

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Crobally House
Centre ID:	OSV-0002120
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Cork Association For Autism
Provider Nominee:	Cormac Coyle
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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: 13 June 2017 09:30 To: 13 June 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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

Summary of findings from this inspection

This was the fourth inspection of this centre by the Health Information and Quality Authority (HIQA). The first inspection took place on 13 May 2014, after which a certificate of registration was issued.

Subsequent inspections on 19 September 2016 and 4 January 2017 identified significant concerns regarding the quality and safety of the service being provided by Cork Association of Autism. On foot of these concerns, the provider was issued with a notice to cancel the registration of this centre on 24 February 2017. The provider submitted a representation to HIQA on 24 March 2017 that proposed how to address the grounds cited in the notices of proposal. The purpose of this inspection was to inspect against that representation submitted by the provider. Due to changes to the governance of the centre made over the previous few months, a decision was made by HIQA to afford the provider more time to implement their action plan.

Since February 2017, the Board of Cork Association of Autism had received substantial support from their main funder, the Health Service Executive (HSE), to address the failings cited as grounds in the notices of proposal. This support took the form of secondments of senior management and clinical and quality personnel to provide the necessary leadership and competency required to drive improvement

across the service.

How we gathered our evidence:

As part of the inspection, inspectors met with or were introduced to four residents. Inspectors also met a senior manager on secondment from the HSE who fulfilled the dual role of chief executive officer and representative of the provider, social care leaders and staff on-duty. While the new person in charge had not yet formally commenced their three-month secondment in this centre and was completing their induction, they attended the feedback meeting and had a conversation with inspectors about key aspects of the service. Inspectors also reviewed relevant documentation, including recently completed assessments for residents, behaviour support plans, the risk register and a sample of care plans.

Description of the service:

The centre provided both respite and residential services specifically for adults with autism. The centre can provide accommodation and support for seven residents. Four residents can be accommodated in the respite house at any one time and the centre has capacity for three residents in the residential service.

The centre comprises two houses, one respite house and one residential house. Both houses were located on spacious grounds in a remote setting. A day service was also located on the campus. The service meets the criteria for a congregated setting.

Overall judgement:

Inspectors found that the secondment of suitably qualified and experienced managers to the service had resulted in significant progress in addressing deficits relevant to the quality and safety of the service being provided to residents. Significant work had taken place in relation to supporting a better understanding of safeguarding concerns. Residents were responding positively to support from a behaviour analyst, risks were being assessed with measures in place to reduce injury and harm and incidents were now being analysed and reviewed for any trends to better support residents. In addition, a system of staff supervision had been introduced, lines of responsibility had been clarified and a staff training programme was being delivered. Concerted efforts had been made to improve communication with families, advocates and the HSE safeguarding team.

While work in relation to the following had commenced, two failings remained at the level of major non-compliance pending their implementation:

- the systems in place at the time of inspection did not provide adequate reassurance that medicines would be administered as prescribed and that satisfactory measures were in place to mitigate against the risk of medication errors. While a new system had been developed, the implementation of that system had not commenced at the time of this inspection (outcome 12);
- a plan was required in relation to the governance and management arrangements for this centre in the medium- to long-term (outcome 14). A governance review had been commissioned by the HSE and was due to commence shortly to inform such a plan.

Other improvements were also required, including in relation to staff training and

support to provide an autism specific service, personal care and support plans and oversight of recommendations previously made in relation to restrictive practices and supporting individual needs.

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of 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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to respond to concerns raised about the safety or quality of care being provided in the centre.

Overall, progress was demonstrated against the grounds cited in the notices of proposal to cancel the registration of this centre as relevant to this outcome.

In response, the organisation had revised the complaints policy and a full review of how complaints were being managed in the service had taken place. The complaints officer was now identified as a member of the senior management team. The representative of the provider had met with families individually, and with the HSE confidential recipient in relation to their experience of how complaints had been managed and to seek to close complaints to the satisfaction of any complainant. At the time of inspection, there were no open complaints.

The representative of the provider outlined that a family forum was being introduced where family and staff from the service could meet on a regular basis to discuss issues relating to the service being provided to residents.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to ensure that a comprehensive assessment of needs had been completed for all residents. As a result, the provider had also failed to ensure that arrangements were in place to meet individual residents' on-going needs and to ensure that there were adequate arrangements in place for review of residents' personal plans.

Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to cancel the registration of this centre as relevant to this outcome. A comprehensive assessment of needs was yet to be completed for all residents, although progress was being made in this area.

Since the notice of proposal had been issued, the provider had made progress in relation to securing the services of appropriate healthcare and allied healthcare professionals required to complete comprehensive assessments of need. The services of a clinical psychologist had been secured. Where residents required more immediate inputs, for example, by physiotherapy or occupational therapy, these had also been sourced and completed assessments were informing the care to be provided to individual residents. For the longer term, the provider had taken steps to secure multidisciplinary supports that would ensure that a comprehensive assessment of needs would be completed for all residents. Multidisciplinary supports will be further discussed under outcome 11.

Personal planning meetings were scheduled or had taken place with involvement of residents and their representatives. The provider outlined that this process would be strengthened once a full multidisciplinary team is in the place. For residents who availed of the respite service, personal planning meetings were held in the day service, with clearly differentiated day service and respite goals. Progress against goals was monitored on a quarterly basis with reports sent to the social care leader in the service for review.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

One aspect of this outcome was included in this inspection. This was not specifically cited as a ground in the notice of proposal to cancel the registration of this centre but was included as it had been previously thought to have been resolved. However, the proposed previous solution had not proven effective and further action was now required.

A number of improvements had been made to the respite house in this centre since the previous inspection. There was new flooring in the kitchen and living areas, new carpet on the stairs and landing and paintwork had recently been completed. However, a room that was currently identified as a sensory room, was due for redevelopment to accommodate residents with mobility needs. The planned renovation will allow for the creation of an extra respite bedroom including en-suite facilities. The social care leader described how it was intended to retain a smaller sensory room following completion of the renovations. There was a plan developed by the provider and the housing manager for this work which had been submitted to the HSE for funding. However, input or assessment from a sensory occupational therapist had not been sought to assess residents' individual sensory needs and ensure that the sensory room would be a space that would meet residents' sensory needs going forward. This was discussed with the representative of the provider who had already identified that the current sensory room did not serve it's stated purpose.

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:

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

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to monitor the safety of the service being provided.

Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome.

At this inspection, progress had been made with respect to development of the risk management policy and risk register. The risk register had been recently developed and included the measures to control assessed risks including behaviours that may challenge, unexplained absence of a resident, manual handling, choking and self-harm. Individual risk assessments had also been completed for specific risks relevant to any individual resident. This risk register allowed for escalation of risks to the corporate risk register. Based on discussion and review of the risk registers, most key risks had been identified and were being managed by the provider. However, the risk associated with the safe administration of medication had been assessed as a low risk and as a consequence, had not been escalated to the corporate risk register. This risk rating did not reflect the system in place at the time of this inspection. This was discussed with the representative of the provider who demonstrated that the control measures required to reduce this risk had been developed at organisational level with a new system to be implemented shortly.

The health and safety officer had completed risk assessments for the environment and in relation to fire safety. Minutes of meetings between staff, health and safety and maintenance demonstrated follow through of any required actions. Personal emergency evacuation plans had been developed for each individual resident. In the respite house, emergency plans were then displayed for each resident who was availing of respite at any one time. Regular fire drills took place in both residential and respite parts of the centre. All staff had either received or were scheduled to receive fire safety training.

A new incident management system had been introduced. This ensured that all incidents were followed up by senior staff on duty and were reported to senior management of the service. A quality and safety committee had been introduced and reviewed all incidents and accidents, including any medication errors. A review of incidents over the previous three months demonstrated that incidents were being effectively analysed with action plans developed to address any emerging trends or areas of concern. One outstanding recommendation relating to behaviour support was noted and this is addressed under outcomes 8 and 14.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to put appropriate safeguarding arrangements in place to ensure that residents were protected from the risk of abuse and to respond to safeguarding concerns raised; to appropriately manage the use of restrictive practices; to ensure that adequate arrangements were in place to review behaviour support plans. Also, significant deficits had been identified in relation to the provision of training for staff in the areas of positive behaviour support, safeguarding of vulnerable adults.

Overall, satisfactory progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome. Further improvement was required to the restrictive practice committee to ensure effective oversight of any restrictive practices in use.

The provider had taken steps to address on-going issues concerning challenging behaviour between residents. A plan was in place to resolve this matter with more suitable alternative accommodation having been secured for a resident.

Progress had been made in relation to the arrangements in place to review restrictive practices. Restrictive practices were notified to HIQA each quarter. Any chemical restraint was overseen by a consultant psychiatrist. A restrictive practice committee had been recently re-convened for the service. An inspector reviewed the minutes of these meetings, which demonstrated that evidence to support the use of any restrictive practices was sought by the committee before sanctioning any practice although some restrictive practices were unsanctioned since February 2016. The representative of the provider agreed that the committee required further review and development to ensure its effectiveness and that a database had been developed to address the issue of restrictive practice review. In addition, while a new database had been developed to

record all restrictive practices, a timeline by which all practices would be reviewed had not yet been set out.

Residents had access to a psychiatrist. An external service provider also provided behaviour support services to a small number of residents. A psychologist had recently commenced in the service and a plan to commence assessments for residents on a priority needs basis was being developed. A behaviour analyst was working in the service and was providing support to other residents, along with advice and training to staff. Staff articulated how they were implementing recommendations made by the behaviour analyst. However, while a number of positive behaviour support plans had been developed with input from appropriate professionals in this field, not all had. While a behaviour analyst had been identified to commence supporting some individual residents, it was not clear whether or when all residents who required this support would receive it. The provider was addressing this gap by putting in place arrangements to assess residents' individual behaviour support needs as part of a comprehensive assessment of needs. This was previously referenced under outcome 5.

Staff training records indicated that training for staff had been provided in the areas of positive behaviour support and the safeguarding of vulnerable adults.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to adequately assess residents healthcare needs or to provide residents with access to the services of allied health professionals, where required.

Overall, some progress was demonstrated against the grounds cited in the notices of proposal to refuse and cancel the registration of this centre as relevant to this outcome. However, improvements were required to the development and implementation of residents' healthcare plans and other support plans and oversight of any recommendations.

Residents had access to a general practitioner (GP) of their choice, to out-of-hours GP services and to consultants.

As previously mentioned under outcome 5, the provider was actively sourcing the services of allied health professionals, as appropriate to residents' needs. The services of a clinical psychologist had been secured, with an occupational therapist and speech and language therapist commencing the week of this inspection. The provider also stated that some services were yet to be sourced, including physiotherapy, dietetics and social work. Where referrals had been recommended, for example with respect to supporting residents with swallowing difficulties, this was being actively followed up by a named manager.

A clinical nurse manager on secondment had been working with the staff team to develop new healthcare and other support plans for residents. However, healthcare plans viewed did not contain sufficient detail to direct the care and support to be provided to residents and support plans had not been developed for some areas of need e.g. communication, sensory needs. In addition, a number of recommendations viewed in assessment reports previously completed by healthcare professionals and restrictive practice committee minutes had not been followed through. For more recent assessments, while recommended actions were being discussed at weekly meetings and appeared to be implemented in practice, there was no tracking system to ensure that no recommendations were being missed.

In addition, as residents were often accompanied by family members during healthcare appointments, information required to inform the care to be provided to residents in this centre was not always available or sufficiently clear. The provider outlined the steps they were taking to attempt to address this gap.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Aspects of this outcome were inspected as they related to the grounds cited in the notices of proposal to refuse and cancel the registration of this centre. As cited in the grounds of the notices of proposal, a system was not in place for reviewing and

monitoring safe medication practices. However, at the time of this inspection, adequate reassurances were not provided in relation to the safe management of medication.

Some improvements were found at this inspection. Following a significant medication-related incident several months ago, the storage of medicines had been reviewed and new arrangements put in place. These arrangements significantly reduced the risk of residents gaining access to areas where medicines were stored. There were also provisions in place for the storage of any medicine that requires refrigeration. The social care leader was completing checks of some aspects of medicines management on a regular basis. A new incident book had been introduced and an incident system that allowed for the tracking of any medication-related errors. A review of recent errors did not identify any administration-related errors. All staff had received training in relation to medication management.

At the previous inspection, a social care leader outlined a new system that would be implemented to support safe medication management. A policy had been developed and approved by the Board that outlined the new system. This would be rolled out to staff in the short-term, with training delivered by a community pharmacist. The auditing system going forward would involve monthly internal audits and quarterly audits by a community pharmacist. However, at this inspection, this new system had yet to be implemented. As a result, a level of risk remained. For example:

- a medicine that had not been approved by relevant licencing bodies (medical or pharmaceutical) was being administered by staff;
- the documentation and recording of transcribed medicines did not ensure accuracy as it was not demonstrated that two persons were involved in the transcribing process, as required;
- a medication audit that considered all aspects of the medication management cycle was scheduled but had not yet been completed;
- a copy of the original prescription was not available for the purposes of verifying that medicines were being administered as prescribed by staff.

This outcome will remain at the level of major non-compliance pending the full implementation of the new system.

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

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

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

Findings:

Relevant grounds cited in the notice of proposal were reviewed on this inspection. As cited in the notices of proposal, the provider had not demonstrated that they were competent or capable of carrying on the business of the designated centre in compliance with the requirements of the Act, Regulations and Standards. The provider had also failed to demonstrate competence in the deliver of autism-specific services or to monitor the safety and quality of the service being provided. Finally, the provider failed to appoint a suitably qualified and experienced person in charge or other persons so as to ensure a good quality of life for residents.

Overall, the Board of Cork Association of Autism had received substantial support from their main funder, the Health Service Executive (HSE), to address the failings cited as grounds in the notices of proposal and both parties had been working collaboratively together. This support took the form of secondments of senior management, clinical and quality personnel to provide leadership and guidance and to implement improvements to the service being provided on the ground. However, a plan was not in place that detailed the governance and management arrangements for this centre in the medium- to long-term and the requirement for such a plan is the sole reason that this outcome remains at the level of major non-compliance at this inspection. A governance review had been commissioned by the HSE and was due to commenced shortly to inform such a plan.

The provider in their representation had stated that a review of governance and management structures would be completed by their main funder (the HSE) with a timeframe of 30 June 2017. At this inspection, while the review was behind the original timeline, the terms of reference had been agreed and the review was scheduled to commence shortly. The chairperson of the board of directors of Board of Cork Association of Autism confirmed at a meeting prior to this inspection that the board will remain in place pending completion of the review of governance and management of the service commissioned by the HSE and that the chairperson would be participating in this review.

Since the notices were issued, the HSE had seconded a senior manager to this service for a period of six months, who had also been nominated as representative of the provider in their interactions with HIQA. In addition, another senior manager was supporting the human resources (HR) function within the service. Clinical support was being provided for a half day a week to this service. The representative of the provider had identified that this arrangement was not sufficient to ensure that residents support needs were met and this finding is also evidenced under outcomes 11 and 12 (healthcare and medication management). The representative of the provider had responded proactively and had seconded a suitably qualified and experienced person on a full-time basis to progress a number of areas for an agreed period of time.

The post of the person in charge was vacant at the time of inspection but a suitably qualified and experienced manager had been identified to fill this post on a three-month secondment, pending the successful recruitment of a permanent person in charge. Inspectors met the prospective person in charge, who had already begun familiarising themselves with key challenges in the service.

In addition, two social care leaders were providing support to those on secondment. The social care leaders demonstrated that they were progressing actions discussed and agreed at weekly clinical safety and risk meetings.

Inspectors found that the secondment of suitably qualified and experienced managers to the service had resulted in significant progress in addressing deficits relevant to the quality and safety of the service being provided to residents. For example, significant work had taken place in relation to supporting a better understanding of safeguarding concerns. Information required to inform assessments of need was being collated, residents were responding positively to support from the behaviour analyst, risks were being assessed with measures in place to reduce injury and harm and incidents were now being analysed and reviewed for any trends to better support residents. In addition, a system of staff supervision had been introduced, lines of responsibility had been clarified and a staff training programme was being delivered. Concerted efforts had been made to improve communication with families, advocates and the HSE safeguarding team.

However and as indicated by the failings identified under outcomes 8, 11 and 12, improvement was required to ensure oversight of the quality and safety of care being provided, including the follow through and tracking of recommendations made by those providing health or allied healthcare support to residents.

The representative of the provider on secondment from the HSE had completed an unannounced visit to the centre and an inspector reviewed a draft of the report into that visit. The report considered key aspects of the quality and safety of care and support being provided to residents in the centre and identified areas that required improvement.

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

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

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

Findings:

Relevant grounds cited in the notice of proposal to cancel were reviewed on this inspection. As cited in the notices of proposal, the provider had failed to ensure that staff received appropriate training to support residents with autism or to provide an appropriate service that demonstrates an understanding and knowledge of autism. In addition, the provider had failed to ensure that there were supervision systems in place to ensure the safety and quality of care being provided.

Overall, some progress was demonstrated against the grounds cited in the notice of proposal, as relevant to this outcome. Further improvement was required to ensure that staff and management training and support needs were being fully identified.

At this inspection, inspectors found that a training needs analysis had been completed across the service and staff training needs were being continuously reviewed. A training matrix had been developed. Inspectors spoke with staff who said that they had received recent training in relation to safeguarding, positive behaviour support, infection control and medicines management. Some training still had to be organised, although this was being sourced by management, for example, in relation to communication and sensory training. The recent addition of an occupational therapist and speech and language therapist meant that there was now an arrangement in place for residents' communication and sensory needs to be assessed and supported. However, inspectors found that other staff training and support needs were evident. As indicated under outcome 11, an understanding of how to develop and implement care and support plans was not demonstrated. While the behaviour analyst had developed and was delivering an introduction to autism programme, this had been attended by three of the 13 staff to date. Inspectors observed examples whereby it was evident that staff required this training and on-going support in order to better understand and support persons with autism.

A supervision policy and programme had been devised and had commenced. A senior manager had been identified to provide training in relation to the supervisory process for all engaging in the supervision process. Inspectors viewed a document clarifying roles and responsibilities within the service, so that all management and staff grades would be clear in relation to their own role, responsibilities and reporting relationships. Team meetings also took place with a pre-agreed agenda.

Judgment:

Non Compliant - Moderate

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:

Julie Hennessy
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cork Association For Autism
Centre ID:	OSV-0002120
Date of Inspection:	13 June 2017
Date of response:	06 July 2017

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 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment of needs was yet to be completed for all residents to identify required supports and any associated staff training needs.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

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:

Additional work has commenced with other MDT members, MDT meetings will take place on a regular basis.

All outstanding comprehensive assessment of needs will be completed with revised support and care plans in place for every service user by 14 August 2017.

Proposed Timescale: 14/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Input or assessment from a sensory occupational therapist had not been sought to assess residents' individual sensory needs and ensure that the sensory room would be a space that would meet residents' sensory needs once renovations were completed.

2. Action Required:

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

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

Input from Sensory Occupational Therapist has been sought, and assessment will be completed and shared with Senior Management by 30 July 2017. Plans have been drawn up for reconfiguration of large room in respite unit to create mobility access bedroom and more appropriately designed sensory room.

Proposed Timescale:

OT input: 30 July 2017

Respite facility re-design: 31 December 2017

Proposed Timescale: 31/12/2017

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 risk register required further review to ensure that it accurately reflect the level of risk in the centre at any one time.

3. 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:

A review of the risk register will be undertaken and updated, as part of the quality and governance committee. This will be shared and discussed with all staff within the designated centre. Further training secured for key staff.

Proposed Timescale:

Risk register review: 14 July 2017

PiC, Senior Care Lead and team leaders from linked services received training in risk management from external specialist on 05 July 2017.

Proposed Timescale: 14/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The relevant committee that would review restrictive practices required further development to ensure its effectiveness and that a database had been developed to address the issue of restrictive practice review. In addition, a timeline by which all restrictive practices would be reviewed had not yet been set out.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Restrictive Practice Committee will now include members of the MDT team. Clear terms of reference are currently being drafted and will be in place by 21 July 2017.

Person In Charge has significant experience and knowledge of Restrictive Practice and Human Rights and will cascade Restrictive Practice training to all staff by 31 August 2017.

Proposed Timescale: Clear terms of reference are currently being drafted for the revised

Restrictive Practice Committee and will be in place by 21 July 2017.

Restrictive Practice training to all staff by 31 August 2017

Proposed Timescale: 31/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvement was required to ensure that residents had access to the full range of multidisciplinary supports required.

5. Action Required:

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

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

Residents will have access to MDT support via the organisation or by arrangement with the HSE.

Terms of reference for the organisation's MDT procedure will be implemented by 21 July 2017.

Proposed Timescale: 21/07/2017

Theme: Health and Development

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

As detailed in the findings, improvements were required to the development and implementation of residents' healthcare plans and other support plans.

6. 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:

A review has commenced on all healthcare plans and support plans, all revised healthcare and support plans will be in place by 14 August 2017.

Proposed Timescale: 14/08/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Adequate reassurances were not provided with respect to practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Revised Medication Policy in place, this will ensure appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines and will ensure that any medicine that is kept in the designated centre is stored securely and in place. The Quality and Governance Manager has commenced rolling out the Medication Management Training based on new policy across the organisation. This will be completed by 14 July 2017.

Weekly medication audits have also commenced across the organisation

Proposed Timescale: 14/07/2017

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:

As detailed in the findings, improvement was required to ensure that the service being provided was safe and effectively monitored.

8. 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:

The Quality and Governance Manager will complete monthly monitoring visits across the designated centres with particular focus on outcomes 8, 11 and 12, to ensure oversight of the quality and safety of care being provided.

Proposed Timescale: Commencing from July 2017 and monthly thereafter

Proposed Timescale: 31/07/2017

Theme: Leadership, Governance and Management

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

A plan had not been agreed that detailed the governance and management arrangements for this centre in the medium- to long-term.

9. 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:

Interim defined management structure is now in place within the designated centre, it identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision. Interim Person In Charge has commenced induction as of 12 June 2017 and formal role on 26th June following confirmation of vetting.

Recruitment of a permanent Person In Charge has commenced and will be completed by 31 Sept 2017

The Provider Nominee/Interim CEO and Organisation Board Chairperson will be part of the HSE Review of Governance and Management Structures Committee, this committee will recommend the the future governance and management arrangement for the centre

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Further review of staff/management training and support needs was required, for example in relation to supporting residents' communication and sensory needs, meeting the specific needs of adults with autism and in relation to healthcare and other support plans.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional

development programme.

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

Training needs analysis has been completed, outstanding and any refresher training will be completed by 15 Sept 2017. Also as part of each staff member's supervision, staff training will be reviewed. Significant catch-up programmes have been completed in respect of for example fire safety, safeguarding adults and selection/recruitment and dignity at work.

Proposed Timescale: 15 Sept 2017 and ongoing

Proposed Timescale: 15/09/2017