

**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 Autism West Limited
Centre ID:	OSV-0002065
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Autism West Limited
Provider Nominee:	Tressan Dooley Kelly
Lead inspector:	Lorraine Egan
Support inspector(s):	Ann-Marie O'Neill;
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

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

The inspection took place over the following dates and times

From: 30 October 2014 09:15 To: 30 October 2014 19:40

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 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The purpose of the inspection was to review the provider's progress in response to required actions from the inspection of 9 and 10 July 2014. As part of this inspection, inspectors met with residents, the newly appointed deputy person in charge and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records and policies and procedures.

There had been a change to the management of the centre since the previous inspection. The previous provider nominee had resigned as provider nominee in August 2014.

The person in charge was on long term sick leave since the previous inspection. In her absence the deputy person in charge had been appointed as person in charge

and a member of staff had been appointed as acting deputy person in charge.

Inspectors followed up on the required actions and found that progressed had been made in the majority of actions.

The inspectors were satisfied that required actions relating to areas including access to advocacy services, the assessment of and response to residents' health and social care needs, the provision of an effective and accessible complaints procedure, health and safety and risk management procedures and financial procedures had been completed.

Actions that related to areas including consultation with residents, access to employment and training opportunities for residents, supporting residents to make links with the community, medication management and the provision of training for staff were either partly addressed or in the process of being completed.

Required actions relating to the procedures in place to control self-harm, the emergency procedure, consultation with residents in relation to the use of restraint, the arrangements for supporting residents until the end of their lives, unannounced visits to the centre by the provider, staffing files, the procedure for responding to an allegation of abuse and the provision of the policies and procedures as required in the Regulations had not been addressed.

The findings are discussed further in the report and improvements required and the provider's response are included in the Action Plan at the end of the report. The provider did not respond to two actions and the Authority is considering further regulatory action in regard to this issue.

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):

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

Findings:

The terminology used in documentation had improved. Staff had received training in report writing skills and an inspector was told this included appropriate terminology. The deputy person in charge said that she and the person in charge ensured that appropriate language was used by staff at all times.

Residents had been supported to access independent advocacy services. Meetings had taken place with an advocate which were attended by residents, family members and staff members. Staff had been spoken with regarding their role in supporting residents to access the advocacy services.

Information on residents' rights was available in the centre and the inspector was told that staff and management had spoken with residents regarding their rights and would continue to do so.

Consultation with residents was evident. The daily meeting was used to ascertain residents' wishes for the running of the centre on a day to day basis including the plan for each resident for the day. Residents were observed making choices regarding their day and the consultation was respectful and inclusive.

Some improvement was required to the weekly resident meetings as these were not taking place every week. Documentation viewed showed that a number of these meetings had taken place and that residents had been consulted with about a variety of areas such as food choices, holidays, the provision of documents in an accessible format, the visit of the advocate and one meeting was dedicated to ascertaining if

residents were happy with their day to day support.

Personal plans had been updated and there was evidence that residents had been consulted with in relation to their goals. However, improvement was required as there was no documentary evidence that residents had been consulted regarding the use of physical restraint.

The centre had implemented a personal property register for each resident. An inspector viewed a sample of these and found improvement was required as while these had been completed by staff there was no evidence the person in charge was overseeing the property registers to ensure accuracy.

There was no documentary evidence the centre had progressed regarding supporting residents to control their own personal finances. The deputy person in charge told an inspector that the provider had initial discussions regarding this. In the absence of this there was little documentary evidence that all residents were being supported to access their money. Not all residents had full access to their money and there was no evidence this was being addressed by the centre.

Residents were receiving support in accordance with their assessed needs. Residents had been supported to access necessary supports such as psychiatry, psychology, speech and language therapy, occupational therapy, nutritional support and behavioural support. A record of the assessments carried out was maintained in residents' personal plans and recommended actions had been implemented.

Residents had been supported to access facilities for occupation. This is discussed further under Outcome 10: General Welfare and Development.

The centre had introduced new tools to enable them to assess residents' interests, for example the daily meetings and weekly house meetings. Documentation was being maintained. The deputy person in charge told an inspector that the centre would continue to assess and respond to residents' interests.

The complaints procedure had been provided in an accessible format for residents and was displayed in a prominent position in the centre. The appeals procedure had been amended to include access to advocacy services for residents. The person nominated to maintain a record of all complaints was detailed in the procedure.

Judgment:
Non Compliant - Minor

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):

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

Findings:

Residents' communication needs had been assessed and the resulting recommendations had been implemented by the person in charge and staff team.

Access to assistive technology and devices had been addressed. Residents were supported to use technology to support them in communicating, for example residents were using tablet devices.

Communication aids such as pictures of items and photos of residents were used to communicate with residents in a number of areas, for example in relation to residents' daily needs such as personal care, meal times, activities and laundry.

Some staff had received training in communicating with residents using 'Lámh' sign language. However, not all staff had received this at the time of the inspection. The deputy person in charge told an inspector that all staff would be receiving this training.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The centre was in the process of recruiting volunteers to assist residents in making friends and developing links with the local community. The deputy person in charge told an inspector she would be undertaking the role of coordinator of the volunteer

programme. She had attended training and was in the process of developing a policy outlining the role of the volunteers in the centre. The volunteers had not commenced in the centre as the centre was waiting for Garda vetting for the volunteers.

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:

Each resident had a contract which set out the services to be provided and all fees were included in 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:

Residents' personal plans had been amended to include a comprehensive assessment of the health, personal and social care needs of residents. Recommended actions were

being addressed and residents were being supported to identify and achieve goals.

Personal plans included an outline of the supports necessary to maximise residents' personal development. There was evidence residents were being supported to become more independent and develop skills in areas such as personal care.

Residents had been involved in the preparation and review of their personal plans through the use of 'circle of support' meetings which were attended by the resident, their family and the centre's staff.

Personal plans were available in an accessible format and were kept in residents' bedrooms.

Judgment:

Compliant

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):

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

Findings:

The centre was clean throughout and there was evidence the boiler had been serviced.

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:

The risk management policy had been amended to include:

- the arrangements in place for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.
- the measures and procedures to prevent and respond to the unexplained absence of a resident, any accidental injury to residents, visitors and staff, and aggression and violence.

The risk management policy did not contain the measures and procedures in place to prevent or respond to self-harm.

The centre had implemented a centre specific risk register to identify and control risks in the centre. Risks identified by inspectors on the previous inspection had been addressed. The cleaning equipment was no longer stored in the centre's boiler house and the step from the kitchen to the utility room had been assessed and a control measure put in place.

Inspectors tested the temperature of the water and found it did not pose risk of scalding. The deputy person in charge told an inspector that a thermostatic control had been fitted to the water supply.

Improvement was required to the centre's emergency procedure. It did not provide clear guidelines for staff to follow in the event of an emergency in the centre.

Judgment:

Non Compliant - Minor

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:

Some staff had received training in the management of behaviour that is challenging including de-escalation and intervention techniques. The deputy person in charge told an inspector that the remainder of the staff were scheduled to attend this training the following week as per the previous action plan response.

Staff were recording incidences of behaviours that challenge. The deputy person in charge told an inspector that this information would be used to inform the behaviour support plan which would be compiled for some residents.

Restraint was used only as a last resort and the deputy person in charge told an inspector there had been no incidences of physical restraint since the previous inspection.

There was no evidence that the behavioural interventions which would be used as a last resort had been signed to indicate agreement by the resident as per the previous action plan response.

A sample of residents' intimate care plans were viewed by an inspector. The plans clearly outlined the supports required by the resident. Staff spoken with were clear regarding the support residents needed and preferred for their personal care.

The procedure for supporting residents to manage their finances had been improved. A ledger for each resident of incoming and outgoing money was maintained with receipts for purchases. An inspector viewed a sample of these and found the balances and receipts were accurate. The person in charge had implemented a system whereby she completed a monthly audit of each ledger and the accompanying receipts and balances to ensure these were correct.

Judgment:

Non Compliant - Minor

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):

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

Findings:

All required notifications had been submitted to the Authority. The deputy person in charge was aware of the required notifiable events. The centre had implemented systems to ensure all required notifications were submitted to the Authority within the specified timeframes.

<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Residents had been supported to access opportunities for training and employment. Some residents were accessing work experience in areas of interest to them and others were being supported to develop skills using a recognised model. Further development of this was required as there was no documented plan regarding the expansion and development of residents' skills and wishes in this area. Some residents were completing the work allocated to them in a short time period and this required development to ensure residents were receiving ongoing support to develop skills.</p>
<p>Judgment: Non Compliant - Minor</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: An inspector viewed a sample of residents' healthcare plans and found that these were comprehensive and that positive outcomes were evident for residents. Some residents had lost weight as a result of a newly implemented healthy diet and this had a further positive impact on residents' blood sugar levels.</p>

Residents had a comprehensive assessment by a speech and language therapist. Care plans had been implemented as a result of the assessments.

There was evidence that residents had been consulted with regarding the choice of a general practitioner (GP).

The policy on end of life supports which was outlined in the previous action plan response was not available in the centre. The deputy person in charge told an inspector that the policy had not been issued to the centre. This is actioned under Outcome 18.

The personal plans for residents' end of life care had not been developed as per the previous action plan response.

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 centre had addressed the required actions however, the inspector found that some medication practices required improvement.

The actions which had been addressed were:

- medications were signed by the general practitioner (GP).
- the maximum daily dose of PRN (as required) medications was included on prescription sheets.
- protocols for administering PRN medication provided clear guidance.

A new medication press was in place which included a pull out tray for staff to prepare medications on.

Some medication errors had been responded to by the person in charge. For example, medication errors had highlighted that errors were occurring in the mornings and extra staffing had been allocated in the mornings to address this. However, there was no documentary evidence that the person in charge had responded to all identified

medication errors. The action pertaining to this is under Outcome 18: Records and documentation to be kept at a designated centre.

Improvements were required to prescription sheets. It was not evident that prescription sheets had been reviewed by the general practitioner (GP). Drug recording sheets were not consistent with prescription sheets and an inspector was told this was due to a change in the prescription sheet, however the date on the prescription sheet was inconsistent with this information.

Improvement was required to the drug recording sheets. There was inadequate space for recording medications which were prescribed outside the times outlined on the drug recording sheet and the recording of the administration of medications was not adequately clear.

The medication policy was in draft format and had not been implemented. The timeline for implementation of the policy was the day after the inspection as per the previous action plan response. There was no plan in place regarding educating and informing staff members of the policy. The inspector did not view the draft policy.

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):

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

Findings:

An inspector viewed the centre's statement of purpose and found it did not include all information specified in Schedule 1 of the Regulations.

It did not include the arrangements for residents to engage in social activities, hobbies and leisure interests and some information contained in the statement of purpose was not accurate.

The documented management of the centre had not been amended in line with the changes which took place in August 2014. In addition, the organisational structure of the centre was not accurate as the residents and their families were included in the structure.

Furthermore, the statement of purpose did not adequately outline the fire precautions and associated emergency procedures in the centre.

Judgment:

Non Compliant - Minor

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:

There had been a change to the management in the centre. The new deputy person in charge was present on the day of the inspection. She clearly demonstrated competence in relation to her role.

The overall compliance of the centre and the actions which had been addressed and were in the process of being addressed showed that the new person in charge was competent.

The person in charge and the deputy person in charge had their roles and responsibilities including the lines of authority and accountability clearly outlined in writing. An inspector found that both the person in charge and the deputy person in charge were fulfilling their roles as outlined.

Systems had been implemented by the person in charge and the deputy person in charge to ensure the service provided was safe and appropriate to residents' needs.

The provider's previous action plan response stated an annual review of the quality and safety of care in the centre would be undertaken on an annual basis in March of each year. However, there was no evidence of auditing or reviewing of the quality and safety of care to inform the annual review.

The provider and other members of the organisation's governing board had visited the centre twice a month since the previous inspection, however there was no report of the

biannual visits to the centre available.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

An inspector was informed that the provider was in the process of exploring options regarding the long term sustainability of the centre. Documentation furnished to the Authority showed that this was under consideration. The inspector was informed the Authority would be kept informed of the discussions and any resulting decisions.

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:

Staffing levels had been reviewed since the previous inspection and were based on residents' assessed needs. The provider had provided increased staffing levels at weekends and in response to identified needs for example, in the mornings in response to drug errors.

Improvement to the provision of staff training was evident. All staff had received training in the safe administration of medication. Some staff required training in manual handling, fire safety, prevention, detection and response to abuse and 'Lámh' sign language. One staff member required report writing training. The deputy person in charge told an inspector that training would be provided for staff in these areas.

Supervision meetings were taking place in the centre. However, improvement was required to the frequency as it was not in line with the frequency as set out in the previous action plan response.

An inspector viewed a sample of staff files. The files did not contain all the requirements of the Regulations. For example, some staff files did not contain evidence of Garda vetting, documentary evidence of relevant qualifications, two written references including one from the person's most recent employer or a description of the work performed by the person.

Some staffing files contained a self declaration form in lieu of Garda vetting for some staff. The self declaration form was a copy of the form which had been issued by the Authority to the service provider to be completed as part of the centre's application to register the centre. The form clearly outlined the centre's obligation to provide adequate information and not contravene the requirements of the Health Act 2007. The deputy person in charge told an inspector the staff files were completed by the centre's administrator and that she believed the form had been obtained from the provider nominee.

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):

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

Findings:

There was a guide for residents in respect of the designated centre. It outlined a summary of the services and facilities provided, the terms and conditions related to residency, the arrangements for resident involvement in the running of the centre, the complaints procedure and the arrangements for residents to receive visitors and visit family and friends. However, it did not outline how residents could access inspection reports on the centre.

The centre had a directory of residents. However, it did not include all items as specified by the Regulations. For example, the directory did not contain the residents' sex, marital status and date of admission to the centre. In addition, clarity regarding the address of residents' next of kin was required.

The policy on the prevention, detection and response to abuse had not been amended as per the previous action plan response. The policy did not identify the person who would receive and investigate allegations of abuse in the absence of the designated person. In addition, the wording in the policy required improvement as it referred to allegations of abuse as complaints and referred to the resident as a patient.

The policy and procedure for safeguarding residents' money did not provide adequate guidelines for staff. The good practice in the centre was not reflected in the procedure.

The policies relating to the ordering, prescribing, storing and administration of medicines to residents had not been amended as per the previous action plan response. This is discussed under Outcome 12: Medication Management.

The policies and procedures viewed were not adequately clear to ensure they could be easily understood and adhered to by staff.

Medication errors were being recorded and there was evidence that some errors had been responded to. However, there was no documentary evidence that the person in charge had responded to all identified medication errors.

There had been no instances of physical or chemical restraint since the previous inspection. The deputy person in charge told an inspector that any incidences of restraint would be recorded.

The centre did not have the majority of the policies and procedures as specified in Schedule 5 of the Regulations. The following policies were not in place:

- admissions
- provision of personal intimate care
- the use of restrictive procedures and physical, chemical and environmental restraint
- residents' personal property and possessions
- communication with residents
- visitors
- recruitment, selection and Garda vetting of staff
- staff training and development
- monitoring and documentation of nutritional intake
- provision of information to residents

- the creation of, access to, retention of, maintenance of and destruction of records
- food safety
- access to education training and development

Judgment:

Non Compliant - Major

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Autism West Limited
Centre ID:	OSV-0002065
Date of Inspection:	30 October 2014
Date of response:	22 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no documentary evidence that residents had been consulted regarding the use of physical restraint.

Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability,

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

participates in and consents, with supports where necessary, to decisions about his or her care and support

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

A Crisis development model for specific behavioural interventions is in place for each individual resident. These will be amended to reflect the current restraint model being used in the service. These plans will be reviewed by an appropriate specialist. Meetings will be arranged between staff, the resident and their representatives to discuss the plans, and gain consent on the use of physical restraint.

Proposed Timescale: 31/01/2015

Theme: Individualised Supports and Care

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

Some improvement was required to the weekly resident meetings as these were not taking place every week in line with the previous action plan response.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The resident house meetings are now part of the centre timetable every week commencing 05/12/14. Staff are now reminded of this in a daily team diary.

Proposed Timescale: 05/12/2014

Theme: Individualised Supports and Care

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

There was little evidence that residents had access to and control over their finances.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

In relation to the Residents personal property register the Person in charge will review and amend each one and has now added the auditing of the registers to her monthly PIC checklist.

All residents and their parental advocates have been consulted in relation to having full support and access to their money. Four residents have full access and support with

their money. In relation to the fifth resident the PIC will organise a meeting with the resident and their parental advocates to discuss further this issue.

Proposed Timescale: 30/01/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Not all staff had received training in the required communication skills.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The PIC is currently in contact with two other organisations in relation to sourcing dates for Lámh training for the remaining members of staff. The staff will have had the training 28/02/15.

Proposed Timescale: 28/02/2015

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 management policy did not contain the measures and procedures in place to prevent or respond to self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

In respect of all five residents an individualised management plan for self-injurious behaviour will be designed and implemented. The measures and actions in these plans will be included in the Risk management policy.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The centre's emergency procedure did not provide clear guidelines for staff to follow in the event of an emergency in the centre.

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 PIC has reviewed and amended the evacuation procedure to include the assessment and management of response to a bomb threat, outbreak of an infectious disease or a medical emergency.

Proposed Timescale: 29/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no evidence that the behavioural interventions used had been signed by the resident and their family.

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:

The Crisis development model for specific behavioural interventions is in place for four residents. In relation to the fifth resident a meeting will be organised with the resident and their parental advocates to discuss issues around physical restraint with an aim to agreeing and implementing the plan.

Proposed Timescale: 23/01/2015

Theme: Safe Services

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

Not all staff had received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff are now trained in the management of behaviours that challenge.

Proposed Timescale: 27/11/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Further development of opportunities for education, training and employment was required as there was no documented plan regarding the expansion and development of residents' skills and wishes in this area. Some residents were completing the work allocated to them in their work experience roles in a short time period. This required development to ensure residents were receiving ongoing support to develop skills.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

After consultation with the placement area more tasks have been identified for the resident to expand and develop their skills in this area. Further opportunities have been identified for a resident to increase to two days a week at their second placement area.

Training in IT has been sourced in the local community for three residents.

There is now a day service file in place for all staff to record and identify further opportunities for training, employment and education for all five residents.

The PIC and the co-coordinator have identified further opportunities for education training and employment in the local community and are currently pursuing these.

Proposed Timescale: 31/01/2015

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:

The medication policy was in draft format and had not been implemented which resulted in practices not be appropriate or suitable.

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:

Prescription sheets have now been reviewed and amended to include review date and date for discontinuation of medication. These will be reviewed by residents GP. Medication recording sheets have also been reviewed and amended to include adequate space for the recording of medication.

The medication policy reviewed and updated and is now implemented in the centre. Staff will be educated and informed on the policy.

The PIC will discuss with the consultant to provide clearer documentary evidence of the change to the resident's medication.

Proposed Timescale: 12/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The centre's statement of purpose did not include all information specified in Schedule 1 of the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose has been updated in so far as practicable as required by the Health Act 2007. Work is ongoing in Evacuation and Fire Policies and these will be concluded by 31st December 2014.

Proposed Timescale: 31/12/2014

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:

The provider had not prepared a written report on the safety and quality of care and support provided in the centre.

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:

The provider did not respond to this action and the Authority is considering further regulatory action in regard to this issue.

Proposed Timescale:

Theme: Leadership, Governance and Management

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

There was no evidence of auditing or reviewing of the quality and safety of care in the centre.

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 PIC submits reports to the Board of Directors at all meetings of the Board. All of these reports will be reviewed annually by the Nominated provider and another Board member and appropriate action taken if required.

Proposed Timescale: 31/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff files did not contain all the requirements of the Regulations.

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:

The PIC is in the process of reviewing and updating all staff files to include all items set out in schedule 2.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Training was required in areas such as fire safety, prevention, detection and response to abuse communication.

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:

The PIC will ensure that staff training requirements are identified and sourced for all staff. A training log is in place and will be updated as when training takes place.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The centre did not have many of the policies and procedures as specified in Schedule 5 of the Regulations.

Some policies were not centre specific and were not consistent with practice in the centre.

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:

The provider did not respond to this action and the Authority is considering further regulatory action in regard to this issue.

Proposed Timescale:

Theme: Use of Information

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

The directory of residents did not include all items as specified by the Regulations. For example, the directory did not contain the residents' sex, marital status and date of admission to the centre. In addition, clarity regarding the address of residents' next of kin was required.

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:

The Directory of residents will be reviewed and updated to include specified in paragraph (3) of Schedule 3 of the Health Act 2007.

Proposed Timescale: 31/12/2014

Theme: Use of Information

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

The guide for residents did not outline how residents could access inspection reports on the centre.

Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The guide for residents will be updated to include a visual explanation on how to access

inspection reports on the centre. This will form part of the resident's weekly house meeting and staff will show the residents how to obtain same.

Proposed Timescale: 12/12/2014

Theme: Use of Information

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

There was no documentary evidence that the person in charge had responded to all identified medication errors.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The accident/incident form will be amended to include a section for immediate action taken by staff (person completing the form), and a further section for immediate action taken by the Co-ordinator or the PIC. The PIC will ensure that accident/incident forms are audited on a weekly basis. Medication errors by staff will now become an item for discussion at staff supervision meetings.

Proposed Timescale: 31/12/2015