



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Aspire Residential Unit
Name of provider:	Asperger Syndrome Association of Ireland CLG
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	25 September 2018
Centre ID:	OSV-0001530
Fieldwork ID:	MON-0021593

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aspire residential service aims to provide a high level of individualised supports to adults with Asperger syndrome through the residential unit, to enable them to develop their independent living skills, engage with the community and fulfil their personal goals in a caring and safe environment. The residential service provides care and support for people over the age of 18 who have a diagnosis of Asperger syndrome, and can support both male and female residents. Each resident has their own bedroom. The centre is staffed with three social care workers and one person in charge. The centre currently has two registered beds, but can accommodate a maximum of three people.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
25 September 2018	10:10hrs to 17:10hrs	Louise Renwick	Lead

## Views of people who use the service

The inspector met two residents living in the centre and spoke with one resident about what it was like to live there. The inspector also viewed two questionnaires completed by residents which found that residents were happy with their home and the support of the staff team overall.

## Capacity and capability

The inspector found that the registered provider had the capacity and capability to deliver a safe quality service, and since the previous inspection had improved the oversight arrangements for monitoring the quality and safety of the service they provided. The provider had ensured an annual review and six monthly unannounced visits had occurred in the centre, and there was an effective system in place to monitor and respond to adverse events, concerns or complaints. The provider had improved systems to collect, evaluate, review and respond to information and to use this information to bring about positive changes for the benefit of residents.

The provider had adequate resources in place to deliver the service in line with their statement of purpose, and there was a competent workforce employed to meet residents' needs. Training was available to the staff team and person in charge and a system of supervision was in place.

The provider had appointed a new person in charge since the previous inspection, who was found to be suitably skilled, experienced and qualified to carry out their role. At the time of inspection the person in charge was absent, and the provider had suitable arrangements in place to manage the centre in the absence of the person in charge.

Since the previous inspection, the provider, person in charge and staff team had addressed any areas of non compliance with the regulations and standards and had implemented systems of review and oversight to drive further improvements in the quality of care and support being delivered to residents.

The inspector looked at 17 regulations on this inspection, and found complete or substantial compliance in all 17 regulations. The inspector found that 11 Regulations were fully met, with six regulations requiring some minor attention.

Overall, the inspector found on this inspection that the service provided was safe, of good quality and in line with residents' collective and individual needs. Some areas were in need of address. However, the inspector found that the provider was aware of these areas through their own review systems and plans were in progress to address them.

## Regulation 14: Persons in charge

At the time of inspection, the named person in charge was on extended planned leave. The inspector found that the arrangements to cover this role during this planned absence were satisfactory, with an appointed person who was suitably skilled, experienced and qualified and who had a good understanding of their role and responsibility. Residents were aware of who was in charge.

Judgment: Compliant

## Regulation 15: Staffing

The inspector found that there was a suitable number of staff available to work in the designated centre, who had relevant skills, qualifications and experience to meet the residents' needs.

A planned and an actual roster was maintained by the person in charge showing who was on duty at all times. Residents were informed of which staff member was on shift each day and there was a notice board on display to show this.

While the majority of staff records reviewed were found to be complete, and in line with the requirements of Schedule 2, the person in charge had not obtained two written references for all staff members employed to work in the centre.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had ensured staff were provided with training and refresher training to enable them to meet the care and support needs of residents. Mandatory training was up-to-date, and staff could request additional training through their supervision or performance development meetings.

Staff were supervised while working in the centre by the manager on duty, there was a system of handing over at the start and end of each shift, and clearly defined allocation of duties for staff each day.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured that an annual review had been completed in May 2018 to reflect on the quality and safety of the care and support being delivered in the centre.

The provider had ensured unannounced visits to the centre had been carried out on their behalf. These visits generated a report and action plan to address any areas in need of improvement.

The inspector found there to be an organisational structure with clear lines of reporting and accountability in place.

The provider had introduced a system of appraisals and continuous professional development, which was being implemented with all staff members and management.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose in place which was a true reflection of the facilities along with the care and support on offer in the centre. The written statement of purpose met the requirements of Schedule 1.

Judgment: Compliant

## Regulation 32: Notification of periods when the person in charge is absent

Planned extended leave of the person in charge had not been notified to Health Information and Quality Authority (HIQA). This was retrospectively submitted after the inspection and the inspector found that suitable arrangements had been put in place by the provider to manage this absence.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure did not include a person nominated to review

that all complaints had been managed and responded to by the complaint officer.

Judgment: Substantially compliant

## Quality and safety

The registered provider had demonstrated capacity and capability to govern, manage and monitor the designated centre, and this was resulting in a safe, person centred delivery of care to residents.

The person in charge engaged with residents in relation to their health, social and personal needs and wishes and used an effective system for assessing and planning for supports in relation to these. Residents had access to their own General Practitioner (GP) along with other allied healthcare professionals such as the dentist and optician. From reviewing records, and speaking with staff and residents the inspector found that residents were promoted to be in control of their own health and social care needs, with clear information available on any health issues and the plans in place to address them. Overall, these plans were guiding good quality, person-centred care. However, some further development of the documentation was required to ensure support plans identified how any associated risks were managed and supported.

The registered provider promoted and protected residents' safety through effective systems of risk management, incident review, safeguarding procedures and monitored medication management practices. The person in charge was aware of the reporting procedure for any safeguarding concerns or allegations, and staff had received training in the protection of vulnerable adults.

The inspector found that residents were supported to have meaningful lives, with support given to access education, training or work placements as part of the personal planning process. Residents' questionnaires indicated that they were happy with the choice and control they had over their own lives and supports.

The provider had ensured a warm, homely and safe environment for residents which was suitable to their collective and individual needs. In general, the premises were well maintained, with some minor works required to further enhance the premises and ensure their upkeep. Fire safety systems were put in place and maintained by the provider such as a fire detection and alarm system, emergency lighting and fire fighting equipment. The person in charge ensured regular evacuation drills were carried out, and residents knew what to do in the event of an emergency. There was good practice by the staff team in carrying out daily checks on the building and equipment to ensure they were functioning correctly.

Overall, the inspector found that the provider was ensuring that residents received a good quality and safe service in line with their assessed needs. Residents were encouraged to be active in decisions about their care and support, and to achieve



their own personal goals with a focus on building independence and being active members of their community.

### Regulation 13: General welfare and development

In speaking with residents, observing the day and reviewing documentation the inspector found that residents were supported to have meaningful days in line with their own wishes and requirements. Residents were supported and encouraged to avail of opportunities for activation and occupation and residents had been supported in relation to educational and vocational aspirations.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the centre offered a warm and homely environment for residents with sufficient private and communal accommodation available to meet residents' needs. Some minor works were required to further enhance the premises. For example, painting a ceiling after a leak, general painting and decor and clearing of storage spaces. The provider was aware of these requirements and had captured this in their unannounced visits and reviews.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents expressed satisfaction with the food and drinks available in the designated centre and their choice and control around this. There was a menu on display in the kitchen area offering suggestions of meals and residents were encouraged to make healthy choices.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector found there to be a policy and procedure in place to identify, assess, manage and review risk. There were procedures in place for recording and reviewing adverse events and an emergency plan.

The inspector found there to be low risks in the centre and an attitude of positive and informed risk taking to ensure risk controls did not negatively impact on residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured fire safety systems were in place in the designated centre. Fire fighting equipment was available and serviced annually. There was a fire detection and alarm system along with emergency lighting and agreements were in place with relevant professionals for their servicing.

The inspector was informed doors in the centre were fire doors as a way to contain fire and smoke. However, fire doors were not identified as such and there were no records available to show that they had been checked for their effectiveness. The provider informed the inspector that they would seek verification of this. Staff confirmed that they had attended fire safety training, and both staff and residents took part in routine fire drills which indicated good response times. Residents knew what to do in the event of the alarm sounding and some residents spent time alone in the house independently and were familiar with good practice around fire safety.

The provider had ensured there was a safe designated area outside the house for residents who smoked. Practices and safety controls around this were found to be promoting of residents' independence.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that there was a system of assessing and planning for residents' health, social and personal needs and supports. Overall the assessments and plans guided good care and support. Some further development of the documentation was required to ensure support plans identified how any associated risks were managed and supported.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that residents had good access to their General Practitioner and

other required allied health care professionals. Residents were encouraged to direct their own health care supports where necessary. Residents had information in their files about any identified health need or condition and how to maintain best possible health.

Judgment: Compliant

### Regulation 8: Protection

The provider had policies and systems in place to protect residents from harm, and to manage any concerns around the safeguarding of residents. Staff had received training in the protection of vulnerable adults, and were aware of their reporting and responding responsibilities in the event of any concerns or allegations of a safeguarding nature.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents were involved in decisions about their care and support, encouraged to be active participants in their supports and consulted about the operation of the designated centre. Residents held weekly meetings to discuss the centre and any issues they wanted to bring up or things they wished to change. Residents felt they had choice and control over their own lives.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to promote the safe management of medicines. Residents were encouraged to be in control of their own medicine if suitable and staff had all been trained in safe medicines management.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for Aspire Residential Unit OSV-0001530

Inspection ID: MON-0021593

Date of inspection: 25/09/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Outstanding references will be obtained for all staff.</p> <p>To be completed by: 31st of December 2018</p>	
Regulation 32: Notification of periods when the person in charge is absent	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:</p> <p>A submission schedule will be put in place for notifications and the provider representative will be given responsibility for all planned and unplanned submissions to ensure that deadlines are met.</p> <p>To be completed by: 30th of November 2018</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Aspire Complaints Management Policy will be reviewed by the Board of Aspire and amended to ensure adherence to best practice and legislation.</p> <p>To be completed by: 30th of November 2018</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

Maintenance has taken place since the inspection, including repair work in garage space, replacement of unsafe curtain poles and fitting of secure storage units.

(1) A budget for décor works, including general painting of walls and ceilings, will be presented to the Board for discussion and these (2) works will take place in 2019.

To be completed by: (1) 28th of November 2018  
 To be completed by: (2) 31st of March 2019 (pending budget approval)

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 The process of obtaining quotes for additional fire doors and the inspection of current fire doors is underway at TOR. (1) A proposal will be brought to the Board to approve budget to install additional fire doors and (2) these will be installed and current ones inspected.

To be completed by: (1) 28th of November 2018  
 To be completed by: (2) 28th of February 2019

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Support plans, including person centered and care plans, are currently in development and these will be cross referenced with risk assessment procedures to ensure that appropriate measures are taken to reduce and manage risk associated with all areas of the plans.

To be completed by: 31st January 2019

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/12/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2019
Regulation 32(1)	Where the person in charge proposes	Substantially Compliant	Yellow	30/11/2018



	to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the chief inspector of the proposed absence.			
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	30/11/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2019