this inspection the inspector met with the person covering for the person in charge and a member of the board of management.

There was a planned closure of the centre on the day of inspection and residents were spending time with their family members. Some residents returned to the centre on the evening of the inspection.

The findings on this inspection raised further concern regarding the governance and management in the centre. The management systems in place were not ensuring residents were safeguarded from the risk of abuse and that the service provided was in line with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter referred to as the regulations).
Following a meeting with the provider, the provider informed HIQA that, in consultation with the Health Service Executive and another provider, there was a plan for the closure of the centre. The plan was submitted to HIQA along with the required notification to close the centre.

On this inspection, the inspector found that the care and support of residents was, in many instances, being responded to in reaction to inspectors’ findings on previous inspections. It was evident that some areas which had been identified on the previous inspections had been addressed following receipt of the report and in line with the provider’s response to the action plan. However, some of these areas of improvement had not been sustained and, as a result, the inspector was not satisfied that the provider could implement and sustain improvement to meet the requirements of the regulations.

Four of the thirteen outcomes inspected were found in compliance with the requirements of the Regulations with two judged as substantially compliant, five judged as moderate non-compliant and two judged as major non-compliant.

Areas identified as requiring improvement were

- Communication
- Contracts for the Provision of Services
- Social Care Needs
- Safe and Suitable Premises
- Health and Safety and Risk Management
- Safeguarding and Safety
- Healthcare Needs
- Statement of Purpose
- Governance and Management
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:  
In the absence of residents in the centre the inspector viewed communication profiles and spoke with the person in charge of the centre. As outlined in the provider’s response to the previous action plan the person covering for the person in charge was sourcing training in Lámh, TEACCH (an evidence-based teaching for people with autism) and total communication systems for staff.

The inspector viewed a sample of residents’ assessed communication needs as outlined in their personal plans. Residents had individual communication profiles which outlined the support the resident required in regard to their communication.

Improvement was required to the updating of some information. A psychologist had prescribed a reduction in the use of verbal communication by staff in response to a resident’s assessed need. However, the communication profile and documentation outlining their preferred communication style had not been updated to reflect this change. As a result there was a potential for inconsistent support in this area.

Judgment:  
Substantially 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:
There was evidence that residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in residents’ ‘circle of support’ meetings, where the resident’s care and support was discussed. There was evidence that families were kept informed and updated of relevant issues where the resident wished for their family to be involved. There were facilities for residents to meet with family members and friends in private.

There was evidence of an increase in family involvement for some residents. This person in charge outlined the way residents’ siblings had been supported and encouraged to become more actively involved in residents’ lives. The inspector viewed documentation which outlined the participation of a resident’s siblings in the resident’s recent ‘circle of support’ meeting.

Some residents had been supported to increase the time spent visiting their family. It was evident the residents’ parents and siblings had been supported to become more involved in residents’ lives.

On the day of inspection residents were spending time with family. The person covering for the person in charge outlined the way the centre supported residents to spend time with family and this included the facilitation of transport where required. The inspector observed staff returning to the centre with residents on the evening of the inspection.

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:
There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. There had been no new admissions to the centre.
Each resident had a written agreement which outlined the service provided and the fees being charged. The written agreement included an outline of any additional charges payable by the resident. One written agreement had not been signed by the provider in line with the centre’s procedures. It was therefore not evident that the written agreement had been agreed by the provider.

**Judgment:**
Substantially Compliant

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**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

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

**Findings:**
The inspector viewed a sample of residents’ personal plans. Residents had person-centred plans in place and circle of support meetings had taken place for four residents, with the remaining resident’s circle of support meeting planned for September 2015. Improvement was required to some documentation to ensure the response to meeting residents’ needs was up to date.

Improvement was required to the collation of some documentation. A person centred plan had been completed, however the identification of goals in residents’ person centred plans had not been completed. The person covering for the person in charge showed the inspector minutes of residents’ circle of support meetings which identified goals for residents. The circle of support minutes and the person-centred plans were maintained in separate folders.

Although goals were agreed at circle of support meetings there was no identification of who was responsible for supporting residents to achieve their goals and no timeline outlined for the achievement of goals. It was also not documented that a review of the previous year’s goals had taken place to assess the effectiveness of the plan.

Some assessments and corresponding plans had not been reviewed in line with the timeline outlined on the plan. For example, a resident’s intimate care plan and
psychological assessment was due for review in July 2015 and a speech and language therapy plan was due for review in June 2015. It was therefore not evident that the information outlined in the plans to guide staff in supporting residents was up to date and accurate.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
The centre was comprised of a house located in a rural area a short drive from the nearest town. There was a garden which could be accessed freely by residents and there were "port-a-cabins" for use during the day.

Each resident had an individual bedroom with suitable storage to store their belongings. The bedrooms had access to shared bathroom facilities. Bedrooms were suitably decorated and residents had personalised their rooms.

Thermostatic controls were in place to regulate the temperature of the water and to ensure residents were protected from risk of scalding.

Appropriate assistive equipment was available for residents, for example grab rails in the bathrooms where required.

The person covering for the person in charge told the inspector that a local business was donating time and materials to refurbish some aspects of the centre in September. This would include some street art and a water feature in the garden if the weather on the day of the refurbishment was suitable for this work to be carried out. Residents would have the opportunity to meet the volunteers at the end of the day.

The provider had identified the need for additional private space for residents; however, sufficient steps had not been taken to address this. A member of the board, who had previously acted as provider nominee, outlined concern regarding inadequate private space for residents. The board member stated that there was inadequate space to meet the current needs of residents in the centre in regard to the private space they now
required.

Although there was extra communal space in the port-a-cabins, which were located on the grounds of the centre, the board member said these were not always available for residents to use due to the requirement of staff to be in the house to assist other residents if required. The inspector found that the provision of private space in these separate structures did not meet the current needs of the residents.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
There were systems in place to promote and protect the health and safety of residents, visitors and staff. Improvement was required to the procedures in place for ensuring the centre could be safely evacuated in the event of a fire or other emergency in the centre and to the system for reviewing and responding to incidents in the centre.

There was a safety statement and risk register which set out the risks in the centre and the associated control measures.

Residents had individual risk assessments which outlined the risks individual to residents and the measures in place to control the risks.

The centre had emergency lighting, a fire and intruder alarm and fire fighting equipment. The inspector reviewed the maintenance and servicing records for these and found that they had been serviced.

Staff had received training in fire safety. All residents and staff had taken part in a fire drill, however fire drills were not taking place in line with the frequency outlined in the centre’s emergency plan. In addition, it was not evident the fire drill which had been carried out at night provided adequate reassurance that the centre could be evacuated in the event of an emergency at night.

The centre emergency plan and the centre statement of purpose identified monthly fire drills as a measure used to ensure residents could be evacuated from the centre in the event of an emergency. The inspector viewed the fire drill records and saw that fire drills
had not taken place on a monthly basis. Fire drills had not taken place in May and July 2015.

The night fire drill which was carried out in August 2015 did not provide adequate assurance that the centre could be evacuated in the event of a fire at night. The fire drill had taken place at 11.08pm and it was detailed that it took five minutes to evacuate the centre. However, the staffing level was not reflective of the routine night staffing levels in the centre as there were three staff members present for the fire drill and only two staff members work at night in the centre. In addition, not all residents evacuated the centre as one resident declined to leave the centre.

The person covering for the person in charge did not have information regarding the fire proofing of the bedroom doors in the centre and therefore could not demonstrate that there were adequate measures in place for the containment of fire. She said the kitchen door was suitable for containing a fire for 30 minutes. However, the bedroom doors had been painted over and therefore this information could not be verified. She said she would sand the paint to ascertain the fire proofing of the doors. Given the information contained in the fire drill record regarding a resident who declined to leave the centre, and the uncertainty of the person covering for the person in charge in regard to how long a resident would have in a bedroom with the door closed, the inspector was concerned regarding the safe evacuation of the centre at night. This was brought to the attention of the person covering for the person in charge and the board member at the meeting at the end of the inspection.

Evacuation plans did not provide adequate guidance for staff. Residents’ personal evacuation plans had been updated to reflect findings in the recent drill which had been carried out at night. The inspector reviewed these and found that three of the plans stated that three different residents would be evacuated ‘first’. Therefore it was not clear in what order the centre should have been evacuated. The plans also referred to ‘adequate supervision’ and ‘reassurance’ which was required for some residents, however it was not detailed what this entailed for the residents. There was no overarching centre evacuation plan to guide staff in regard to the sequence of evacuating residents from the centre.

**Judgment:**
Non Compliant - Moderate

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**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:
Not all aspects of this outcome were reviewed on this inspection.

The inspector was concerned that residents were not being protected from the risk of peer-to-peer assault. A review of the incidents in the centre identified some residents as hitting out and upsetting other residents. The inspector identified a pattern of this behaviour in the month prior to the inspection. This had not been identified by the person covering for the person in charge and as a result the required safeguards were not put in place.

While the impact of residents' behaviour on each other had been identified by medical professionals, this had not been managed effectively and staff on duty were not aware of the assessment and requirement for managing this impact on the anxiety levels of residents.

The inspector viewed documentation pertaining to a resident’s finances. The documentation outlined the withdrawal of a significant amount of money from a resident’s account by the person covering for the person in charge and was given to the resident’s family member. The resident had not been consulted in regard to this and it was not evident that this was in line with the will and preference of the resident.

The inspector viewed the centre’s policy on supporting residents with their finances and found that the person covering for the person in charge had not adhered to the centre’s policy on safeguarding residents' finances. The policy stated that transactions such as these would be brought to the attention of the board of management by the provider. A member of the board attended the feedback meeting at the end of the inspection and told the inspector that she was unaware of this.

Judgment:
Non Compliant - Major

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:
A record of all incidents occurring in the centre was maintained. However, inadequate oversight of these incidents was placing residents at risk and this is discussed further under Outcome 14: Governance and Management.

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:
Improvement in the opportunities for residents to participate in training and employment external to the centre was evident.

The inspector viewed a sample of residents’ personal plans and spoke with the person in charge of the centre. Of the sample viewed it was evident that residents were being supported to access training and employment opportunities. For example, work experience opportunities, volunteering and training needs were being responded to.

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 viewed a sample of residents’ healthcare plans and found improvement
was required to ensure residents received support in line with their assessed needs and were supported to achieve the best possible health.

While residents had healthcare assessments in place, it was not demonstrated that they had been carried out by an appropriate healthcare professional. The person covering for the person in charge said that four residents had received an annual health review from their general practitioner (GP). She said an appointment for the fifth resident was being identified. There was limited documentary evidence in regard to these reviews. The ‘health check’ form had been completed by the person covering for the person in charge and corresponding blood and other test results were not maintained. It was therefore not evident that all identified interventions were being responded to. The action related to this is included in the action plan under Outcome 5 (Regulation 5 (1) (b) ).

Not all residents’ identified needs had a corresponding plan in place to ensure the resident received appropriate care and support. For example, a resident had been identified as requiring support with their blood pressure and there was no plan in place to guide staff in supporting the resident and ensuring an appropriate and timely response by staff. The action related to this is included in the action plan under Outcome 5 (Regulation 5 (4) (a) ).

Residents were not being supported to attend routine preventative dental care in line with their assessed needs. A resident, assessed as requiring ‘six monthly’ visits to the dentist and dental hygienist, had not attended the dentist since May 2014.

The person covering for the person in charge did not have adequate oversight to ensure residents’ health needs were met. For example, there was evidence that recommendations by health professionals were not being implemented and staff were failing to follow up on further appointments. Residents who requested appointments with health professionals such as chiropody were not always being supported to access those health professionals.

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):**

No actions were required from the previous inspection.

**Findings:**
The centre had a statement of purpose which had been updated in July 2015. It included an outline of the aims, objectives and ethos of the centre and the facilities and services provided.

All information required by the regulations was included in the statement of purpose. However, the information regarding the registration of the centre, the organisational structure and the provision of the on call management support for the centre were not reflective of practice in the centre.

The statement of purpose inaccurately stated the centre was ‘temporarily registered since 01st September 2014’.

A whole time equivalent of 0.5 of a general manager post in the centre was outlined in the statement of purpose. The general manager was identified as one of the posts which provided support for the centre out of hours, the person in charge's line manager and the person who would receive complaints which were not resolved locally. However, this post had not been filled since the resignation of the previous general manager in 2014.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
The management structure was not clearly defined and the lines of authority and accountability were not adequately clear. In September 2014 the provider had notified HIQA that the person in charge would be absent from the centre for a period of 28 days or more. To date the person in charge remains absent from the centre. HIQA was given the name of a person who would be covering for the person in charge in the interim.

HIQA had concerns with regard to the failure of the provider to engage and communicate with the HIQA. The provider had failed on numerous occasions to
communicate effectively with the HIQA and provide the required assurances when requested. For example, this was of particular concern when the Authority was trying to contact the provider when the Authority had received information of concern.

The person covering for the person in charge identified the current provider nominee, the previous provider nominee (member of the board of directors) or an external person providing management support as the person to whom she reports. The centre's statement of purpose referred to a general manager as the post which the person in charge reported to, however this post had not been filled since the resignation of the general manager in 2014.

The management systems in place were not ensuring the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Improvement which had occurred since the inspections in March and July 2014 had not been sustained to a satisfactory level. The provider was not auditing the service provided to ensure residents' needs were met. As a result there were negative outcomes for residents, for example in relation to safeguarding as discussed under Outcome 8: Safeguarding and Safety.

The inspector was concerned that governance in the centre continued to operate reactively to inspections by HIQA rather than pro-actively to meet the needs of residents and ensure compliance with the regulations. It was evident that some areas, such as healthcare and social care, which had improved in 2014 had not been sustained to a satisfactory level. This is discussed further under Outcome 5: Social Care Needs and under Outcome 11: Healthcare.

The compatibility of residents in this centre had not been formally assessed. The record of incident reports in the centre identified a pattern of incidents between residents which raised concerns that residents were not suited to living together. This is discussed further under Outcome 8: Safeguarding and Safety.

A board member told the inspector and incident reports reviewed on inspection showed that there were concerns with regard to the compatibility of residents in the centre. There was no formal assessment of the residents needs in regard to where and with whom they live. The board member also raised a concern regarding inadequate private space in the centre and this is discussed further under Outcome 6: Safe and suitable premises. The inspector was concerned that, although these areas had been identified by the board of management (the provider of the service), no steps had been taken to address these identified shortcomings.

Given the findings on this inspection the person covering for the person in charge did not demonstrate she met the requirements for the role of person in charge. It was also evident that the management arrangements in the centre did not provide adequate support to the person covering for the person in charge in fulfilling her responsibilities. The person covering for the person in charge was not ensuring adequate oversight in regard to residents' health and social care needs, protection of residents from the risk of peer to peer and financial abuse and the measures to ensure the centre could be evacuated in the event of a fire in the centre at night.
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<tr>
<td>Non Compliant - Major</td>
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<tr>
<th><strong>Outcome 15: Absence of the person in charge</strong></th>
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<tr>
<td><em>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.</em></td>
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<table>
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<tr>
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<tbody>
<tr>
<td>Leadership, Governance and Management</td>
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<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<tr>
<th><strong>Findings:</strong></th>
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<tr>
<td>The centre coordinator fulfilled the role of person in charge in the absence of the person covering for the person in charge.</td>
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At the feedback meeting the inspector was informed that a centre coordinator who had been on leave for an extended period of time would be returning to the role in the coming months. The board member stated that support would be provided to this person to ensure they could meet the requirements of the role.

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<tbody>
<tr>
<td>Compliant</td>
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<tr>
<th><strong>Closing the Visit</strong></th>
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<tr>
<td>At the close of the inspection a feedback meeting was held to report on the inspection findings.</td>
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<th><strong>Acknowledgements</strong></th>
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<tr>
<td>The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.</td>
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**Report Compiled by:**

Lorraine Egan  
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 report

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<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002065</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>31 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 November 2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The updating of residents’ communication plans required review to ensure staff were aware of the communication supports required by residents.

1. Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take: All 5 residents communication plans are being reviewed and updated to ensure staff are aware of required communication supports.

Proposed Timescale: 31/12/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect: The provider had not signed a resident’s written agreement and it was therefore not evident the provider agreed to adhere to the terms outlined in the agreement.

2. Action Required: Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take: All 5 residents contracts of care are now signed by the provider.

Proposed Timescale: 12/11/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: The names of those responsible for pursuing objectives in residents’ personal plans within agreed timescales was not documented.

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

Please state the actions you have taken or are planning to take: Personal plans to be reviewed and updated to include names of those responsible for pursuing objectives and timescales.
Proposed Timescale: 31/12/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident the effectiveness of residents’ personal plans had been assessed.

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:
All 5 residents personal plans are being reviewed and updated to reflect the assessed effectiveness of the said plans.

Proposed Timescale: 31/12/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some aspects of residents’ personal plans had not been reviewed in line with the centre’s procedures to reflect changes in need and circumstance.

It was not evident the annual assessment of residents’ healthcare needs had been carried out by an appropriate healthcare professional.

5. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The 5 residents health care needs have been addressed to include all relevant healthcare appointments with appropriate healthcare professionals. Plans will be updated to reflect any changes in need or circumstance.

Proposed Timescale: 31/12/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents’ identified needs had a corresponding plan in place.

6. **Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

**Please state the actions you have taken or are planning to take:**
Residents’ identified needs will have a corresponding plan in place.

**Proposed Timescale:** 31/12/2015

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**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 centre did not provide adequate accessible private space for residents.

7. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
Residents have access to their own private rooms and also the 4 roomed port-a-cabins to the external of the property. They are facilitated to use these rooms on a daily basis.

**Proposed Timescale:** 12/11/2015

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge could not demonstrate that there were adequate measures in place for the containment of fire.

8. **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:**
Fire doors have been assessed to establish their timing on 17th November 2015 and it has confirmed that they meet FD305 requirements.
**Proposed Timescale: 17/11/2015**
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The system for ensuring residents could be evacuated from the centre in the event of a fire at night was not adequate.

**9. Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
The situation has been risk assessed with regard to two staff on duty and where there are situations whereby there is difficulty in evacuating residents – the plan involves compartmentalisation and all residents will be gathered in a secure part of the premises. Two areas have been identified for compartmentalisation and on completion of fire drills the most appropriate area will be finalised. Plans will be updated accordingly. Areas plan devised, including updating PEEPS.

**Proposed Timescale: 18/12/2015**
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire drills were not taking place in line with the frequency set out in the fire evacuation procedure and the statement of purpose.

**10. Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drills take place within the centre every 3 months, as per the fire evacuation procedure.

**Proposed Timescale: 12/11/2015**

**Outcome 08: Safeguarding and Safety**
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in**
The systems in place were not adequately robust to ensure residents were safeguarded against the risk of peer to peer assault and the risk of financial abuse.

11. **Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
The financial transaction was brought to the attention of the Chairman of the Board of Directors who has tabled it as an agenda item for discussion. In future all such transactions will be undertaken by following the procedures. Meeting has been held with the resident, and along with communication aids consent was established.

Staff are in consultation with psychologist and psychiatrist in relation to potential peer to peer assault and prevention of same, and have sought guidance and advice. Staff have received training in client protection. Staff provide supervision of residents who are anxious to safeguard against other residents being assaulted.

**Proposed Timescale:** 19/11/2015

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not being supported to attend routine healthcare appointments in line with their assessed needs. Arrangements were not in place to meet all healthcare needs.

12. **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:**
All appointments for healthcare needs have been addressed. Residents are fully supported in this regard.

**Proposed Timescale:** 19/11/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain an accurate description of all information set
13. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
There was a misunderstanding about the Registration status of the centre which now has been corrected.
A Person Participating in Management (PPIM) has been appointed who has a key role in the leadership, governance and management structure as outlined in Outcome 14 (below). The Statement of Purpose has been reviewed and amended to reflect this.

**Proposed Timescale:** 12/11/2015

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Findings on the inspection raised concern that the person covering for the person in charge did not have the skills and experience necessary to manage the centre.

14. **Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
The person now in charge of the Centre is a fully qualified registered nurse with experience in caring for residents and in supervising staff. She had completed a number of post-graduate training courses and is well qualified for the post. This is a full-time appointment. The person in charge has had specific focused meetings with the person participating in management and these are continuing on a regular basis.

NF30 has been submitted with regard to change in person in charge.

**Proposed Timescale:** 20/11/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The management structure in the centre was not clearly defined, did not identify the
lines of authority and accountability, specify roles and detail responsibility for all areas
of service provision.

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

Please state the actions you have taken or are planning to take:
The staff at the centre report to the staff member in charge on the day (a coordinator,
team leader or the centre Person- in- charge). The staff member in charge reports to
the Centre's Person-in-charge on a regular basis.
The Centre Person-in-charge reports to the Provider Nominee and liaises with the
Person Participating in Management (PPIM) who provides support to the PIC. Regular
reports on the Centre's functioning and relevant transactions are furnished to the AWL
Directors at the Board Meetings.
This arrangement as noted above is now on display in prominent position in the unit
and is an agenda item for next staff meeting.

**Proposed Timescale:** 23/11/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
The management systems in place were not ensuring the service provided was safe,
appropriate to residents’ needs, consistent and effectively monitored.

16. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in
the designated centre to ensure that the service provided is safe, appropriate to
residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
This management structure now ensures that there is an awareness and sensitivity to
the residents' needs on an individual basis and enables these to be met in a safe and
appropriate way and to be effectively monitored. The management structure has been
reviewed and clear levels of authority have been outlined. One of the board was
nominated by the HSE to attend a "Safeguarding Vulnerable Adults Designated Officer
Training" which she attended in September and in turn she will train the senior staff at
the centre in this training.
An annual review of the service is planned to take place before year end.
| Proposed Timescale: 31/12/2015 |