

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Irish Society for Autism |
| Centre ID: | ORG-0008199 |
| Centre county: | Wexford |
| Email address: | admin@autism.ie |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Irish Society for Autism |
| Provider Nominee: | Tara Matthews |
| Person in charge: | Declan Sweeney |
| Lead inspector: | Ide Batan |
| Support inspector(s): | None |
| Type of inspection | Announced |
| 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 April 2014 09:30 To: 10 April 2014 18:30

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

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

Summary of findings from this inspection

This was a monitoring inspection of a centre under the auspice of the Irish Society for Autism which is a voluntary body run by a board of directors. This centre consists of a house which is located in a rural area in Co Wexford. It provides accommodation and support services for five adults with a primary diagnosis of autism spectrum disorder.

The inspection was announced and took place over one day. As part of the inspection the inspector met with residents, the person in charge, the nominated provider and other staff members.

At the outset of the inspection the inspector met with the nominated registered provider, the person in charge and team leader and discussed the management and clinical governance arrangements and the role of the person in charge. Throughout the inspection the inspector observed practices and reviewed documentation which included residents' records, centre-specific policies and procedures, medication management, accidents and incidents management, complaints, health and safety documentation and the emergency plan.

In summary, the person in charge was involved in the running of the centre and was found to be easily accessible to residents, relatives and staff. As the person in charge governs three centres, he visits on a weekly basis and is always available by phone: this was confirmed by staff. The inspector observed that the residents knew him through their interaction with him. The team leader manages the day-to-day running

of the house and the inspector found that she was very knowledgeable regarding the needs of residents. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement was encouraged as observed by the inspector.

The inspector observed evidence of good practice and was satisfied that residents received a good standard of care with appropriate access to general practitioner (GP), psychiatry, psychology and allied health professional services as required. There was an extensive range of social activities available internal and external to the centre. Person centered plans were very comprehensive and up- to- date.

The findings of the inspection are set out under seven outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons(Children and Adults) with Disabilities) Regulations 2013.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- staff training and development in abuse was not adequate
- there were some health and safety issues
- resident and family consultation in development of personal plans
- further development of risk management.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Non Compliant - Minor

Findings:

There were a number of centre specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. The inspector was informed by staff that there were a number of options available for all residents in relation to activities.

The inspector observed that there was a range of farming activities such as horticulture and care of animals. Other activities included woodwork, arts and crafts, and baking, as observed by the inspector. Apart from activities provided in the centre, residents' interests in social activities was facilitated as much as possible and supported by the availability of transport and staff support. One resident was part of the local knitting club and also liked to attend the social disability club in a nearby town.

Many residents enjoyed outings such as swimming, dining out, shopping trips, library visits or attending local events. The team leader said that residents were encouraged and supported to participate in family events and gatherings. The inspector saw photographs around the house of parties and barbeques.

The inspector reviewed a selection of personal plans which were very personalised and detailed residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including interests, communication needs, and daily living support assessments. The plans set out specific goals for individuals with the aim of the enabling the person to be as happy and as independent as possible. All residents had a weekly timetable in their rooms which indicated on a daily basis activities and planned events for residents. It was reflected in the personal plans that residents wished to have their calendars filled in as routines and times were important to them.

There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. The key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan and agreed time scales and set dates in relation to identified goals and objectives.

The inspector was informed that a nurse was employed by the registered provider and would visit as required or provide advice by phone. The nurse attended any out patients appointments with residents and had oversight of medication management. The inspector noted that there was a circle of support identified in each residents person centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. The residents appeared to know people in the local community, such as in the supermarket, pub and the chemist. The inspector was satisfied that outcomes from the personal plans enhanced the lives of residents.

There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, medical and GP, dentist and chiropody services. These will be discussed further in Outcome 11 . No discharges have taken place temporary or otherwise from the service to date. However, in the sample of plans reviewed there were some inconsistencies in relation to documentation of residents' involvement in the

development of their personal plans. It was also unclear if family members were involved in this process. This required to be developed further to demonstrate involvement in the assessment and planning of care.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. On the day of inspection the fire alarm was going off and the inspector saw that a resident left his breakfast and went to the fire assembly point. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in 2013.

Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held on an annual basis and fire drills were carried out on a monthly basis. The emergency lighting had been serviced in January 2014.

There was a health and safety committee in operation. The person in charge had overall responsibility for health and safety. The committee held meetings at least six times per year or as circumstances required. The committee addressed areas of health and safety including accidents and incidents, fire management plans, food safety, pest control and general hygiene. The centre specific safety statement was viewed by the inspector, contained version control and was signed off by the management team.

There was a maintenance log on site and a weekly household waste collection. There was a system in place to record accidents, incidents and near misses and it was evident that the nominated provider had sufficient oversight of this process. There was an emergency plan in place which provided guidance on the emergency evacuation of the centre. However, it did not address eventualities such as flooding, power outage or loss of heat.

Comprehensive risk assessments were seen by the inspector and from a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

The risk management policy was not sufficiently detailed to provide guidance to staff and did not address all the matters specified in the regulations. For example, the arrangements for the identification, recording, investigation and learning from incidents or adverse events were not outlined. The inspector also found that many of the requirements of the policy were contained in other policies and documents but they had not been consolidated into one risk management policy in accordance with requirements.

The environment of the house was generally homely and visually clean and well maintained in some areas. The person in charge and staff informed the inspector that the cleaning of the centre was undertaken by all staff once their caring duties were completed. It was recommended by the inspector that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were some measures in place to control and prevent infection which did not meet the requirements of legislation. Hand gels were limited throughout the house. Staff had not received training in hand hygiene practical training.

The inspector viewed training records which showed that all staff had received training in moving and handling.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that there were some arrangements in place to safeguard residents and protect them from the risk of abuse. However, improvements were required in the area of training as there was no evidence that staff had attended training. Although staff had not been provided with training, the inspector found that staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions or reported allegations of abuse.

The policy on protecting residents from abuse contained guidelines on how any allegations of abuse would be managed and the provider had appointed the manager of services in the organisation as a designated adult protection officer. The responsibilities for this person were contained in the policy. Throughout the inspection the inspector

noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

Residents required support to manage their money. However, the inspector saw that there were transparent systems in place to safeguard all residents' monies. Each resident had their own cash box which detailed monies signed in and out. Receipts were maintained for all purchases and running balances for each resident were checked and signed off on a daily basis. The system was also supported by a policy document on residents' personal property and possessions. Accounts were audited on a regular basis as observed by the inspector.

The inspector saw that a restraint free environment was promoted and none of the residents required any physical restraints. There was a restrictive measures committee in place also. The inspector saw that one resident was perscribed chemical restraint on an as required basis (PRN). This had only ever been given once and the reason why it had been given was clearly outlined in the personal plan of the resident.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that there were appropriate arrangements in place to support residents' healthcare issues as they arose. The inspector reviewed the personal plans and found that they had access to a GP, including an out-of-hours service.

Residents were seen to have appropriate treatment and access to allied therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, speech and language therapy, chiropody, dental and optical were organised as required by the staff. There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. The inspector noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations.

The inspector saw that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff who spoke to the inspector stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. The inspector saw

residents assisting to prepare meals in the kitchen. Other residents were seen to be involved in the setting of tables and the preparations for mealtimes.

The food was seen to be nutritious with most of the produce grown on site. The inspector saw that residents' weights were checked regularly and weight records were maintained. Appropriate referrals for dietetic and speech and language reviews were made, the outcome of which was recorded in the residents' personal plans. Many of the residents were seen to have nutritional plans.

From reviewing resident's plans the inspector noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing and oral care. There was evidence of a range of health assessments being used including physical well being assessments. The inspector noted that there were a number of health support plans to address identified healthcare needs and records of support interventions provided by the interdisciplinary team members.

All staff who spoke with the inspector demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person centred plans for residents. The inspector was satisfied that facilities were in place so that each resident's well being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

There were centre specific medication management policies and procedures in place which were viewed by the inspector. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed distinguished between PRN (as needed), short-term and regular medication. The maximum amount for PRN medication to be administered within 24 hour period was not stated on all of drug charts reviewed. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

In this centre medication was administered by non nursing staff. The staff demonstrated an awareness of medication management and all staff had completed safe awareness in medication management training.

The inspector saw that the medication was dispensed from the local pharmacy for each

resident, in a blister pack system The inspector saw that references and resources were not readily accessible for staff to confirm prescribed medication with identifiable drug information. This would include a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

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

Judgement:

Compliant

Findings:

Overall the inspector found that governance arrangements were satisfactory. The Irish Society for Autism is managed by a board of directors who meet on a monthly basis. The person in charge works full-time and he has the required experience and knowledge to ensure the effective care and welfare of residents in the centre. The person in charge manages three services and attends this service on a weekly basis. Staff confirmed that he is always available by phone. The team leader managed the operational needs of the service on a daily basis.

The person in charge and team leader were actively engaged in the governance and operational management of the centre, and based on interactions with the person in charge during the inspection, he had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The inspector saw that there was a copy of the National Standards for Residential Services for Children and Adults with Disabilities and the Regulations were available to staff.

The provider had established a management structure and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge and team leader to assist them in delivering a good quality service. These supports included administration support, maintenance, and support of a registered nurse. There was evidence that management visited the centre regularly and were knowledgeable about the service.

Staff who spoke to the inspector were clear about who to report to within the organisational line and of management structures in the centre. There was a clinical

governance reporting system in operation whereby the team leader would complete a governance overview form at the end of each week. It gave an overview of activity and accidents/incidents or drug errors that had occurred that week. Members of the board often carried out unannounced inspection visits to the centre on a regular basis.

There was a formal supervision system for all staff members and this was documented. This system is focused on learning and development as well as formal supervision of each staff member's performance. The inspector noted that prior to and throughout the inspection the nominated provider, person in charge and team demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

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

Judgement:

Compliant

Findings:

There was a centre specific policy on recruitment and selection of staff. The person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. The inspector met staff who had worked in the centre for over ten years. The inspector was satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident's needs during the day and rostered adequately at night.

During the inspection the inspector observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on those observations, the inspector concluded that staff members were knowledgeable of residents individual needs and this was evident in the personalised person centered plans seen by the inspectors.

As discussed in previous outcomes based on a review of training records viewed by the inspector, not all staff had received up-to-date mandatory training in abuse. All other statutory training was up-to-date. Training records confirmed that staff had received other training in guided participation and report writing, autism training and crisis prevention intervention. The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Three staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

There were no volunteers working in the centre at the time of inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Ide Batan
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

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Irish Society for Autism |
| Centre ID: | ORG-0008199 |
| Date of Inspection: | 10 April 2014 |
| Date of response: | 16 May 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

In the sample of plans reviewed there were some inconsistencies in relation to documentation of residents' involvement in the development of their personal plans. It was also unclear if family members were involved in this process.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

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

All residents are involved in the Care Plan process, supported by a key worker on an individualised basis.

Parents are involved in the care plan process and are invited to an annual formal Care Plan review meeting. Minutes are produced from the review meetings. In future we will develop an attendance sheet for all to sign when attending reviews.

Proposed Timescale: 16/06/2014

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:

The risk management policy was not sufficiently detailed to provide guidance to staff and did not address all the matters specified in the regulations. For example, the arrangements for the identification, recording, investigation and learning from incidents or adverse events were not outlined.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

A comprehensive Risk management policy including arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents will be developed and disseminated which will combine all current documents.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

While there was an emergency plan in place which provided guidance on the emergency evacuation of the centre. It did not address eventualities such as flooding, power outage or loss of heat.

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 Safety Statement will be amended to cover eventualities such as flooding, power outage or loss of heat.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

There were some measures in place to control and prevent infection which did not meet the requirements of legislation. Hand gels were limited throughout the house. Staff had not received hand hygiene practical training. The quality of hygiene services was not routinely monitored as there were no records of any routine deep cleaning available.

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:

A Hygiene Audit tool will be developed and introduced to monitor hygiene in the service. Hand hygiene training took place on 15 May 2014. (completed)

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no evidence that staff had attended training in abuse.

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:

Abuse training took place for Staff on 15 May 2014.

Proposed Timescale: 15/05/2014

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:

The maximum amount for PRN medication to be administered within 24 hour period

was not stated on all of drug charts reviewed.

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:

The maximum amount of PRN medication is now written on the drug prescription and administration record for all persons.

Proposed Timescale: 16/05/2014