

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Bay
Centre ID:	OSV-0003434
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:	4
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: 06 April 2017 10:30 To: 06 April 2017 16:30

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
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection report sets out the findings of an unannounced monitoring inspection of a respite centre which is part of Autism Spectrum Disorder Initiatives Limited (hereafter called the provider).

This centre was found to demonstrate high levels of compliance with the regulations and standards on the centre's last inspection on the 18 August 2015 when the centre was first opened. The aim of this inspection was to monitor the levels of compliance in this respite service in conjunction with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013). This monitoring inspection took place over one day.

How we gathered our evidence:

The inspector met with the residents, staff members on duty, the person in charge and members of the management team during the inspection process. The inspector reviewed practices and documentation such as the residents' personal plans, healthcare plans, care planning guidance for staff, behavioural support plans, risk assessments, safeguarding practices, audits and policies and procedures. The governance and management systems in place in this centre were found to be of a good standard which was reflected in the high levels of compliance found in this

centre.

Description of the service:

This service was managed by the Autism Spectrum Disorder Initiatives Limited and consisted of one private dwelling. This designated centre was located in a rural coastal location operated by the provider. This designated centre provided rotational respite care for 10 residents. The residents who were met and observed on this inspection presented as very happy and well cared for by the staff team supporting them.

A competent and qualified person in charge was present for the duration of this inspection and demonstrated a very person centred and professional approach to the management of the centre. The centre was delivering a good quality of individualised respite service to the residents availing of same and care was delivered in line with the centres statement of purpose and function.

Overall judgment of our findings:

The inspector found this was a well managed centre that provided very good care to the residents using the service. The standard of service provision and overall quality of care delivered to the residents was found to be person centred and of a very good standard in all areas inspected. The requirements of the Regulations and Standards were found to be well met in this centre.

All findings are discussed in more detail in the main body of this report. All areas inspected were found to be in compliance with the Regulations and Standards.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents well being and welfare was maintained by a high standard of evidence-based care and support. Each resident had good opportunities to participate in activities and plans in line with needs, wishes and preferences.

The inspector found that this respite service had detailed and comprehensive personal plans in place to support the residents who used this service. The inspector spoke to residents who communicated with the inspector on their own terms and presented as very comfortable in their environment and with the staff supporting them. There was a relaxed and homely atmosphere observed and resident's plans offered a good insight into how they liked to spend their time. For example, residents enjoyed social outings, dining out, long walks, going to the gym, music, art and basketball.

As this was a respite service, most of the activities were recreational, however there was also structured life skill development programmes found and the inspector noted that the staff on duty in this centre were professional and were very knowledgeable regarding the residents they provided care and support for.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There were clear policies, procedures and systems in place to ensure the health, safety and protection of residents, staff and visitors is appropriately promoted.

The inspector reviewed a risk management policy which met the requirements of the regulations and guided procedures in the centre. A suite of health and safety policies were in the house which included clear guidance for staff and procedures around responding to emergencies and evacuating the centre where required.

The person in charge maintained a log of all accidents, incidents and near misses and completed a risk register which identified all potential risks and assessed same. Residents had specific risk assessments updated and maintained in their personal plans which contained the control measures in place to reduce risk. Staff demonstrated good knowledge of all risk areas including fire safety, road safety and emergency evacuation procedures.

There were appropriate systems in place regarding fire safety with a monitoring and detection system, alarm, fire doors, fire extinguishers, fire blanket and emergency lighting system in place. There was also an emergency pack with high visibility jackets, torches and provisions which staff showed the inspector in the event of an emergency evacuation being required.

The centre was found to be visibly clean and hygienic and there was appropriate guidance in place regarding infection control procedures operating within the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place regarding the safeguarding and safety of residents that was in line with national guidance and best practice. The inspector found systems in place to ensure the residents were protected from being harmed or suffering abuse. The centre promoted a restraint free environment and was found to support residents very well with their emotional, behavioural and therapeutic support needs.

Staff demonstrated appropriate knowledge of the different types of abuse, the signs and symptoms of abuse and the reporting and recording procedures involved in response to allegations, disclosures or suspected abuse.

There were no open safeguarding issues in this centre and staff had completed (or were scheduled for refresher training) in the protection and safeguarding of vulnerable adults. The person in charge clearly demonstrated detailed and comprehensive oversight of all incidents in the centre. The inspector found a very positivist approach to service provision was operational which was very person centred, rights based and non restrictive.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were appropriately supported to enjoy best possible health in this centre. The centre provided respite care so the residents primary carers were ultimately responsible for supporting the provision of appropriate healthcare and access to allied health professionals.

The inspector found detailed healthcare plans were in place to ensure residents were appropriately supported in line with their individual support needs. There were clear plans and guidance available to support residents with epilepsy and behavioural support

needs.

There was appropriate access to allied health professionals facilitated where required and the service had very good relationships with the residents families in this regard. Detailed hospital support information was contained for each resident in the event of an emergency hospital admission being required. The inspector found one resident required transfer to hospital via ambulance following a seizure and was well supported in this instance.

Exercise and healthy eating was well promoted in this centre and staff were observed preparing healthy home cooked food with residents on the day of inspection. Residents told the inspector that they were very happy with the food they received.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were clear written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines.

Staff demonstrated the procedures for medication coming into and leaving the centre as residents availed of this respite service. There were clear checking systems and medication stock control counts in operation. The inspector found medication audits, clear guidance regarding medication and safe systems of medication practice were in place.

Staff demonstrated a clear understanding of medicines management and showed safe and secure medicines management practice on this inspection.

All staff had underwent safe administration of medicines (SAM) training and records of same were reviewed.

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 found that the quality of care and experience of the residents was well monitored and developed on an ongoing basis in this centre. Residents were provided with a high standard of evidence based care in a professional, caring and supportive environment.

A qualified, competent and experienced person in charge was in place and they had good operational systems and oversight of the provision of care in this centre. The person in charge had clear auditing systems and reviewed the experience of residents on an on-going basis. Areas such as personal planning, consultation with residents, medication management, restrictive practice, behavioural support and health and safety were audited, reviewed and updated on a regular basis.

The provider had completed unannounced inspections and reports based on the regulations and standards. A comprehensive provider annual review was also completed which fully examined the service provided and clearly demonstrated provider oversight inclusive of feedback from residents families.

There were clear lines of authority in place and staff were aware of reporting structures. The provider had an effective system of supervision and performance management in place and records of same were reviewed. The governance and management of this centre were found to be of a very good standard.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix working in this centre. The rosters reviewed reflected the staff members on duty clearly and accurately.

The inspector met a number of staff on this inspection and found that all staff presented as knowledgeable, professional, competent and caring in their respective roles. Residents presented as very comfortable with the staff supporting them.

Staff had undergone mandatory training in key areas pertaining to their roles such as manual handling, fire safety, medicines management, and the management of actual or potential aggression training. The inspector found that staff were supervised and performance management and disciplinary issues were addressed by the provider in line with best practice.

The inspector reviewed a sample of staff personnel files and found that staff were recruited, selected and vetted in accordance with best practice and the files reviewed met the requirements of Schedule 2 of the regulations.

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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