

**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 Asperger Syndrome Association of Ireland Limited
Centre ID:	OSV-0001530
Centre county:	Dublin 16
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Asperger Syndrome Association of Ireland Limited
Provider Nominee:	Desmond McKernan
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 September 2014 10:00 To: 30 September 2014 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspector visited the designated centre and met with residents, relatives and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The provider had been involved, with other parents, in setting up the service in 1995. The reason was to provide support for those with the Asperger Syndrome and their families, and to encourage and undertake research into the condition. It is their aim to support people with Asperger Syndrome to lead full and independent lives.

There is an elected Council, who are elected annually. They provide support to the whole organisation, including the designated centre.

The provider was aware there were significant areas where improvement was needed, and he was committed to making arrangements to get support to ensure the improvements were made.

The day of the inspection was the first day in post for the person in charge. She was very familiar with the residents and their preferred routines and activities as she had worked at the centre for eight years. Her experience in management was limited, but the provider was committed to supporting her to receive training and support to develop her management skills. She was knowledgeable about the standards and the regulations, and had some clear ideas about how to improve different aspects of the service provided. She was very clear that improvements were needed, and told the inspector she was committed to making them.

The designated centre was a semi-detached house, in a residential area. There was a range of amenities in the local area such as shops and public transport. The house had four bedrooms, two lounges, a kitchen diner and bathrooms on both floors. There was also a garden, and a garage.

Overall the inspector found that the residents received a good service, and were supported to have an active lifestyle which was as independent as possible. They were seen to live in an environment that was well maintained, and met their needs. The staff team that supported them were caring and knowledgeable about their needs. There were personal support plans that set out their needs, and healthcare records showed all their needs were identified and support was provided by the relevant medical professionals.

However there were significant areas of non-compliance with the regulations. A number of the actions in this report remain outstanding from the last inspection.

Areas of non compliance included a significant gap in policies to guide practice in the centre, for example protection of vulnerable adults, medication management, and emergency planning. There were also some gaps in the care plans which should have clear guidance about how residents needs will be met. There was no record of resident's possessions, gaps in staff recruitment records, no emergency plan in place, and no training for staff about protection of vulnerable adults

All of these issues are discussed further in the report and included in the action plan at the end of it.

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):

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights. However, there was no record of the possessions they had in the home.

Records were seen of a regular meeting held in the centre with the residents to cover any issues or arrangements. They would discuss planned trips, managing money, and anything else the residents wanted to bring up. Residents both signed the minutes of these meetings.

Staff informed the inspector that there was always informal discussion and anything could be arranged outside of the meetings, but that the residents like the structure of having a regular meeting.

Staff reported that as the service is small it is run around the preferred routines of the residents, and they are able to make choices about how to spend their time. Staffing arrangements would support these preferences.

There was a complaints procedure available in the centre, some work was needed to ensure it was consistent with other documents, but it did provide the information about the process to follow when making a complaint. It included an independent person that could follow up the complaint if they were not satisfied with the outcome.

It also included contact information for advocacy services if the residents wanted to access them.

At the time of the inspection no complaints had been made.

Staff were seen to treat the residents with dignity, and respected their chosen routines. Each resident had their own range of activities, this included attending college, accessing local shops and pubs, and walking in the local parks. Any support provided was done in line with the residents assessed needs, and they were supported to be as independent as possible. Facilities were available for residents to carry out laundry independently or with assistance.

Residents were registered to vote and made the choice about whether to do so at each election.

Staff reported that where residents had religious beliefs they were supported to exercise these.

Inspectors saw that each resident had their own room that they had personalised with their own possessions. However, at the time of the inspection there was no record of the residents' possessions. The action for this is made under outcome 18.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate, appropriate to their identified needs.

Staff were very familiar with the communication needs of the residents, in particular sensitivity to noise levels. Their needs and preferences around communication were recorded in their support plans.

Records showed, and the inspector saw that residents were accessing a range of facilities in the local community, including local education centres, shopping centres and public transport such as the Luas.

During a tour of the premises the inspector saw there were TVs, and radios in the house, and residents had laptops and enjoyed accessing the internet. Staff said

residents could buy papers and magazines in local shops.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Records showed that residents were in regular contact with their families. Their support plans clearly identified the relationships that were important to them, and they were supported to maintain those relationships.

Family were able to visit the centre at times that suited the residents, and residents also went to visit their relatives regularly, and also go on holiday with them. This was confirmed by a family member.

Residents had their own room, and there were two lounge areas, which meant residents could always see visitors in private.

Staff reported that families were kept informed of the resident's wellbeing, in line with the resident's wishes. Records also showed they had attended meetings in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There was a clear process to support residents moving in and out of the centre, and each resident had a written contract that set out the details of the services they would receive.

The admissions policy set out the process that would be carried out as part of the decision making process about new people moving in to the centre. At the centre of this process was considering the impact it would have on the current residents.

The document explained that as part of the process an assessment would be completed of the potential resident's needs, and any risks they were aware of. The admission criteria included a formal diagnosis of Aspergers Syndrome, as the service was specific to meeting the needs of residents with those needs.

There was a written contract developed. Inspectors saw that residents had agreed a written contract that included the support, care and welfare needs that were to be met by the service. They had signed their agreement to the contract.

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):

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

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes. However, there was not a full record of contact with other professionals, and some needs were noted in annual reviews that did not have plans of how they were to be met.

Each resident had a personal support plan that set out their current needs and skills. It focused on topic such as 'what is important to me now', 'my life now' and 'important people in my life'.

The plans also set out some goals for the residents that included things like joining a local library, attending Irish Speakers classes, and finding work opportunities.

It was noted there was more detail for one resident than the other, and some areas of interest had not been detailed at all, for example one resident's goal to find employment following their achievement of their academic degree.

Residents had contact with other professionals to support them in managing any identified needs, for example psychiatrists and counsellors. In some cases family supported the contact with medical professionals. It was noted there was no information on the outcome of these meetings.

The Inspectors reviewed the documents and saw evidence that the plans were reviewed every four months, and annually. Residents were involved in the planning meetings, and had signed the documents that made up their personal support plans. Families were also involved in line with the resident's agreement.

It was noted in the annual reviews that issues were discussed about residents needs, however there were no care plans that set out how those care needs were going to be met, for example anxiety issues and eating inappropriate items.

Both residents were seen to be living active lives as part of the local community, and developing new skills and qualifications. The personal plans supported their ongoing development.

At the time of the inspection no moves were being planned in or out of the centre, but the provider and person in charge said it would be a thought out process, and in line with the resident's wishes.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the designated centre was suitable in its layout and design.

The house was a semi-detached property on a residential street. There were shops and pubs locally, and close access to public transport. The house was also in walking distance of some of the local parks that residents enjoyed visiting for walks.

The house was in good condition, well maintained and homely. Risk assessments were being developed to include the premises. Storage of chemicals was in place to ensure risk of injury were reduced, and the premises were kept clean and tidy to ensure there were no hazards linked to tripping.

Residents had been involved in the decoration of the communal areas of the house, and it reflected their interests and tastes.

Residents gave permission for the staff to show the inspectors their bedrooms. Each was decorated to the resident's choice, with their own TV, photos, and other furnishing of their choosing.

There was a kitchen diner that included all of the equipment needed to store, prepare and cook food. There was a washing machine for residents to use.

There were an adequate number of bathrooms to meet the needs of the residents, with a bath and shower. There was a garden directly accessible from the house.

Judgment:

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):

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

Findings:

There were some systems in place to promote and protect the health and safety of residents, visitors and staff. However, there was limited guidance to guide staff around issues of health and safety, the risk policy did not include the required information, and there was no emergency plan in place.

The provider was working towards developing a range of policies and procedures, but at the time of the inspection there were significant gaps.

There was a policy in place that covered Health, Safety and Welfare. It included the safety statement as an appendix, and set out arrangements for identification of hazards

and risks.

There was a risk management policy but it did not cover the areas required by regulation 26 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example it did not include the measures and actions in place to control risk in relation to unexpected absence of residents, and self harm.

There was a risk register in place to support the person in charge to identify risks. This was going to be developed further to include a broader range of risks. It was also going to make sure the recording of the issue was clear, scored, and then prioritised in order for addressing them.

There was a policy on how to manage incidents that occurred in the centre and the records of those that had been reported was seen to follow the guidance in the policy. The new person in charge planned to do audits of the incidents to identify if any changes were needed to reduce the risk of them happening again.

There was no emergency plan available in the centre, and no arrangements were in place should the building not be fit for residents to return to following an incident.

There were some infection control measures in place, for example cleaning products for different areas of the house. However, there was not a policy in place to guide staff in what steps they should be taking for the prevention and control of infection.

There was a range of fire equipment available in the house, including a fire extinguishers, fire blankets and emergency lighting. It was recorded on the equipment that it had been serviced. All fire exits were seen to be unobstructed.

Service records were seen for the emergency lighting, fire fighting equipment and the fire alarm. There was also one in place for the gas boiler. There were also daily checks completed by staff on the alarm, the emergency lighting, extinguishers, and daily checks on the fire exits.

There was a fire plan in place that described the route to use in an evacuation. Fire drills had been completed six monthly. Records were seen that recorded the date and time of the drill, who took part, and the outcome of the drill.

Other maintenance in the centre was completed by local trades people identified by the provider.

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

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

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

Findings:

Measures required to protect residents from being harmed or suffering abuse were either basic or not in place.

Staff spoken with had some awareness of the types of abuse that the residents may be at risk of but their knowledge about what to do was limited because they had not received training and the policy would not guide them.

The policy focused mainly on protecting children from abuse, and the procedure to follow when concerns or allegations were reported, however it did not include the same level of information for vulnerable adults. Therefore it would not support the staff, person in charge or provider to be clear about what action they would need to take, and who else to notify. The action for this is made under outcome 18.

No allegations of abuse had been made, but at the time of the inspection the inspector found the person in charge was not clear on how it would be handled. The provider was going to arrange for training for them to ensure they understood their role clearly.

From the records that were in place, it was clear efforts were taken to identify and alleviate the underlying causes of behaviour that challenged and limited resident's ability to access the community. There were written specialist therapeutic interventions put in place with input from psychologists linked with the service. The behaviour support plans covered current issues, intervention strategies, and interventions that would not be suitable. There were also risk assessments, and risk benefit analysis documents for activities where there may be a risk of the person displaying behaviour that challenges. However, there was no policy in place that covered the organisations approach to managing behaviour that challenges or any guidelines on how they should be managed. The action for this is made under outcome 18.

A number of behaviour support plans were reviewed by the inspector and they were found to be informative and guided practice. However, they did not fully detail all of the behaviour that a resident may display. Some behaviours were seen to be discussed during the annual review, but there were no plans about how the resident was to be supported in relation to those issue, for example smoking and ingesting non-food objects.

There was no policy to guide practice in relation to restraint. The action for this is made

under outcome 18. Where limits were being set on residents it was reported that there were agreements in place, however these were not available on the residents files. For example limits on undertaking repairs of personal possessions such as radios.

The records relating to residents finances were reviewed. They were seen to provide a clear record of the resident's balance and spending. Residents had bank accounts and were able to access their money when they needed to.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

At the time of the inspection the provider had submitted notifications required at the end of each quarter of the year. The person in charge stated no other notifications had been required as none of the adverse incidents listed in the regulations had occurred. The inspector reviewed the incidents log, and this did not see any incidents that should have been reported.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. She was clear of what incidents needed to be notified and the timescales in which they must be completed.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents had opportunities for new experiences, social participation, education and employment.

From the information staff provided, it was clear that educational achievement was valued and proactively supported, and a resident had recently achieved his goal of achieving a degree from a local university.

The residents were engaged in a range of activities that interested them, and encouraged development of their skills. They accessed the local community with their family and friends, and enjoyed a range of social activities.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

There was very good links to general practitioners (GP's) and allied professionals including psychiatry, counselling services, dentist, and opticians.

Clear records showed when residents had accessed the GP. Residents accessed a local practice and had been able to choose between a male and female doctor. They attended appointments individually or with support if needed.

Records were maintained around identified health needs to help identify patterns, and to support the resident to manage the condition. These were shared with the medical practitioners at arranged appointments.

Residents chose the meals that were served in the house. They like a clear routine around times that meals were served. Residents supported staff to do the shopping, and also supported with preparation and cooking of main meals. Snacks and packed lunches were prepared by the residents when they were needed.

The meals were seen to meet the resident's needs in relation to healthy eating plans, and preferences. There was information about choosing healthy meals and ensuring they were wholesome and nutritious, for example considering fibre intake.

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):

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

Findings:

The inspector found there were no policies available that covered the safe administration of medication. Therefore the management of medication in the home relied on individual staff knowledge.

As there was no policy in place, there was no guidance for staff on the safe administration, storage, audit and disposal of medication. The action for this is made under outcome 18.

The training records showed staff had undertaken the safe administration of medication training course and they were able to describe the process for administration and disposal of medication, however without clear guidance there was a risk of errors occurring.

When the log of medication errors was reviewed, a number had been made, mostly relating to the medication administration sheet not being signed. Another example was a single unidentified tablet being found in the medicine storage unit.

The medication administration sheet was seen to be completed in relation to the administration of medication. However, it was noted the template did not include the residents address or their photograph.

Staff reported to the inspector that medications were collected from a local pharmacy, and they were able to check each daily dose against the original prescription.

Records showed that the GP reviewed medication every 3 months, or as required.

There was a policy in place on self administration of medication. One resident had completed the learning process and the risk assessment, as set out in the policy, and was now managing the administration of their own medication. There was a consent

form signed by the resident covering all the terms that covered the arrangement. The resident also signed for medications when they received them from staff.

There was clear guidance around the use of 'as required' (PRN) medication, with clear instructions on the condition being treated, when to use it, and how to check if it was taking effect.

The person in charge said they would be reviewing medication practice, and observing staff practice. She also explained she would audit medication errors, and may require staff to repeat their training if she thought it be beneficial.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose that met the requirements of the regulations.

Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep this document up to date, and to notify the authority of any changes.

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):**Findings:**

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care services.

Aspire was established by a small number of parents in 1995 to provide support for those with the Asperger Syndrome and their families, and to encourage and undertake research into the condition. It is their aim to support people with Asperger Syndrome to lead full and independent lives.

There is an Annual General Meeting each year, usually in November, and the Council for the coming year is elected from the members either present or nominated and seconded by another member.

The Council meets usually five or six times during the year and all matters affecting the Association, including any matter relating to the residential unit, are discussed other matters decided.

The inspector discussed the governance systems in the centre, and although the council was in place, it was not receiving information about the designated centre in a systematic and robust way, for example there were some serious issues raised in the previous inspection report, but the provider was not able to explain how information had been shared, and what guidance had been given by the council to address them. Many of the actions remained outstanding.

The provider advised the inspector that the person in charge provided a report to them every month, and could raise issues at any other time. This covered topics such as incidents and accidents, incidents of challenging behaviour and any changes to the resident's needs.

The provider was in the centre daily, so the person in charge could raise issues with them at any time. He was satisfied that this arrangement ensured he was up to date with the way the centre was being run. The person in charge confirmed that this was the case.

The person in charge had worked at the centre for eight years, and recently been promoted. Through the discussion held on the day, the inspector found that their knowledge about managing the service was limited, but they knew the residents very well. They planned to undertake training in management to improve their knowledge. They were keen to learn, and had some good ideas about how to improve the provision of support at the service.

The staff rota showed there was one member of staff working each shift, and the manager worked office hours Monday to Friday. There were on call arrangements at all times for the staff working in the centre, with the person in charge, or a senior care staff being available.

At the time of the inspection, there was no evidence that the provider was carrying out six monthly visit to the centre, in order to report on the safety and quality of care and support provided in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider was able to explain to the inspector the contingency plans in place to manage any such absence. One of the senior staff members were responsible for deputising in the absence of the person in charge. It was seen on the rota that this was the case.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources to meet the needs of residents.

The inspector observed there was sufficient staff to meet the needs of the residents. This supported them to be involved in their chosen activities, whether independently or with the support of the staff. Staff also confirmed that they felt there were enough people on the rota to effectively support the residents in their chosen activities.

The inspector observed during the inspection that the centre was meeting the needs of the residents and they had the facilities they needed to live active and, as much as possible, independent lives

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):

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

Findings:

The inspector observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection. However, there were significant gaps in the required recruitment documentation and although there was a system for staff supervision, there was no one to operate it.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. When spoken with a resident said staff were nice.

The inspector saw records that showed all of the staff team had completed fire training and manual handling. However none had completed training on adult protection. The action for this is made under outcome eight.

It was also seen in the training records that training had been provided to staff including topics such as safe administration of medication, first aid, Autism and Aspergers, principles of person centred planning, food hygiene and infection control.

The inspector reviewed a selection of the records stored in the centre relating to staff recruitment. They were all found to have gaps. There was no proof of identification for

two, and no evidence of garda vetting being sent off for three (the provider said they had been sent, but had not been received back) and three did not have two references in place. The inspector did not see a policy that detailed what the recruitment process should be on the day of the inspection.

Staff appraisals were being carried out, and they covered the staff member's performance, any issues the staff wanted to raise, and any terms and conditions issues.

The person in charge explained to the inspector that there had been a system of staff supervision in place under the former manager, and records confirmed these took place. The new manager did not have experience in supervising staff, but the provider intended to purchase support for the person in charge to train them.

Judgment:

Non Compliant - Moderate

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:

The inspector found that there were systems in place to maintain records, however they were not always complete. Many of the policies required by the regulations were not available.

The inspector read the draft residents' guide and found that it provided some detail but needed further work to ensure it covered all of the required areas.

The inspector saw some written operational policies were in place that would provide guidance to staff, however a number of the policies reviewed on the day were not relevant to the centre. For example the lone working policy and the protection of children and vulnerable adults policy.

The inspector observed that a large number of the policies required by schedule 5 were not available. For example, provisions of behavioural support, residents personal

property, personal finances and possessions, medication management, and recruitment of staff.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up to date.

Satisfactory evidence of insurance cover was provided to the Authority, and reviewed by the inspector.

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:

Helen Lindsey
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 Asperger Syndrome Association of Ireland Limited
Centre ID:	OSV-0001530
Date of Inspection:	30 September 2014
Date of response:	05 November 2014

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:

Full records of multidisciplinary involvement for each resident were not available.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

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

multidisciplinary.

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

The organisation has reviewed this and shall amend this to take effect immediately.
Records of multidisciplinary involvement to be recorded in each client's personal folder.

Proposed Timescale: 04/11/2014

Theme: Effective Services

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

Not all identified needs of residents had a plan of care that set out how those needs were going to be met.

Action Required:

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

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

Person in charge, in conjunction with key workers and social care workers will update personal care plans to reflect the needs of the client in a more detailed manner.

Proposed Timescale: 29/12/2014

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:

A detailed emergency plan that set out the system for responding to emergencies was not available.

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 organisation has consulted with a Health and Safety Officer. A detailed emergency plan is to be put in place. A risk management policy that pertains to regulation 26 of the Health Act 2007 to be implemented. A risk register provided to be more accurate to include wider framework of risks. Infection control policy to be implemented to prevent and control infection.

Proposed Timescale: 29/03/2015

Theme: Effective Services

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

The risk assessment policy did not include all of the elements listed in the regulation, including measures and actions in place to control unexpected absence of any resident, accidental injury, aggression and violence and self harm.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Training being undertaken by all staff on 15/12/2014 in Vulnerable Adults. Policy on Vulnerable Adults in final stages of completion focusing on specific client group. Behaviour support plans to be amended to include all behaviours residents may display. A policy on restraint to be implemented to specific client group.

Proposed Timescale: 29/01/2015

Theme: Effective Services

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

Although some infection control measures were in place, there was no policy to guide practice.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Infection Control Policy to be implemented to guide staff.

Proposed Timescale: 29/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Where residents had behaviours that challenge there was not always a support plans in place to detail how they were to be supported.

Action Required:

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

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

Support plans to be updated with more concise information.

Proposed Timescale: 29/12/2014

Theme: Safe Services

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

The person in charge did not have the knowledge and skills needed to conduct an investigation in relation to incidents or allegations of abuse.

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:

Person in charge to undertake Vulnerable Adults training on 15/12/2014.

Proposed Timescale: 15/12/2014

Theme: Safe Services

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

The staff had not completed training on the protection of vulnerable adults.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff to undergo training in protection of Vulnerable Adults on 15/12/2014

Proposed Timescale: 15/12/2014

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:

Suitable practice to ensure residents got the correct medication were not in place as

medication administration records did not include:

- photographs
- address of the resident

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:

Medication records to be updated with photograph and address of residents. Policy to be implemented in management of medication to help guide staff in their practise.

Proposed Timescale: 01/03/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Effective monitoring systems that included the elected council were not in place.

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:

Service provider to put systems in place to be compliant with this regulation.

The director of services shall be responsible for discussing and documenting matters pertaining to the Residential Service. The council shall have input into the residential service. The Governance of the residential unit shall be a separate topic in each of the council meetings and documented in it's entirety to guide management.

The person in charge has consulted with an external agency, a mentoring service will be sought from them for her. Regulatory requirements for a relevant management course to be undertaken.

Director of Services to carry out a documented six monthly visit to the house to attest to the safety and quality of care of residents.

Proposed Timescale: 01/03/2015

Theme: Leadership, Governance and Management

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

the following respect:

At the time of the inspection the registered provider was not conducting an unannounced visit to the centre to report on the safety and quality of care provided.

Action Required:

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

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

Service provider to begin unannounced visit every six months and provide a detailed report regarding any concerns and quality of care.

Proposed Timescale: 01/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

At the time of the inspection the recruitment records for staff were not complete.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

To be updated immediately. All staff made aware of requirements in personnel files.

Proposed Timescale: 29/12/2014

Theme: Responsive Workforce

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

The person in charge had not undertaken training in carrying out formal supervision of staff. Therefore it was not being done.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Training being sourced in conjunction with an outside company.

Proposed Timescale: 01/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Many of the policies listed in schedule 5 were not available in the designated centre.

This included, but is not limited to:

- the prevention, detection and response to abuse
- incidents where a resident goes missing
- provision of behaviour support
- the use of restrictive procedures and physical, chemical and environmental restraint
- medication management
- communication with residents
- monitoring and documentation of nutritional intake
- risk management and emergency planning
- residents personal property, personal finances and possessions.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

All policies being reviewed and in the process of development. Seeking advice from an outside company.

Proposed Timescale: 01/05/2015

Theme: Use of Information

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

There was not a record of furniture brought by the resident into the room they occupied.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

To be implemented immediately. Records of previous furniture bought to be made available in residential unit.

Proposed Timescale: 29/12/2014

Theme: Use of Information

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

The residents guide was only available in draft, and did not include the information required by the regulation.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

Residents' guide to be finalised including information required by regulation.

Proposed Timescale: 01/03/2015