

**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-0005303
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:	0
Number of vacancies on the date of inspection:	4

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:
27 October 2015 10:00	27 October 2015 17:30
28 October 2015 09:30	28 October 2015 14:30

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

There are presently no residents living in this centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The regional manager and regional director of operations were available on the days of inspection and both were interviewed. The person in charge was on scheduled annual leave at the time of inspection but an in-depth interview was carried out the previous week. Separate interviews were also previously carried out with the provider and the director of services.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care will be provided. The person in charge and regional manager discussed arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were in order.

The health and safety of residents and staff will be promoted and an emergency plan was in place. A fire alarm system was in place and in working order. Staff discussed the proposed fire procedures and the inspector was satisfied that if implemented they are sufficiently robust. Adequate fire equipment was in place.

The inspector saw that all proposed staff had received their mandatory training and staff files were complete. A robust recruitment procedure was in place.

These 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

The inspector reviewed the complaints' policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It contained details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained. An easy read version of the complaints procedure will be on display in the centre.

The regional manager told the inspector that a weekly residents' meeting will be held. This will be organised by the residents themselves and will include discussions on items such as the menu for the coming week, plans for the weekend, any issues related to the premises and planned group activities.

If required, staff will assist residents to manage their monies. The inspector read the policy and was satisfied that the practice outlined was safe and transparent with appropriate records maintained. Individual safes will also be provided in each resident's room.

Residents and relatives will have access to an advocacy service.

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):

This was the centre's first inspection by the Authority.

Findings:

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

Residents' communication needs will be identified in the personal planning documentation and supports put in place where needed. A communication passport will be developed if required and will include information such as 'all about me', 'special people in my life' and 'how I communicate'. This will also include details of how staff should communicate with the resident.

Assistive devices such as iPads, tablets and iPods will also be available. Internet access will be provided in the centre and through the day services and local library.

The regional manager discussed various strategies that may be used depending on the needs of the residents including Picture Exchange Communication System (PECS), pictorial sequencing and social stories. Plans were already in place through the parent organisation to ensure that, if required, staff will receive training in Lámh (a manual sign system used to support communication). Residents will also have access to the services of a speech and language therapist if necessary.

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:

From the information available the inspector was satisfied that families and friends will be encouraged to be involved in the lives of the residents.

The regional manager outlined how staff will facilitate residents to maintain contact with their families. This included access to phone facilities and family invitations to events in the centre. Transport home will be provided if needed although it is anticipated that residents may prefer to use public transport.

Regular frequent contact will also be maintained between the staff and the relatives if that is what residents want.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. An admission, discharge and transfer committee had been set up by the organisation to guide all admissions to the service.

The person in charge and regional manager outlined the proposed plans for admitting new residents including the supports that will be available during the transition period. It is expected that some residents who are no longer in need of high support will transfer from other centres within the organisation. The transition plan included prospective resident's attending for a meal, meeting the staff and choosing their room etc.

Written agreements will be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspector read a copy and saw that it met the requirements of the Regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that, when implemented, the care and support as described by the person in charge and regional manager will consistently and sufficiently reflect the residents' assessed needs and wishes.

The inspector reviewed a sample of the proposed documentation and found that it was comprehensive and if completed will identify resident's care needs and proposed plans to address those needs. Monthly goals will be set and action plans put in place to meet those goals.

Each resident will be assigned a key worker and there will be scheduled weekly meetings as well as reviews on a three monthly and annual basis. Daily records will be maintained of the how the residents spend their day. The inspector saw that the personal plans will contain important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

The person in charge and regional manager discussed how residents will be supported in transition between services. A staff member or relative will accompany residents who have to attend hospital or appointments. A document called 'my hospital passport' will be developed for each resident. This will contain useful information such as personal details about the resident, aids and assistive devices used, communication needs and medications etc.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre was suitable and safe for the proposed number of residents. The centre, a three storey house, is located in an urban area. It was warm, homely and very well maintained.

There are four bedrooms set aside for residents' use. Three of these have en suite facilities while the other is situated beside the main bathroom. There is also a separate toilet and wash hand basin located down stairs. The regional manager confirmed that appropriate locking systems will be in use to ensure residents' privacy is maintained.

Residents will be involved in choosing the colour scheme for their own bedrooms including paint colours and bed linens.

A room will be set aside for a staff office. All files etc. will be securely stored there. This room will also be used for staff sleepovers.

There is a large kitchen cum dining room. There is also a utility room and laundry facilities will be located there. Adequate storage will be provided including two large airing cupboards. A comfortably furnished sitting room had patio doors leading to the garden area.

There was a small secure garden area to the rear of the building. The regional manager discussed plans to have appropriate garden furniture in place.

Limited parking will be available at the front of the building and additional parking is available nearby. There will be suitable arrangements for the safe disposal of general waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

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

This was the centre's first inspection by the Authority.

Findings:

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

There was a Health and Safety Statement in place. The risk management policy met the requirements of the Regulations. The regional manager said that there will be a health and safety committee which will meet on a regular basis. The health and safety officer will carry out monthly audits and the results will be shared at team leader meetings.

The inspector saw that a fire alarm system including fire panel was installed at the time of inspection. All proposed staff had attended fire training in the centre. A plan was in place to ensure that fire drills will be carried out immediately on admission and every three months at various times of the day and night. Staff confirmed that the evacuation procedure will be on display around the centre.

Systems were in place to ensure that the fire equipment including the fire alarm system will be serviced regularly. Daily checks of escape routes will be carried out.

The inspector read the proposed emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required. An emergency bag was being sourced at the time of inspection and will contain equipment such as torches and high visibility jackets to take with residents should it be required.

The inspector saw that plans were in place to carry out risk assessments and routine checks on the vehicles used by residents. This will include checks on oil, water, tyre pressure and wipers etc.

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:

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff had received training. An eLearning programme had also been developed to ensure that all staff had access to this training. The person in charge and regional manager outlined the procedures they will follow should there be an allegation of abuse.

The inspector was satisfied that residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The inspector was satisfied that if required residents will be provided with emotional, behavioural and therapeutic support that will promote a positive approach to behaviour that challenges. 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 the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Staff spoken with told the inspector that if required multi element behaviour support plans will be developed for the residents.

The inspector reviewed the training records and saw that all staff had received specific training in this area.

There was a policy in place to guide usage of any restrictive practices and staff spoken with were aware of the significance of using them. A restraint free environment will be promoted and it is not expected that any such practices will be in use in this centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Plans were in place to maintain a detailed log of all incidents occurring in the centre and to analyse these for the purposes of learning.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that if the plans discussed are implemented, the general welfare and development needs of residents will be promoted and residents will be afforded opportunities for new experiences, social participation, education, training and employment.

Social events are currently held in different centres within the parent organisation on a monthly basis and this centre will now be part of that programme. The inspector saw that this included staff and resident football matches, sports events and various other fun activities.

Links have already been established with local groups such as the Arch Club which provides a social outlet for people with special needs. Activities include social evenings, music and dances.

Other activities available include bowling nights and cinema nights and traditional music and events organised by other voluntary groups.

The organisation had already developed links with local businesses to provide employment opportunities for residents through its outreach programme. This service will also be available to residents in this centre and is accessed through a referral process.

The inspector also saw that various training programmes and educational activities will be available through the organisation's day services. Programmes provided will include computer courses, cookery, self care, social skills, woodworking and horticulture in addition to various social programmes. Educational opportunities will also be available through the local National Learning Network. Transport will be provided by the centre if needed.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents will also have access to those specialists previously mentioned under Outcome 8.

If the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Nutritional assessments will be completed on admission and as required. Weights will be recorded on a monthly basis or more frequently if required. The menu choices will be on display. If appropriate, photographs will be taken of various meal choices and these will serve as a reminder for residents. The person in charge also discussed how healthy eating options will be encouraged and residents will be actively involved in planning their menus. It is expected that residents will be involved in shopping and cooking in the centre. The inspector saw that a policy was in place on the monitoring and documentation of nutritional intake.

Staff spoken with discussed how it is hoped that if residents so wish staff and residents will have their meals together to catch up on the day's events and make plans for the next day.

Health monitoring documentation will also be completed and this will include regular checks of blood pressure, pulse and temperature. A full health assessment will also be completed annually including blood monitoring.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, disposal of medications and medication errors.

It is expected that some residents will be able to manage their own medication with support from staff as required. Staff told the inspector that all residents will have a risk assessment completed to ensure safety. Step by step task analysis will be used as appropriate.

The person in charge explained that if required for use, staff will keep a register of controlled drugs and that two staff will sign and date the register at the time of administration and that the stock balance will be checked and signed for by two staff at the change of each shift.

Safe storage facilities will be provided. This will include a medication fridge and staff spoken with confirmed that when in use the temperatures will be recorded on a daily basis to ensure they are within acceptable limits.

The inspector saw that all proposed staff had undertaken a medication management training programme which included three competency assessments.

Monthly audits will be undertaken to ensure compliance with the centre's policy and that all required documentation is correctly completed.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that will be provided in the centre and will be kept under review by the person in charge. It will be available to residents.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the quality of care and experience of the residents will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

A robust auditing system had been introduced within the organisation and will apply to this new centre. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector spoke with the regional director of operations who outlined the plans to have this report available to residents in an appropriate format.

Plans were also in place to ensure that the annual review of the quality and safety of care was carried out as required by the Regulations.

The person in charge and other staff members will have responsibility for carrying out regular audits in the centre. This will include areas such as infection control, hygiene and fire safety.

In addition a residents' feedback survey will be completed regularly and any required actions will be completed.

The inspector was satisfied that 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. She will be supported in her role by the regional manager and a deputy team leader.

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):

This was the centre's first inspection by the Authority.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found no evidence to suggest that sufficient resources will not be provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard and renovations were completed. Staff spoken with confirmed that adequate resources will be provided to meet the needs of the residents.

The inspector saw that transport will be available within the centre to bring residents to their day services and to social outings if required.

Maintenance requests are prioritised and managed by the organisation's maintenance department.

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):

This was the centre's first inspection by the Authority.

Findings:

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A recruitment policy was in place to guide this practice.

It was not expected that volunteers will be involved with the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

The person in charge told the inspector that the staffing levels will be based on the assessed needs of the residents. It is expected that this centre will provide care for residents with low support needs. Additional staff will be available if required.

The inspector saw that there was an induction in place. In addition, supervisory meetings are to be held with each staff member on a monthly basis. A competency review will also be carried out on a yearly basis. This included both self assessment and assessment by the line manager. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as epilepsy, communication skills, first aid and the management of behaviour that challenges.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

Written operational policies required by Schedule 5 of the Regulations were in place to inform practice and provide guidance to staff.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner. Staff spoken with were aware of the requirement to ensure that the records listed in Part 6 of the Regulations will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. Staff were also aware of the required periods of retention for the records.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

Although not yet required the person in charge had access to an appropriate template for the directory of residents. Adequate insurance cover was in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority