

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Autism West Limited
Centre ID:	OSV-0002065
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Autism West Limited
Provider Nominee:	Anthony Carroll
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 23 February 2016 12:00 To: 23 February 2016 14:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety

Summary of findings from this inspection

This was the eighth inspection of the centre. The previous inspection took place on 31 August 2015. The Chief Inspector issued a notice of proposal to refuse and cancel the registration of the centre on 5 October 2015.

On 26 November 2015 the provider formally notified HIQA that the centre would be closing by 30 April 2016. The inspector and an inspector manager spoke with the provider and the provider's funding body about the plan to close the centre and were informed that residents would be supported to move to residential services which were governed by another service provider in the same county.

The centre's funding body outlined the support and assistance which would be given to the provider to ensure the transition took place in a planned and safe manner in line with residents' assessed needs. This included input and support from the other service provider.

The purpose of this inspection was to review the plan for discharging residents from the centre, review the plan for the transition of residents to centres governed by the identified service provider and to follow up on actions relating to risk to residents from the previous inspection.

There were 16 non-compliances with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 (hereafter called the regulations) identified on the previous inspection. As the centre was closing on 30 April 2016, and residents were in the process of transitioning to other services, the inspector did not follow up on all

actions required from the previous inspection.

The person in charge said that some actions had not been addressed as the focus was on supporting residents in transitioning to their new services.

The inspector followed up on two actions as these related to risk to residents. The inspector found that these actions had been addressed or were being managed until such time as the residents were discharged from the centre. The findings are detailed in the findings outlined in outcomes 7 and 8.

As part of this inspection the inspector spoke with a resident, a staff member, the person in charge and a person participating in the management of the centre.

Day and residential centres had been identified for each resident and residents had commenced visits to become accustomed to these services. However, there was no documentation in place to show how the services had been identified and how it had been assessed that these services would meet the needs of residents.

The inspector was told that the transition to each service would take place in line with residents' assessed needs and wishes. The person in charge outlined how this was being facilitated, for example a resident who was showing signs of anxiety was being supported to become accustomed to the day service and would be introduced to the residential service once they were comfortable with attending the day service.

However, there were no transition plans for each resident and no plan outlining how transitions would be facilitated to ensure residents' assessed needs, preferences and wishes would be met as part of the transition to new services.

The findings are detailed in outcome 5 which was judged as moderate non compliant on this inspection. The resulting non compliances with three regulations are outlined in the action plan at the end of the report.

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 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):

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

Findings:

The inspector did not inspect all aspects of this outcome.

The inspector spoke with a staff member and the person in charge. Both outlined the process to date which included consultation with residents and their families, meetings with the proposed service provider, visits to the centre of the persons in charge and staff of residents' proposed services and support for residents to visit the proposed centres.

The person in charge said that all information pertaining to each resident had been provided to the proposed service provider. This included personal plans, positive behaviour support plans, communication assessments and plans, health information and risk management plans.

The staff member said that a resident would be supported to continue to attend the classes and work experience they currently attended. The person in charge said that the proposed service provider had said that residents would continue to be supported to access the community based services, classes, work placements and activities they currently attended.

However, this was not documented and it was therefore not evident that this would be included in residents' contracts for the provision of services with the proposed service provider.

There was some evidence residents were being supported to visit and become accustomed to the new services they would be availing of from 30 April 2016. A schedule of visits showed that residents had commenced visiting and spending time in the new services from 1 February 2015.

However, it was not evident that there was a plan in regard to the frequency and length of residents' visits to the new centres. The person in charge said that some of this was led by the external service provider and outlined her concern in regard to the expectation of a resident to attend both the new day centre and the new residential centre on the same day.

The person in charge said that she felt this would increase the resident's anxiety and said that visits on separate days would be more beneficial for the resident in regard to becoming accustomed to the centres.

The person in charge and staff spoken with outlined the residents' reactions to the new services. Some residents appeared more anxious and had displayed behaviours which indicated that they needed more time to become accustomed to these services. The person in charge said that she was endeavouring to ensure the transitions would take place in line with residents' needs and wishes.

However, although this information was available verbally there was limited documentary information in place. Residents did not have transition plans in place to outline the services and supports for residents and to ensure that the discharges from the centre would take place in a planned, safe manner in accordance with residents' assessed needs and wishes.

The inspector was told that staffing levels had been increased on some days to facilitate visits to the new centres. However, two staff were absent from the centre due to long term sick leave and the person in charge said this did pose difficulty in ensuring there were extra staff available to facilitate visits.

As there were no documented plans in place the inspector could not ascertain if all visits were taking place in line with residents' assessed needs and wishes and at appropriate timely intervals to ensure that the residents would have the time to become accustomed to the new centres prior to the centre closing on 30 April 2016.

This was discussed with the person in charge and a person participating in management at the end of the inspection. The person in charge told the inspector that plans would be put in place and copies of these plans would be submitted to HIQA.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector did not inspect all aspects of this outcome.

The action relating to ensuring the centre could be evacuated in the event of a fire was reviewed.

The centre's evacuation plan had been updated to ensure there was adequate information to support staff evacuating residents from the centre in the event of a fire or other emergency.

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 inspector did not inspect all aspects of this outcome.

The action relating to the systems in place to ensure residents were safeguarded against the risk of peer to peer abuse and the risk of financial abuse was reviewed.

Incident report forms showed that the risk of peer to peer abuse was being managed by staff. Staff were using low arousal techniques and were responding to incidents to ensure residents were safeguarded. The imminent move of residents to centres which

are governed by another service provider would address this risk on a long term basis.

Measures had been implemented to ensure residents were protected against the risk of financial abuse. This included measures for some financial decisions to be referred to the Board of Management for approval prior to the transaction taking place.

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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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Autism West Limited
Centre ID:	OSV-0002065
Date of Inspection:	23 February 2016
Date of response:	28 April 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 05: Social Care Needs

Theme: Effective Services

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

There was no documentary information on the services and supports available to residents as part of the transition between residential services.

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 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Transition plans have been drafted and completed. Residents have been transitioning to new day and residential services within the new organisation with support from our own staff, and new staff shadowing us to become familiar with the residents. This has been done at a pace which best suits the resident's needs. Any issues identified have been addressed.

Proposed Timescale: 28/04/2016

Theme: Effective Services

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

There was no documented plan in place to ensure residents were discharged from the designated centre in a planned and safe manner.

2. Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

Transfer plans have been drafted and completed. Transfers have been carried out in a planned and safe manner appropriate to the resident, involving both organisations, residents and their families. Two residents have been fully transferred. 2 are transferred fully with ongoing support from our staff team. 1 resident is still in the process of transferring to their new services. This will be completed when resources are fully implemented.

Proposed Timescale: 28/04/2016

Theme: Effective Services

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

There was no documented plan in place to ensure residents were discharged in accordance with the resident's assessed needs and the resident's personal plans.

3. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

Transfer plans are in place which detail residents identified needs and are in line with their personal plans. Meetings have been taking place regularly between staff from both organisations to assess how the residents have been coping with their transfers. Any issues identified have been addressed.

Proposed Timescale: 28/04/2016