

**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-0003385
Centre county:	Kildare
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:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
30 March 2015 10:00	30 March 2015 17:30
31 March 2015 10:00	31 March 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

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.

As part of 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 a committed team of staff provided care in sometimes difficult circumstances. 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 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.

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):

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

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. Actions required were completed. For example the inspector saw where recommendations made by the residents regarding menu choices and the range of activities had been addressed.

The inspector 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 the inspector 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, the inspector noted that one complaint had been received and was managed in accordance with the policy. Staff spoken with were familiar with the policy.

When required, staff assisted residents to manage their monies. The inspector was satisfied that this was managed in a safe and transparent way with appropriate records

maintained. Balances checked were correct. Individual locked boxes were also provided in each resident's room.

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 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. 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 and rights.

The inspector saw that some residents benefited from a structured written timetable outlining the day's events and the inspector saw staff reassuring residents that everything was going to plan and achievable.

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):

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

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.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible. Visits were also facilitated between centres. One resident told the inspector how much he had enjoyed a recent trip to one of the other centres in the organisation. One of the games played involved getting dunked in water which he thoroughly enjoyed.

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 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. The inspector 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 and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations. There was multi-disciplinary input in the care of residents as provided by nursing staff, social care workers, the psychologist, the psychiatrist and the behavioural support therapist as required.

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 the how the residents spent their day. Key workers were assigned and the inspector saw evidence that goals and aspirations were described and plans put in place to meet those. 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.

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.

Residents' personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. All care plans were based on detailed assessments and the plans were updated in response to any changes in the resident's condition. Resident's files contained information relating to areas such as personal risk assessments, health and wellness and daily occupation.

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.

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 premises which was located in a rural setting, met the needs of the residents who were living in the centre at the time of inspection. The centre was warm and inviting and decorated in accordance with the residents' preferences.

Three of the four residents' bedrooms had en suite facilities and there was an additional bathroom with a large Jacuzzi bath. There was a separate small bedroom and a separate toilet and shower facility set aside for staff who slept over in the centre. All residents seemed happy to show the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Some residents had personalised their rooms with their game consoles, music systems and posters. Additional storage had been provided for residents who required this.

There was an accessible kitchen and a separate dining room. The inspector noted that this room seemed cold and this was being addressed by the maintenance team during the inspection. There was a small quiet room off the dining room which was popular with some of the residents.

There were two separate sitting rooms, the smaller one was upstairs and a resident told the inspector how much he liked going up to that room sometimes. All were comfortably furnished.

Laundry facilities were available in the utility room and residents could attend to their own laundry if they wished. There was a small staff office. All files etc. were securely

stored there.

There was an enclosed garden area to the rear of the house and a section of this had been cordoned off to house the two pot belly pigs that now lived there. Residents told the inspector how much they liked the pigs and how they took responsibility for feeding etc. They also told the inspector that they hope to get chickens in the near future.

There was a separate building to the side of the centre and residents could access this if they chose to. It was fully equipped and furnished including gym equipment. The inspector also saw a resident heading out with staff to watch his favourite DVD. Popcorn had been made for the occasion.

There was also a well maintained garden area to the front and parking was available. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

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):

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 was promoted.

There was a Health and Safety Statement in place. A weekly health and safety checklist was completed which included a review of the housekeeping, emergency exits, electrical safety furniture and fittings. Action plans were put in place if required and timescales outlined for completion.

The inspector saw that an unannounced monthly health and safety audit of the premises was carried out. 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.

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 and emergency lighting. The inspector spoke to staff member with named responsibility for health and safety including fire safety in the centre. He outlined how he carried out fire drills with the staff and residents on a monthly basis at various times of the day. The inspector also noted that residents and staff attended the fire safety training. Staff and residents spoken with were knowledgeable on the procedure to follow in the event of a fire.

The inspector read the 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 containing equipment such as torches and hi visibility jackets was available to take with residents should it be required.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

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):

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

Findings:

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

The inspector viewed the attendance records and saw that all staff had received training on the prevention, detection and response to abuse. The inspector 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 to confirmed to the inspector that they felt safe in the centre. They

primarily attributed this to the staff being available to them at all times.

The inspector was satisfied 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 regular access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. In addition the inspector saw that each episode of behaviour that challenged was reviewed and analysed by the behaviour team to identify any additional triggers or possible interventions.

A restraint free environment was promoted and although some restrictive practices had been reported to the Authority and were observed during the inspection, the inspector saw that they were used as a last resort and following risk assessment 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):

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

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

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
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the general welfare and development needs of residents were promoted.</p> <p>Residents were supported by staff to pursue a variety of interests including shopping, swimming and fishing. 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.</p> <p>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, woodwork and block laying skills training and also attended the gardening day services One resident was also working on a part time basis in a local garage.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.</p> <p>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.</p> <p>Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.</p>

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. Photographs had been taken of various meal choices and these served as a reminder for residents. The inspector saw where one resident had been reviewed by a dietician and a healthy eating plan had been agreed. Staff volunteered more appropriate choices when healthy eating was encouraged.

The inspector met with the nurse who attended the centre on a regular basis. She outlined the ongoing improvements to the care planning documentation. She also told the inspector she was currently sourcing more appropriate documentation for the recording of wound assessment and treatment plans to minimise duplication within the personal plans. Staff spoken with confirmed that plans were afoot to review the existing documentation within the organisation to ensure that the personal plans consistently set out the residents' assessed needs.

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 was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by the centre's policy. Staff had received training and plans were in place to ensure that staff repeated this training annually.

The inspector noted that improvements were planned to the procedures around medication to be administered as and when required (PRN). A meeting was scheduled for the following day. New documentation was being introduced and the policy was amended to guide the proposed new practice.

Monthly audits were 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):

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 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):

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 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. He was person in charge for one other centre in the locality and was in the role of regional manager for three centres in the locality. He was knowledgeable about the requirements of the Regulations and Standards and was clear about his role and responsibilities and about the management and the reporting structure in place in the organisation.

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):

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

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 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.

<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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.</p> <p>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.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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</p>

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. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents. The inspector heard one resident asking the team leader if he could organise for a particular staff member to be on duty on a given day as he wanted to make specific plans for that day.

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. A large number of eLearning programmes had been developed to ensure that all staff had access to ongoing training. Staff spoken with confirmed that there was a range of training available to them. Records were maintained of staff training. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs.

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):

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

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 was up to date. A minor amendment was required and this was addressed prior to the end of inspection.

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