

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by The Irish Society for Autism
<b>Centre ID:</b>	OSV-0002000
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Irish Society for Autism
<b>Provider Nominee:</b>	Tara Matthews
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 03 May 2016 09:30 To: 03 May 2016 14:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Inspectors undertook four inspections in this centre throughout 2015 and 2016. These inspections found evidence of poor outcomes for residents and areas of risk relating to health and safety, risk management, social care needs, safeguarding and safety over a sustained period. Poor managerial oversight and governance arrangements were also a recurrent finding in this designated centre. Due to the seriousness of the concerns, HIQA issued immediate actions and regulatory and escalation meetings were held with the provider.

Due to the overall failure of the provider to implement effective improvements for residents, a notice of proposal to cancel and refuse the registration of the centre was issued to the provider on 20 May 2015.

In response the provider made a formal submission to HIQA outlining plans to bring the centre into compliance. HIQA carried out inspections to determine if these plans had been implemented. However, appropriate actions were not taken to address deficits and HIQA ultimately issued a notice of decision to cancel and refuse the registration of Sarshill House on 17 June 2016. In accordance with Section 64 of the Health Act the chief inspector made alternative arrangements with the Health Service Executive (HSE) to take over the running of the centre.

HIQA continue to monitor this centre to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents

This was the fifth inspection of this designated centre operated by the Irish Society for Autism. Following previous inspections of the centre HIQA issued a notice of proposal to cancel the registration of this centre. The provider had submitted to HIQA a representation including assurances that improvements would be made in the care and support of residents. An inspection took place on the 6 April 2016 to assess improvements in the care and support of residents. The inspection identified significant safeguarding issues with residents subjected to ongoing targeted peer to peer abuse. As a result HIQA took the unusual measure of instructing the person in charge and the provider nominee on the actions required to keep residents safe.

This unannounced inspection took place four weeks later and was conducted so as HIQA could be assured that the actions required to keep residents safe had been implemented and sustained since the last inspection. Overall, there continued to be a high level of non-compliance across the seven outcomes assessed. However, the inspectors were assured that the immediate measures as required by HIQA to keep residents safe had been implemented and sustained. These measures were found to have reduced the numbers of incidences occurring in the centre and specifically had prevented the targeted physical abuse occurring in the centre.

Of the seven outcomes inspected against, six remained to have major non compliances. Improvements in workforce were evident and this was found to be substantially compliant as the staffing levels had increased due to implementing the safeguarding measures as requested upon the previous inspection. Inspectors reviewed progress in relation to the actions related to the previous inspection. The person in charge had developed comprehensive plans of action and identified relevant external professionals to address some of these issues. However, she had not been provided with the authority, or resources to implement these plans.

The outcomes assessed in this report highlight the components of care directly associated with issues identified as related to the immediate actions required. Issues of noncompliance identified on the previous inspection had been provided within that report and subsequent action plan issued to the provider in the days preceding that inspection. The non-compliances are currently being actioned by the provider and are therefore not reiterated in this report.

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

**Outcome 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

**Findings:**

The last inspection found that there were personal plans in place for each resident. However, issues remained with the implementation of these plans with regard to providing meaningful community based activities for the residents. It was also found that some plans were incomplete and lacked evidence of multi-disciplinary input.

Personal plans were to include information on each resident, including their strengths, communication needs, likes, talents and goals to be achieved. However, from a sample viewed the inspectors found a number of issues with the plans. For example, one resident's plan was incomplete and there was no evidence that there had been any review or progress on the achievement of goals.

There was also no evidence of multi-disciplinary input in personal plans. For example, one resident identified through the personal planning process that they wished to improve their communication skills. While it was acknowledged that a support plan would need to be devised to assist the resident achieve this goal, the plan had yet to be developed and there was no evidence of input from speech and language therapy.

The inspectors also observed that in another resident's personal plan their goals identified for the year were to go on more bus outings and more walks. However, it was also recorded in their plans that they liked music and were talented at it. There were no goals or supports identified for the development of this talent or interest.

Similar issues in relation to inadequate social care supports were identified and actioned in the last inspection report and HIQA are waiting on a due process response from the provider to assess if their actions are adequate in addressing the issues.

**Judgment:**  
Non Compliant - Major

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

**Findings:**

This inspection found that individual risk assessments were in place for each resident and the number of adverse incidents occurring in the centre had reduced since the implementation of the immediate actions on 6 April 2016. However, some issues remained regarding the protection of all residents from incidents of peer to peer abuse.

Each individual resident had a risk assessment in place, which had been recently developed and introduced by the person in charge. The risk assessments identified risks associated with each individual and steps on how to control and/or mitigate such risk.

The inspectors identified ongoing issues related to peer to peer assaults occurring in the centre consistently, with records reviewed of incidents occurring from January 2015 until April 2016. While these incidents had been reported, the risk assessment in place concerning this issue referred to the risk as historical with the risk assessed as minor. The safeguarding concerns in relation to this issue is referred to under outcome 8; safeguarding and safety, and was actioned within the previous inspection report.

This was brought to the attention of the person in charge during the course of providing feedback at the end of the inspection.

**Judgment:**  
Non Compliant - Major

**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

**Findings:**

At the last Inspection the inspectors were concerned that there were insufficient measures in place to ensure the safeguarding of all residents.

An immediate action was issued to the provider regarding these concerns and this inspection found that supports were put in place and maintained to address these issues. However issues remained with regard to the safeguarding of residents.

Since the last inspection comprehensive positive behavioural support plans had been put in place to support residents in managing behaviours that challenge. Some of the interventions included strategies for teaching residents coping skills and the use of a 'time timer'. This was to assist the resident understand the concept of time. Of the staff spoken with, the inspectors were satisfied that they were familiar with the positive behavioural support plans and could verbalise how to put them into action.

It was unclear as to who the designated officer in relation to safeguarding was for this centre. On asking the person in charge she informed inspectors that the provider nominee was in this role. However, there was no documentation available to the person in charge, staff or residents which confirmed who the designated person was or indeed who to report to if a safeguarding issue was to arise.

Since the last inspection the person in charge had been proactive in trying to address this issue. She had contracted an external safeguarding consultant to provide advice and support in relation to safeguarding investigations recognising that there was a lack of knowledge in relation to safeguarding issues within the centre and broader organisation. Recommendations were provided in writing, however, some of these recommendations were ignored by the provider. A particular concern which was ignored by the provider related to the need to establish a safeguarding committee given the lack of a designated officer or persons with safeguarding experience. This person in charge was told remove this recommendation from the report prior to making it available to the HSE safeguarding committee and subsequently HIQA.

Other issues regarding safeguarding were identified in the previous inspection and HIQA was awaiting a response from the Provider Nominee as to how these issues would be addressed.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Findings:**

Since the last inspection the person in charge had begun a process to ensure access to allied health care professionals for all residents. Issues were still remaining and were actioned under the last inspection. HIQA are awaiting a response to these issues in order to assess if the actions put forward by the provider were adequate in addressing the issues identified.

While residents had access to GP services as and when required issues remained with access to allied health care professionals. The person in charge had put together a plan of action in order to address some of these issues. For example, she had made contact with a consulting dietician and had got a costing for a referral for all five clients and nutritional training to be provided to both staff and family members.

However, as she has no access to a budget, she did not have the scope of authority to implement this plan of action. The person in charge had submitted this proposal to the provider nominee but was still waiting to see if the action would be sanctioned at the time of inspection.

One inspector sat with residents and two staff members during lunch time. The meal was seen to be a positive experience for the residents. The two staff members in question were seen to chat with residents during and after the meal in a relaxed manner.

**Judgment:**

Non Compliant - Major

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Findings:**

There was evidence of appropriate practices and arrangements in place in relation to medication management, however improvements were required in the management of 'as required' (PRN) medications, and in the guidance in the medication management policy.

Issues regarding medication management were actioned in the last report and HIQA are waiting to assess if the providers response and actions are adequate in addressing the issues.

The person in charge had devised a robust protocol with regard to establishing strict guidelines for the administration of PRN medication. On the day of this inspection she was waiting for input from allied health care professionals before implementing the new protocol.



**Judgment:**  
Non Compliant - Major

**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

**Findings:**

As with the last inspection and report, significant issues remained with regard to the governance and management of the centre. Previous to this inspection the provider nominee had resigned her role.

The organisation was unsuccessful in their attempts to secure a new provider nominee so they appointed a person who had previously been found unfit for this role by HIQA.

The arrangements for accountability for the centre remained unclear and vague. From talking with the person in charge it was clear she only had limited managerial authority to operate the centre.

She had no access to an adequate budget to operate the centre and had to run key decisions by senior personnel. For example, the person in charge had to request funds for clinical input into the service. She also had requested for the provision of more robust systems to be implemented regarding safety issues. On the day of this inspection, neither was in place even though the provider was aware of the issues.

Overall the inspectors were not satisfied that that the management systems in place were adequate to provide for effective or safe systems of governance and management.

**Judgment:**  
Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

**Findings:**

While issues remained with regard to the staffing of the centre, the inspectors were satisfied that the immediate actions issued in the previous inspection had been implemented and sustained.

Additional staffing had been secured for the centre as required from the last inspection and positive behavioural support plans had been implemented. Staff were also found to be familiar with the plans.

From speaking with new staff member the inspectors were satisfied that the person in charge provided a thorough induction to the centre. This involved the familiarisation of all relevant resident files and policies and procedures that supported the running of the centre.

Of the remaining issues regarding workforce, HIQA were waiting on the provider's response to establish if appropriate actions would be put in place to address them.

**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:***

Raymond Lynch  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Irish Society for Autism
<b>Centre ID:</b>	OSV-0002000
<b>Date of Inspection:</b>	3 May 2016
<b>Date of response:</b>	27 May 2016

### Requirements

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

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

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

**Theme:** Effective Services

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

Risk assessments were not found to be reflecting the actual risk identified in the centre.

#### **1. 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

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

for responding to emergencies.

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

1. On 23/05/2016, the Person in Charge in consultation with an external consultant carried out a review of all risks associated with the designated centre Service Area Risk Register developed which includes description of risks, control measures and risk ratings before and after control measures. The Risk Register will be reviewed formally on a quarterly basis and more frequently where necessary. All changes will be communicated to staff at the house meetings or via the daily diary. 23/05/2016
2. Individuals risk assessments will then be reviewed ensuring that they reflect actual risks. 30/06/2016
3. Risk management training will be provided for all staff which will take place on 9<sup>th</sup> and 12<sup>th</sup> September 2016.

**Proposed Timescale: 12/09/2016**

**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:**

While the person in charge had sought third party advice in relation to a safeguarding investigation the recommendations of this persons were not implemented by the provider.

**4. Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The provider has engaged an external consultant to provide advice and support with the establishment of a Safeguarding Monitoring Group with specific responsibilities associated with safeguarding issues.

Following Speech and Language therapy assessments and development of subsequent support plans which will commence 13/06/2016, the Person in Charge will ensure that safeguarding of vulnerable adults information for residents in an accessible format will be devised and distributed. Subsequently, each resident's Contract of Care will be amended to illustrate the change in circumstances regarding safeguarding issues and new interventions.

The Person in Charge will ensure that appropriate information will be shared to all stakeholders to include allied professionals, family, advocates etc where appropriate, regarding the ongoing safeguarding interventions.

The Statement of Purpose of the designated centre will subsequently be amended to include all aforementioned relevant information.

**Proposed Timescale: 30/07/2016**