

**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 Nua Healthcare Services
Centre ID:	OSV-0003383
Centre county:	Laois
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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:
18 May 2015 10:00	18 May 2015 18:00
19 May 2015 09:30	19 May 2015 16:00

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

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed questionnaires submitted by residents and families to the Authority's Regulation Directorate.

To further inform the registration process, interviews were carried out with the person in charge, the team leader and other staff members. The inspector had interviewed the person authorised to act on behalf of the provider at a recent

inspection. Interviews were also recently carried out with the Director of Operations and the Director of Services at the organisation's head office.

Overall, the inspector was satisfied that residents received a quality service. The inspector found that care was provided by a committed team of staff and residents spoken with confirmed this. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The quality of care and experience of the residents was monitored on an ongoing basis. Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated.

The inspector was satisfied that residents' social and health needs were met. The health and safety of residents and staff were promoted and protected and fire procedures were robust. Improvements previously required to some medication management practices had been completed.

Questionnaires returned were very positive about the service provided. One parent wrote about the improvement in her son since his admission stating that he now 'smiles a lot'. She described how it was like getting her son back. Another parent described how staff had gone above and beyond to help her child. One did comment that an additional car might benefit the residents as sometimes one was not available to her child when required. Residents wrote fondly about the staff and some described the other residents and staff as their friends.

These matters are discussed further in the report. No actions were required from 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 found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A weekly residents' forum meeting was held and in addition when residents preferred, individual issues were discussed with their key workers. Agenda items included planned house activities and meal choices for the coming week. Plans were also made for the annual house holiday and Rome was the leading preferred destination at the time of inspection.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. On reviewing the complaints' log, the inspector noted that no recent complaints had been received. Staff spoken with were familiar with the procedure to follow should it be necessary.

Residents managed their own finances with minimal support from staff. Money management plans were in place. Individual locked boxes were also provided in each resident's room

Advocacy services were available and all residents had been given the relevant phone numbers should they need to make contact. Residents spoken with confirmed that they had received the phone number but never needed to access this service as yet.

The inspector noted that residents had been offered the opportunity to vote at the upcoming election.

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:

The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. The inspector saw residents seeking out staff to tell them about their day or to show them some new purchases. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Easy read versions of some documents had been developed including what is safeguarding, rights and contract of care.

The inspector saw that some residents benefited from a structured written or pictorial timetable outlining in specific detail the day's events. Written reminders were also strategically placed, for example 'is my phone charged?' was on the inside of one resident's bedroom door. All residents had access to either a mobile phone or the cordless phone from the centre. Residents also used iPads and iPods and internet access was available to all who required it.

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:

The inspector was satisfied that staff helped residents to maintain contact with their families. Families were encouraged to visit and stay for a meal or a snack with the residents. The inspector saw where regular frequent contact was maintained between the staff and the relatives when residents so wished.

The inspector saw that staff facilitated visits with family members outside of the centre. Transport and escort services were provided when required. Families were also assisted with transport from the train or bus to the centre.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible and this is discussed in more detail under Outcome 10.

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:

The inspector reviewed the admissions policy and found it to match the admission criteria and procedures as set out in the statement of purpose. There were policies and procedures in place to guide the admissions process.

Written agreements had been provided to relatives outlining the support, care and welfare of the residents along with the services to be provided. An easy read version was also available for residents.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker. Key workers were assigned and the inspector saw evidence that goals and aspirations were described and plans put in place to meet those.

A monthly action plan was generated to ensure progress towards meeting residents' goals. Timeframes and persons responsible were clearly documented for each action. The inspector saw evidence that three monthly reviews were completed with involvement of the resident or their representative, the key worker and the team leader. In addition annual reviews were completed in accordance with the requirements of the Regulations. Daily records were also maintained of the how the residents spent their day.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident with the aim of assisting residents and hospital staff if a resident was attending a hospital appointment or being admitted. This contained useful information such as personal details about the resident, communication needs and likes and dislikes.

There was an extensive range of activities available to the residents and these are discussed under Outcome 10.

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.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the premises which was located on the outskirts of a large town, met the needs of the residents who were living in the centre at the time of inspection.

There were two buildings in what would be regarded as the main house. In one building there was the staff office with sleep over facilities, staff toilet and shower and two residents' bedrooms both of which had en suite shower, toilet and wash hand basin facilities.

The next outside door lead to a large upstairs activity room which the residents call the hobbit because of its unusual shape. This was a spacious room equipped with television and games and equipment such as a pool table, air hockey table and gym equipment as well as comfortable seating.

The next outside door lead to a self contained apartment with a bedroom cum sitting room, kitchenette and a shower room. The resident who lived there told the inspector how much she liked living there and having her own front door.

The second building is adjacent and this had the main kitchen cum dining room. There was a large conservatory as well as a smaller sitting room. Both were well furnished. A second staff sleepover room was located here along with a staff toilet. There was also a separate toilet and wash hand basin.

Upstairs there were three residents' bedrooms one of which had en suite facilities. There was also a separate bathroom.

To the rear of these two buildings, separated by nicely landscaped garden areas, there were six detached cabins and each provides a home for one resident. Each cabin consists of a kitchen cum sitting room, a bedroom, bathroom and an additional room which some residents used as an extra bedroom for family or friends. Other residents had changed this for additional storage while another used it as a computer room.

Laundry facilities were now in a laundry shed which contained two washing machines and two dryers.

All areas of the centre were bright, clean and homely. The person in charge discussed ongoing maintenance plans in place including sanding and care of the wooden floors.

There were extensive gardens around the centre together with a courtyard area in front of the main building. Adequate parking was provided.

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:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted.

There was a Health and Safety Statement in place. There was an active health and safety committee and a weekly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed. Risk assessments were also carried out on the vehicles used to transport residents.

The risk management policy met the requirements of the Regulations. Individual risk assessments were also completed for each resident which included a risk assessment as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice.

The inspector read the emergency plan and saw it provided sufficient detail to guide staff in the procedure to follow in the event of an emergency. An emergency bag containing equipment such as torches and hi visibility jackets was available to take with residents should it be required. In addition possible alternative accommodation for residents was specified should evacuation be required.

The inspector found that adequate fire precautions had been put in place. The inspector viewed evidence that fire equipment was serviced regularly, as were the fire alarm. The inspector spoke to the team leader who outlined the fire drills carried out with residents and staff on a regular basis. The inspector also noted that staff attended the fire safety training. Staff and residents spoken with were knowledgeable on the procedure to follow in the event of a fire.

All staff had attended training in the moving and handling and a matrix was maintained

by the organisation's head office to identify when additional training was required.

Suitable arrangements will be in place for the safe disposal of general waste.

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 inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of abuse and all were clear on reporting procedures.

Residents said they felt safe in the centre. One resident wrote in the questionnaire that this was because she trusts the staff and they trust her. Others said that they could lock their bedroom doors and staff were always around.

There were no restraints in use in the centre. Staff spoken with were aware of the requirements should they be used. A policy was in place to guide practice.

Although not currently required the inspector was satisfied that there were good systems in place for the management of behaviours that challenge. There was a policy in place to guide the practice. If required regular access was also available including access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists.

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: Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.
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: The inspector found that the general welfare and development needs of residents were promoted and residents were afforded opportunities for new experiences, social participation, education, training and employment. The inspector also saw that various training programmes and educational activities were available for the residents as appropriate. Several of the residents attended the day services and undertook activities such as cookery, computer skills and life skills training and also attended the gardening day services. Several residents were working as part of the organisation's outreach programme. A large selection of employment opportunities was available including working in the equestrian centre, the cinema, local restaurants and offices and maintenance work.

Residents told the inspector about the array of other social activities they were involved in including sports, kayaking, dancing and going to the night club and discos as well as going to the pub and eating out.

The inspector met one resident heading off to work in a local charity shop and she told the inspector how much she enjoyed this. Another resident told the inspector he was off to get the train to work in a nearby supermarket.

A resident had returned to mainstream education and was currently undertaking her junior certificate course in English. She told the staff and inspector how much she appreciated this opportunity although exams were looming in the near future.

The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

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 was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required. The menu choices were on display. The inspector saw where residents were reviewed by a dietician and healthy eating plans and exercise programmes had been agreed. Staff volunteered more appropriate choices when healthy eating was encouraged.

Residents could choose where to have their meals including the cabins but most residents chose to have their evening meal together in the main kitchen. It was 'Chinese night' on day one of inspection and all staff and residents came together for Chinese food served in a Chinese setting including lanterns and chopsticks. Residents told the inspector that they each chose a theme for an evening on a monthly basis. These were on going and so far they had been very successful. Residents showed the inspector the photographs of the Mexican evening and discussed plans for the next 'American evening'.

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:

The inspector was satisfied that medication management practices were safe. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Action previously required relating to medications that required strict control measures (MDAs) and medications to be administered as and when required (PRN) had been addressed. No residents were using MDAs at the time of inspection but staff were aware of the procedure to follow. Recent improvements had been introduced across the organisation regarding the administration of PRN medications and the inspector noted that the policy had been updated to reflect the improvements.

There were appropriate procedures in place for the handling and disposal of unused and out-of-date medicines. Staff had received training and plans were in place to ensure that staff repeated this training annually.

Frequent audits were carried out and this included checking prescriptions received from pharmacy and auditing the prescription and administration records. Monthly audits were also conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions were carried out.

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 by the person in charge. 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 the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector previously met with the Director of Services and the Director of

Operations who outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. Resident satisfaction surveys were completed as part of this work. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was person in charge for three other centres in the locality. She was knowledgeable about the requirements of the Regulations and Standards and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She is supported in her role by a team leader and deputy team leader who worked full time in the centre. Both were interviewed during this inspection.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

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 provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place. The regional manager from another centre provides this cover supported locally by the team leader. The inspector had previously interviewed this person in her role as person in charge in another centre and found that she was aware of the responsibilities of the person in charge and had up to

date knowledge of the Regulations and Standards.

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 inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their home, the various activities and day services.

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix to

meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that they met the requirements of the Regulations. The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as epilepsy care, first aid and medication management. Certificates of attendance were in the staff files and a training matrix was maintained. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs. Staff confirmed that they found these very helpful. Annual staff appraisals were also carried out.

There were no volunteers in the service at this time.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as

required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

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:

Sheila Doyle
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Regulation Directorate
Health Information and Quality Authority