

**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 Spectrum Disorder Initiatives Limited
Centre ID:	OSV-0002064
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Autism Spectrum Disorder Initiatives Limited
Provider Nominee:	Amanda McDonald
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 November 2015 10:00	04 November 2015 18:30
05 November 2015 10:00	05 November 2015 18:00

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

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

Summary of findings from this inspection

This inspection of a community based designated centre operated by Autistim Spectrum Disorder Initiatives was conducted in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013.

During the inspection the inspector met with management, residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and

procedures and staff training records.

The inspector was satisfied that a high standard of care and support was offered to residents. There was evidence of expertise in relation to the care of people with autistic spectrum disorder across all levels of staff and management, from observation of practices, documentation examined and from engagement with staff. The centre achieved compliance with all of the Regulations in the 18 outcomes, and no actions were required in response to this inspection.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure which provided effective guidance to staff, including a clear process of the management of complaints. This procedure was available in an accessible version so as to guide residents if required. An appropriate log of any complaints was kept, together with the actions taken. It was clear from this log that procedure for the management of complaints was implemented.

The inspector found that there was an ethos of promoting rights for residents, for example, a 'rights enhancement' committee was in place, the membership of which included the parent of a resident. Referrals of any identified rights restrictions which could not be resolved were made to this committee and minutes of these meetings were kept. A 'rights consciousness' initiative was underway, which aimed to promote rights for residents, for example, by promoting learning in relation to making complaints by the use of visual aids and notice boards. Each resident's personal plan included a section on the supports the person would require in order to make a complaint.

Consultation with residents was facilitated by weekly meetings, and these meetings were supported by the use of visual aids. There was clear evidence of respect and dignity being afforded to residents, for example, staff spoke respectfully both to and about residents. Family members of residents who were engaged by the inspector during the course of the inspections said that their relatives were treated with dignity and respect.

A list of personal possessions was maintained for each resident, and an independent advocate was available to them if required.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Each resident had an 'About Me' section in their personal plan which outlined in detail the optimum methods of communication for each resident. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring. A speech and language therapist had been involved in communication strategies for those residents who required this input.

Various individual strategies for communicating with residents were in place, for example, the use of PECs, choice boards and an Ipad application. There was evidence of significant progress in improving communication for residents, for example, a system had been developed for one resident to increase awareness of the sequencing of events.

Information was made available to residents in different ways in accordance with their needs, for example, by the use of visual aids. There was access to media, television and wifi in accordance with residents' needs

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Links were maintained with the families of residents, for example, visits home were facilitated, either for short visits or for weekends. Family contact and involvement were supported and recorded in the residents' personal plans. For example, annual review meetings were held for each resident, and the family involvement was recorded. Some residents had a communication book which they took on home visits and into which both families and staff would make records.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, residents used local shops and restaurants and were members of various community groups. Some residents had part time occupations in the community. In addition the local community Gardai had been involved in safety awareness with residents.

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre.

Written service agreements were in place which outlined the services provided to resident and any charges for services not provided by the service, such as prescription charges. These contracts had been signed by family members.

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:

Assessments of need and personal plans were in place for each resident. Assessments included various aspects including communication, behaviour, likes and dislikes, self care and safety issues.

There were clear goals identified in personal plans in relation to maximising the potential of residents, as required by the regulations. Goals included skills building, widening of opportunities and increasing independence. These goals resulted in written plans, and the implementation of these was clearly recorded.

Residents and their families were involved in the development of personal plans and accessible versions of particular issues were available to residents.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs. For example, one resident was employed by a local business and another was involved in voluntary work at a local animal rescue centre.

Leisure activities were facilitated for residents, including outings, sports and shopping trips. In addition further opportunities were sought for residents, for example, an activities sampling project was undertaken for a resident who had difficulty identifying choice.

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The designated centre was in three separate locations and accommodated twelve residents. One of the locations was a three bedroomed detached town house in which three residents lived. Two of the bedrooms had ensuite bathrooms and there was also a main bathroom and a downstairs wc. The decor and soft furnishings in the house had been chosen by the residents.</p> <p>The other locations each comprised a main house and either adjoining or adjacent apartments for single occupancy. At each of the locations there was functional and safe outside space. Adequate private and communal spaces were available, there was sufficient storage and an appropriate number of bathrooms.</p>
<p>Judgment: Compliant</p>

<p>Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that systems were in place for the prevention and detection of fire. There was regular fire safety training for the staff and fire drills had been conducted every four months. Records of fire drills included a description of the drill and outlined any areas requiring improvement. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly. Daily checks of fire doors and fire panels were recorded.</p> <p>Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to behaviour, activities and self medication. There were environmental risk assessments in place, for example relating to the safe storage of chemicals and to the temperature of tap water, and a lone worker risk assessment and management plan was in place.</p>

A risk register was available which included all identified risks from individual resident risks to corporate risks, and this risk register was reviewed every three months by the senior management team. There were structures and processes in place in relation to the management of any accidents and incidents, including the identification and monitoring of any required actions.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There were clear money management plans and a robust system of safeguarding residents' personal money in accordance with their assessed needs.

Where residents had been assessed as requiring behaviour support there was a detailed behaviour support plan including clear descriptions of behaviour and of strategies both to reduce the frequency of behaviour and to manage any incidents. Implementation of these plans was documented and they were reviewed regularly.

Where restrictive practices were in place to support residents these were clearly documented, firstly in a 'restrictive practice summary' for each person, and then in more detail in each personal plan. A register of any restraints was maintained and reviewed on a monthly basis. There was also a restrictions reduction plan in place for each resident, and clear evidence of skills teaching and behaviour strategies in place as steps towards reducing restrictions.

Judgment:

Compliant

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Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.
Judgment: Compliant

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>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: There was evidence that residents had a meaningful day, that their communication needs were met and that goals were set in relation to maximising potential. Staffing levels were appropriate to meet any specific needs, and residents were involved in the planning of their activities and routines. All staff had received training in the care and support of people with autistic spectrum disorder and could display knowledge of the area. This expertise was also evident in the practices and documentation reviewed during the inspection.
Judgment: Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

There was evidence that residents were provided with a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs. A record of each person's nutritional intake was maintained, and further monitoring was in place for residents with additional needs.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist, General Practitioner (GP) and psychologist. There was an out of hours GP service available if required. Records of engagement with allied healthcare professionals were maintained, and there was evidence of their recommendations being followed.

Healthcare plans were in place for all the assessed needs of residents, they were regularly reviewed and the implementation was recorded. For example, the personal plan relating to nutrition for a resident included both medical and behavioural issues. All staff engaged during the inspection displayed detailed knowledge of the healthcare needs of residents.

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):

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

Findings:

Structures were in place in relation to the safe management of medications.

Prescriptions contained all the information required by the regulations, and prescriptions for 'as required' medications included clear instructions relating to the conditions under

which they should be administered.

Systems were in place to ensure the safe ordering and receipt of medications. A local protocol was in place to guide staff in the safe management of medications and regular medication management audits took place. Medications were stored appropriately, regular stock checks took place and stock reviewed by the inspector was correct.

A protocol was in place providing guidance for the safe transfer of medication between the designated centre and the homes of residents. Regular audits of medication management had been conducted.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review. It was available to residents and their representatives.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings, organisational meetings of persons in charge and management team meetings. Minutes were kept of these meetings, and there was evidence that any agreed actions were monitored until complete.

Various audits had been conducted, for example, finance audits, health and safety audits and a peer to peer quality review. Required actions identified in these audits had been implemented. Unannounced visits on behalf of the provider were conducted every six months, and a report of these visits was available. A detailed annual review of the quality and safety of care and support had been developed. Information in this document included the service, audits and trending of audit findings, practices and family feedback, and included goals for the service for the forthcoming year.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She had an in-depth knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify the Authority of absences, and appropriate arrangements were available in the event of such an absence.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There were vehicles available at each of the homes in accordance with the assessed needs of residents.

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):

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

Findings:

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre. Staff were in receipt of up to date training in mandatory areas, and in areas of specific needs of particular residents including positive behaviour support training.

All staff engaged by the inspector were familiar with the needs of residents, for example, their communication needs and their healthcare needs, and all practices observed were in accordance with best practice and in accordance with the personal

plans of residents. A system of annual staff appraisals was in place, and practice supervision took place every six to twelve weeks.

A sample of staff files examined by the inspector included all the information required by the regulations.

Judgment:

Compliant

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):

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

Findings:

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector

Judgment:

Compliant

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:

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