

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Gheel Autism Services
Centre ID:	OSV-0003498
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services
Provider Nominee:	Siobhan Bryan
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 June 2016 10:00 To: 23 June 2016 17:30

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

Outcome 03: Family and personal relationships and links with the community
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Background to the inspection

This was an announced inspection and was in response to the provider submitting an application to vary the registration of another designated centre to include this centre. This centre had originally been a unit that made up part of a larger designated centre run by this service and was inspected in Sep 2015 as part of a registration inspection. However the unit was removed prior to registration as there were issues with planning compliance. Subsequently the provider secured the lease of another property and the provider was now proposing to include this property as part of the original designated centre. As part of this inspection the premises were reviewed, actions from the last inspection were followed up and other specific outcomes were inspected to ensure compliance with the regulations.

Description of Services

The intended property is a large three bedroom detached property situated in a rural area but is close to local amenities in Co. Kildare. The location of the property was chosen in line with the residents' needs and preferences. The centre will provide individualised respite services to one female resident who has autism. In addition day services will be provided for this resident from this centre on a Monday to Friday basis.

How we gathered information

The resident was not present on the day of the inspection. The resident was unable to inform the inspector of their views of the quality and safety of services provided and the inspector had been informed by the provider in consultation with family members that the resident chose not to meet the inspector. However the inspector did travel to a location nearby to observe practices and interactions between staff and the resident. In addition one family member was spoken to and some documents were reviewed including personal plans, individual risk assessments and medication management systems. The person in charge and the location manager were present throughout the inspection and the provider attended the opening meeting.

Overall judgment of our findings

Overall the inspector found that the actions from the last inspection had been completed. The premises were found to be broadly compliant with the regulations, however there were no fire doors in the centre and one area of the centre required repair. The provider committed to ensure that the areas identified in this report would be addressed prior to the transition date for the resident. The provider undertook to submit evidence of work completed to HIQA prior to this date. In addition the inspector found that some improvements were required in relation to health and safety and documentation in the centre in order to comply with the regulations. The action plan at the end of the report identifies the areas that require improvement.

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 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:

Overall the inspector found that families were kept well informed around the resident's wellbeing.

A family member who met with the inspector stated that they were very happy with the services provided by the centre. They attended annual review meetings and were informed on a daily basis of the residents well being. The family member had been consulted and was involved in securing the intended property. The person in charge and the person participating in management informed the inspector that they met with family members regularly to discuss the care and supports provided to the resident. The family member spoken to confirmed this.

The visitor's policy in place was centred on the needs of the resident and the family member spoken to confirmed this.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall the inspector found that the resident had opportunities to participate in meaningful activities in line with their personal preferences and wishes.</p> <p>The resident had a personal plan in place that included an assessment of need. Support plans were in place for all assessed needs to guide staff practice. Day services were provided from the centre and the resident had an activity schedule and a routine schedule in place and that was guided by the resident's wishes. A bus was available for the residents use to facilitate activities external to the centre. For example on the day of the inspection the resident was observed out for a walk in a local park.</p> <p>An annual review took place for the resident and the family member spoken to confirmed that they were involved in this process.</p>
<p>Judgment: Compliant</p>

<p>Outcome 06: Safe and suitable premises <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall the inspector found that the layout and design of the centre were suitable for its stated purpose, however some minor improvements were required in one area.</p> <p>The property had not be furnished as there was still some work to be completed, however the person in charge showed the inspector a record of the work to be completed with proposed completion dates included. The inspector found that the premises had:</p> <ul style="list-style-type: none"> - Adequate private and communal accommodation, including adequate social, recreational, dining and private accommodation

- Rooms of a suitable size and layout suitable for the needs of resident
- Adequate space and suitable storage facilities for the personal use of the resident
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table and sufficient cooking facilities
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of the resident
- Suitable arrangements for the safe disposal of all waste as and where required
- Adequate facilities for residents to launder their own clothes if they so wished
- Suitable outdoor space

The inspector found that the property was generally well maintained and clean. However the dining area floor covering required some attention. The inspector was assured that this would be completed prior to the transition date.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

Overall the inspector found that the actions from the previous inspection had been implemented, however some improvements were required in fire drills and risk assessments.

The inspector was shown records that verified that the actions from the last inspection had been implemented.

The inspector found that adequate fire fighting systems had been installed, including a fire alarm, emergency lighting, fire extinguishers and fire blankets. However there were no fire doors in place. The provider had intended to have these completed prior to the inspection but there was a difficulty with the installation. The inspector had been made aware of this prior to the inspection date and requested evidence of the installation prior to the transition date.

Fire drill records were made available to the inspector from the centre that the resident currently lived in. However the records indicated that the resident did not participate in all fire drills, and did not record if the learning from issues identified had been reviewed. This was discussed at the feedback meeting and the person in charge intended to

address this issue in line with the residents needs.

There were individualised risk assessments contained in the resident's personal plan. However the inspector found one area of risk had not been updated to reflect the changing needs of the resident. This was discussed at the feedback meeting.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were systems in place to protect the resident suffering abuse or being harmed.

The person in charge and the location manager were clear about what to do in the event of an allegation of abuse and were aware of the procedures in place.

The inspector was informed that there were no restrictive practices.

The inspector reviewed the behaviour support plan and spoke to staff about the supports in place for the resident. The location manager and person in charge were very knowledgeable about the residents needs. In addition the inspector observed practice with the staff and resident and found that the supports given to the resident by staff were the supports recorded in the behaviour support plan.

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 the inspector found that the resident was supported to achieve best possible health in line with their wishes and needs.

An assessment of need had been completed on healthcare issues and health action plans were in place to guide practice where appropriate. Allied health professionals were involved where appropriate and the inspector saw where a goal had been developed to support the resident to become familiar with one allied health professional.

A transitional plan was being developed and the inspector was informed that this would be led by the residents' needs and wishes. This was confirmed by the family member spoken to.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the medication management systems in place were effective.

The medication policy was not reviewed as part of this inspection. The inspector was shown where the medications would be stored in the new unit and found that this was in line with best practice. The resident's current medication administration sheet and prescription sheet were available and the inspector found that appropriate procedures were in place. For example as required medication (PRN) had a protocol in place to

guide staff and GP details were included on the prescription sheet.

No medications were prescribed that required refrigeration and there was no chemical restraint or controlled drugs prescribed.

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 the inspector found that the governance and management systems inspected at the registration inspection intended to be replicated in this unit. In addition a location manager had recently been employed to support the person in charge in their role. Over the course of the inspection the inspector found this person to be very knowledgeable around the residents needs in the centre.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were appropriate staff and skill mix in the centre to meet the assessed needs of the resident.

A location manager had recently been appointed for this unit and was currently on an induction training programme. This person had been employed in the centre for a number of years and the provider intended to submit an application to the register this person as a person participating in management for the proposed new unit. The provider informed the inspector that this person would act as support to the person in charge. The person in charge informed the inspector that regular meetings would be scheduled between the location manager and the person in charge.

The location manager intended to do supervision with all staff in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found some minor improvements were required in documentation contained in the personal plan.

The inspector found that the information contained in the personal plan was very detailed, however some parts of the plan contained gaps. For example information provided in assessments of need was detailed, however this detail was not transferred into related support plans. Specific examples of this was discussed at the feedback meeting, and is not repeated in this report to protect the identity of the proposed resident.

<p>Judgment: Substantially Compliant</p>

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Gheel Autism Services
Centre ID:	OSV-0003498
Date of Inspection:	23 June 2016
Date of response:	15 July 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 06: Safe and suitable premises

Theme: Effective Services

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

The floor in the dining area required some attention.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

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

The wooden floor in the dining area will be re-varnished.

Proposed Timescale: 31/07/2016

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:

One area of risk had not been updated to in the risk assessment to reflect the changing needs of the resident.

2. 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:

The Individual risk assessment will be updated to include the changing needs of the resident.

Proposed Timescale: 15/07/2016

Theme: Effective Services

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

Issues identified at a fire drill had not been reviewed.

3. 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:

Improvement of communication processes following issues being identified. Appropriate actions to documentation following identification of an issue during a fire drill to include amendments to Personal Evacuation Plan, Emergency Response Plan and Individual Risk Assessment documents.

Proposed Timescale: 22/07/2016

Theme: Effective Services

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

There were no fire doors installed in the centre at the time of the inspection.

4. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Fire doors installation will be completed in the centre before the resident begins service in the new property.

Proposed Timescale: 31/07/2016

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 some gaps in documentation in the personal plan.

5. 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:

Support plan will be amended to include gaps identified in the inspection process.

Proposed Timescale: 31/07/2016