

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Paddocks
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:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 August 2016 11:00 To: 18 August 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation

Outcome 08: Safeguarding and Safety

Summary of findings from this inspection

Background to the inspection

This unannounced inspection was the third inspection of this centre which is part of Autism Spectrum Disorder Initiatives Limited (hereafter called the provider). This inspection was triggered by a number of safeguarding notifications sent to HIQA in 2016.

This centre was found to demonstrate high levels of compliance with the regulations and standards on the centre's last inspection on 4 and 5 November 2015. The aim of this inspection was to specifically inspect the area of safeguarding and protection to determine whether the centre's safeguarding policies, procedures and practices were sufficiently protecting residents.

This designated centre was located in a rural location operated by this provider. This designated centre comprised of multiple accommodation buildings situated in close proximity. There were three properties that formed this designated centre. This inspection only focused on one property with two adjoining apartments as this location pertained to the safeguarding notifications submitted to HIQA.

This inspection was carried out to monitor compliance and sustained improvement in specific areas in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

How we gathered our evidence

As part of the inspection, the inspector met and observed some of the residents who resided in this centre. Some residents chose not to meet the inspector and others were participating in activities and planned outings at the time of inspection.

The inspector spoke with and observed the practice of the person in charge, senior social care worker, and a number of social care professionals and care staff. The inspector reviewed documentation such as safeguarding policy, protocols and procedures, incident reports, behavioural reports, safeguarding referrals, safeguarding plans, behavioural support plans, staff rosters, staff training schedules, correspondence and meeting minutes.

Description of the service

The provider had a statement of purpose in place that outlined the service that they provided.

There were 12 residents accommodated across the designated centre on the date of inspection. The specific property inspected was home to five residents. There was 9 staff on duty including management in this part of the designated centre. Many of the residents required 2:1 staffing support due to their complex and behavioural support needs.

According to the centre's statement of purpose, the centre provided residential services to individuals who are over the age of eighteen who have a diagnosis of autism, associated conditions such as learning disability, and or complex needs.

Overall judgment of our findings

Overall, the inspector found that this centre provided safe care to the residents residing in the property inspected. The inspector found effective monitoring systems in place and a good standard of care delivered to a number of residents with quite complex support needs. The inspector found appropriate staffing levels in place and found that residents were protected from harm and abuse in this centre. This centre was found to demonstrate high levels of compliance with the regulations and standards across all outcomes inspected in November 2015.

The inspector found some improvements were required in the area of clinical follow up to safeguarding related referrals and assessment, support and guidance of same. In addition, a resident's bedroom door with an observational panel was found to be in place without clear assessment for same. This was found to be compromising this resident's right to privacy.

All findings are discussed in further detail within the inspection report and accompanying action plan.

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:

Only one aspect of this outcome was inspected pertaining to a resident's privacy needs.

An observational window was found on a resident's bedroom door with no assessed need for this intervention apparent. According to the person in charge this was a historic measure that was no longer required. The inspector found this window to be compromising this resident's right to privacy.

Aside from this issue resident's privacy needs presented as well met in this centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the residents in this designated centre were safe and protected from harm and abuse. There were policies, procedures and operational protocols regarding the prevention, detection and response to abuse. However there were some improvements required regarding the provision of appropriate assessment and individual support regarding resident's knowledge, education and training in terms of relationships, boundaries, expression and self protection.

The inspector found a policy in place and clear guidance available regarding the reporting, response and management of disclosures, allegations and incidents of suspected abuse. This information was accessible and on notice boards within the centre. Having reviewed a number of safeguarding notifications the inspector found that the person in charge and management had followed up on all incidents and allegations appropriately.

For example, residents had been supported through the process in each case, effective safeguarding plans were implemented, additional resources were put in place and reports had been submitted to the national safeguarding team where required. The person in charge and local manager demonstrated a good understanding of policy and procedure and highlighted a 'zero tolerance' to any safeguarding matters that occurred in this designated centre.

The inspector reviewed staff training records and found training provided in the areas of safeguarding and the protection of vulnerable adults and the proactive management of behaviours of concern. Refresher and updated training had been provided to staff identified as requiring same. The inspector spoke to a new staff member and found an induction programme was delivered to new staff and included the completion of a 'shadowing shift' to allow new staff get familiar with the centre. This induction included training in key areas and highlighted the core values of the service.

An area identified for improvement was found in reviewing the area of safeguarding and protection follow up. The inspector found referrals for psychological assessment and clinical input regarding specific behaviours and individual support needs; these had not been appropriately followed up. For example, there was not sufficient evidence of assessment and a specific management plan or guidance for residents/staff in response to a specific referral made in February 2016 and another in August 2015. While local risk assessments were drawn up and speech and language involvement was evident the levels of behavioural support and clinical input was not adequate regarding the behaviours highlighted on these referrals.

Regarding the management of positive behavioural support, the inspector found good systems in place to support residents in line with their individual support needs. Each resident had a positive intervention support plan (PISP) in place which outlined the individual behavioural support needs of each resident. The inspector found evidence of multidisciplinary meetings, best interest meetings and future planning meetings which

all supported residents in line with their individual needs. Risk assessment and control measures were in place within the centre regarding each risk and these were found to be reviewed and updated appropriately.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
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:	The Paddocks
Centre ID:	OSV-0002064
Date of Inspection:	18 August 2016
Date of response:	08 September 2016

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:

A resident's privacy was compromised by the fact that an observational window panel was present on their bedroom door.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- Coloured contact was used to cover glass panel in the short term.
- New Fire Door (no observation panel) was ordered and fitted on 15/09/16

Proposed Timescale: 16/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents requiring further assessment and/or clinical input were not provided with same.

2. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

- Referral follow up form to be implemented with expected timeframes for clinical team response outlined.
- Re-assess the need for a sexuality programme for resident and document in working file
- Personal Plan for resident to support staff to be able to have open and positive conversations re: sexuality with them when requested.
- Observation forms completed and returned to Assistant Psychologist as requested for resident.
- Meeting regarding sexual health and wellbeing to be scheduled and plan for resident agreed to include: Sexual health and wellbeing programme being designed and implemented for resident.
- Summary of psychology input for resident to date to be completed and entered into working file.

Proposed Timescale: 30/09/2016