

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003389
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	Nan Savage
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	2

## **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:
15 June 2015 11:00	15 June 2015 18:00
16 June 2015 09:30	16 June 2015 15:30

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**

During the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

As part of the registration process, interviews were carried out with the person in charge, the team leader and other staff members. Interviews were also recently carried out with the person authorised to act on behalf of the provider as well as the Director of Operations and the Director of Services.

Overall, inspectors were satisfied that residents received a quality service. Inspectors found that the staff knew the residents well. 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. Inspectors were satisfied that residents' social and health needs were met and improving the quality of the residents' lives was seen as a priority. The health and safety of residents and staff were promoted and protected and fire procedures were robust.

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:**

Inspectors found that the rights, privacy and dignity of residents were 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. Inspectors saw where issues were regularly discussed with residents. A weekly residents' forum meeting was held and items discussed included activities and menu planning. Individual meetings were also held if that was the resident's choice.

Inspectors observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints policy and procedure and inspectors noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. On reviewing the complaints' logs inspectors noted that a minimal number of complaints had been received and were managed in accordance with the policy. Staff spoken with were familiar with the policy.

When required, staff assisted residents to manage their monies. Inspectors were satisfied that this was managed in a safe and transparent way with appropriate records maintained. Balances checked were correct.

<p><b>Judgment:</b> Compliant</p>

**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:**  
 Inspectors were 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 inspectors observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. Easy read versions of some documents had been developed including what is safeguarding and rights. Pictorial information was also available if helpful.

A computer was available within the centre for residents' use and appropriate internet access was available. Some residents were undertaking computer courses and all had access to either a mobile phone or a landline as appropriate.

No resident had hearing or speech difficulties but appropriate services were available if required.

**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:**

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

Inspectors saw that staff facilitated visits with family members outside of the centre. Transport and escort services were provided when required.

Inspectors found that residents were encouraged to develop links with the wider community as far as possible. Visits were also facilitated between centres.

**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:**

Inspectors read an admissions policy dated January 2015 which outlined the process in admitting a new resident. It was found that the admissions process as outlined in the Statement of Purpose was in accordance with the process detailed in the policy. Staff spoken to were knowledgeable about the overall admissions process and described some of the actions taken to make new residents familiar with their new living arrangements.

Contracts for the provision of services were in place for all residents and these were also available in easy read formats.

**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:**

Inspectors 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. Inspectors found personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were clearly identified and the personal plans were regularly reviewed. There was multi-disciplinary input in the care of residents as required. A monthly action plan was generated to ensure progress towards meeting residents' goals. Timeframes and persons responsible were clearly documented for each action and the person in charge had systems in place to oversee this process and ensure that actions were completed or appropriate reasons were available.

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. Daily records were also maintained of how the residents spent their day. Inspectors 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.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, communication needs and likes and dislikes. Inspectors noted that several residents had moved to other centres more appropriate to the level of support required. Detailed transition plans had been developed to assist with this.

**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:**

Inspectors found that the centre was accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

Each resident had their own bedroom located upstairs with en suite shower, wash hand basin and toilet facilities. Some residents had personalised their rooms with posters and family pictures. Staff told inspectors that residents were given the choice of colours and bed linen. Inspectors also saw that room was newly decorated and prepared for a resident that was due to be admitted in the coming days. Some new clothes had also been purchased in case they were needed. There was an additional bathroom upstairs and one resident liked to take a bath regularly. There was one extra toilet and wash hand basin downstairs.

There was an accessible kitchen cum dining room and the residents could prepare their own meals or snacks if appropriate. Laundry facilities were provided in the utility room which was off the kitchen and, with support, residents could attend to their own laundry if they wished.

There were two separate sitting rooms which were comfortably furnished.

There was a staff office and all files etc. were securely stored there. There was a large well maintained garden area to the rear of the centre. This area had an extensive range of activities such as a climbing ball and a trampoline. In addition there was a large basketball court to the side of the house.

The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

Adequate parking was provided to the front of the house.

**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 health and safety of residents, visitors and staff was provided for within the designated centre.

Inspectors reviewed a risk management policy dated January 2015 which met with the Regulations' requirements. A health and safety statement was also in place and centre specific risks had been assessed with measures and actions to control such risks identified. Individual risk assessments for all residents had also been performed.

The fire equipment within the centre, including the fire alarm system, was regularly serviced. Fire orders were on display throughout the centre while fire exits were unobstructed. Fire drills were carried out on a regular basis and staff spoken to were knowledgeable about what to do in the event of a fire alarm activation. All staff had undergone fire training within the last 12 months.

Inspectors saw that unannounced health and safety audits of the premises were carried out on a regular basis. The actions required, timelines and person responsible for completion were documented.

Risk assessments were also carried out on the use of the vehicles to transport residents. This included checking the oil and water, the lights, tyres, tax and insurance. An active risk register was also maintained.

An emergency plan was in place which outlined the steps to be taken in the event of a number of emergencies such as fire, flooding or loss of power taking place. This plan also provided for alternative accommodation if necessary.

Infection control procedures within the centre were satisfactory. Adequate procedures were in place for the management of general and recyclable 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:**

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

Inspectors viewed the attendance records and saw that all staff had received training on the prevention, detection and response to abuse. Inspectors found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and team leader were clear about the measures they would take if they received information about suspected abuse of a resident.

Residents spoken with and the questionnaires submitted confirmed that residents felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

Inspectors saw that there was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. When necessary, residents had detailed positive behaviour support plans in place. Monthly audits were completed by the behaviour team to ensure that outcomes were described and achieved and the appropriate behaviour support plan was followed.

A restraint free environment was promoted and although some restrictive practices were observed, inspectors saw that they were used as a last resort and following risk assessments and the usage was guided by a robust policy.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**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.

Inspectors noted that a new system had been introduced to log and monitor incidents and accidents at centre level and this system was to run parallel to the current system of organisation wide reviews.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*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.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests, including computers, cookery and outings. Most residents attended the various day services and workshops. Some residents attended local activities such as the boxing club. Boccia and swimming were also very popular.

Inspectors saw where specific step by step plans were in place for residents to achieve their goals. For example plans were afoot to organise for a resident and staff to attend a football match in Old Trafford.

A weekly planner was devised with each resident and their key worker. Inspectors 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.

Employment opportunities were available through the organisations outreach programme. One resident was heading off to work on the day of inspection and he told inspectors how much he was looking forward to this.

Educational opportunities were available through the organisation. A teacher was employed and educational assessments were completed as appropriate. Mainstream and specialised courses were available including courses through the National Adult Literacy Association (NALA).

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Inspectors were satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. Previous action regarding access to allied health personnel and weight management had been addressed.

Inspectors reviewed some care plans and medical notes and saw that residents 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.

Inspectors were 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. Inspectors saw where some residents had been reviewed by a dietician and a healthy eating plan had been agreed. Staff volunteered more appropriate choices when healthy eating was encouraged although some residents were clear about their own choices and this was respected by staff.

Inspectors saw that a resident was undertaking an elearning programme to assist his understanding of healthy eating. Once completed he would receive a certificate outlining that he had completed the required modules.

Inspectors saw that choices of menu were available at each meal and one resident preferred fish over the other options. Inspectors saw that this resident was having

lobster for his dinner on the day of inspection and was advising staff on how to make sure it was ready on time.

**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:**

Inspectors were satisfied that each resident was protected by the centre's procedures for medication management.

Having reviewed proposed prescription and administration records and procedures for the storage of medication, inspectors were satisfied that appropriate medication management practices were in place. Action previously required relating to the prescribing of medication to be crushed and the administration of medications as and when required (PRN) had been addressed.

There were no medications that required strict control measures (MDAs) in use in the centre but staff spoken with were aware of storage and checking procedures. No resident currently required crushed medication and there were no medications in use that required refrigeration.

Inspectors noted that significant changes had been introduced to strengthen the procedures around medication to be administered as and when required (PRN). Staff spoken with were familiar with these changes and the policy was also amended to guide the new practice.

Inspectors noted that the medication management policy was recently updated to reflect more robust systems introduced for the return of unused and out of date medications. Staff spoken with were familiar with these changes.

The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. This training was repeated on a yearly basis.

**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 centre had a Statement of Purpose in place that accurately described the service provided.

Inspectors reviewed the Statement of Purpose in the designated centre and found that it described the designated centre and the facilities and services provided to residents. This Statement of Purpose was clearly demonstrated in practice.

**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:**

Inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems were in place that support and promote the delivery of safe, quality care services.

An inspector had 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 two auditors were 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.

Frequent in house audits, both announced and unannounced were completed on areas such as documentation, hygiene, health and safety and medication. Inspectors saw that the results of these were used to improve practice. For example inspectors saw where some gaps had been identified in the documentation. The system had been reviewed and the necessary staff spoken with. Once completed the action plan was signed off. Repeat audits showed full compliance.

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 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 worked full time and was well known to the residents.

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 the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate

deputising arrangements were in place.

**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:**

Inspectors 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 on family visits, day services, the various activities and to social occasions.

**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:**

Inspectors were satisfied that there were appropriate staff numbers and skill mix to

meet the assessed needs of residents and the safe delivery of services. .

Inspectors examined a sample of staff files and found that they met the requirements of the Regulations. A robust recruitment policy was in place.

Inspectors reviewed the staff rosters and staff spoken with confirmed that staffing arrangements were based on the assessed 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 behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files and a training matrix was maintained. This included details of when additional training was required.

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. Annual 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:**

Inspectors were 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.

Inspectors read the residents' guide which had recently been updated 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 directory of residents 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