

**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-0005323
<b>Centre county:</b>	Westmeath
<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>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	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:
01 December 2015 11:00	01 December 2015 18:30
02 December 2015 09:30	02 December 2015 12:30

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 person in charge was available on the days of inspection and an interview was carried out. The inspector also met with the person authorised to act on behalf of the provider and the regional director of services. Both had recently been interviewed. The regional manager was not available but had also recently been interviewed by the inspector.

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 care will be provided. The person in charge 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. Adequate fire equipment was in place and staff had received training.

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 that it met the requirements of the Regulations. In addition the complaints procedure will be clearly displayed in a prominent position in an easy read format.

The team leader told the inspector that a weekly residents' meeting will be held. This will include discussions on items such as the menu for the coming week, house activities and planned outings.

When 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. The person in charge told the inspector that individual money management plans will be developed for each resident.

Residents and relatives will have access to an advocacy service. The person in charge told the inspector she had already made contact with the service and was waiting to receive a photograph of the named advocate so that it will be on display in the centre along with contact details.

**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 their needs and preferences.

Residents' communication needs will be identified in the personal planning documentation and supports put in place where needed.

The person in charge described how communication passports will be developed for residents if required. These will contain very detailed person centred information such as 'all about me', 'special people in my life' and 'how I communicate'.

The person in charge discussed various strategies that may be used including the use of social stories. The inspector also saw that the Picture Exchange Communication System (PECS) will be available for use if required by some of the residents to aid their communication. Residents will also have access to the services of a speech and language therapist (SALT) if necessary.

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

**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:**

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 person in charge outlined how staff will facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and family invitations to events in the centre.

Regular frequent contact will also be maintained between the staff and the relatives if residents so wish.

**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.

The person in charge outlined her proposed plans for admitting new residents including the supports that will be available during the transition period. This included prospective residents attending for a meal, meeting the staff and choosing their room and bed linens 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 the proposed document.

**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 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. 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, goal and aspirations, their circle of support including details of family members and other people who are important in their lives.

The person in charge 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, care requirements, 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 was homely and well maintained. Extensive renovations including installing a fire alarm system were nearing completion.

Each of the four residents will have their own bedroom, all of which had en suite facilities. There was also a separate shower, toilet and wash hand basin downstairs. In addition there was a toilet with wash hand basin off the utility room.

There was a kitchen cum dining room. There was a conservatory area off the kitchen which staff said could be used as a private area for visitors or as a quiet room or an activity room. There was also a separate sitting room and the person in charge discussed plans to have this comfortably furnished.

Laundry facilities were available in the utility room which was off the kitchen and residents will be able to attend to their own laundry if they wish.

A room was set aside for a staff office. All files etc. will be securely stored there. A separate bedroom was available for staff on sleepover duty.

There was an extensive garden area to the rear of the house and the person in charge confirmed that this will be further developed depending on the needs of the residents. There was also a double garage and shed in this area.

There was a well maintained landscaped garden area to the front of the centre and adequate parking was available.

Suitable arrangements will be in place 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:**

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 will

be promoted.

There was a Health and Safety Statement in place. The risk management policy met the requirements of the Regulations. The person in charge 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 person in charge told the inspector that where action was required the person responsible for completion will be identified and a timescale set out for completion.

The inspector saw that a fire alarm system had been installed. The person in charge discussed plans to carry out regular fire drills and 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. All proposed staff had attended fire training in the centre.

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 box containing equipment such as torches and high visibility jackets will be available to take with residents should it be required.

The inspector saw that plans were in place to carry out risk assessments on the vehicles to transport residents. This will include checking oil, lights, indicators, tyres etc.

All proposed staff had attended training in the moving and handling and a matrix was maintained centrally by the organisation to identify when refresher courses were due.

**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 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 updated version of the policy to reflect the national policy was at sign off stage. An eLearning programme had also been developed to ensure that all staff had access to this training. The person in charge outlined the procedures to follow should there be an allegation of abuse.

The inspector was satisfied that 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. The person in charge 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. Plans were in place to provide additional training to staff to meet the needs of the new residents.

A restraint free environment will be promoted and staff spoken with were aware of the significance of using restrictive practices and there was a policy in place to guide usage.

**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.

A monthly social event is currently held in a different centre within the parent organisation. Residents from all the centres are invited to attend. This will now include this new centre. The inspector saw that this included football matches, sports events and various other fun activities.

The person in charge outlined how they will support residents to pursue a variety of interests including music, cooking and swimming. Care plans and daily records will document the type and range of activities that they will be involved in.

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, woodworking and horticulture in addition to various social programmes. Life skills training will also be available through the various day services.

Educational opportunities will also be available through the local National Learning Network and colleges. The person in charge confirmed that all residents will be supported and encouraged to undertake new courses or continue with those already underway. Transport will be provided by the centre if needed.

The organisation had 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.

**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.

Health monitoring documentation will be completed and this will include regular checks of blood pressure, pulse and temperature.

The inspector was satisfied that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded on a monthly basis or more frequently if required. The menu choices will be on display. 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. The inspector saw that a policy was available to guide staff on the monitoring and documentation of nutritional intake.

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. This will include access to the services of a physiotherapist, occupational therapist, SALT, dietician, chiropodist and optical and dental services. Residents will also have access to those specialists previously mentioned under Outcome 8.

**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.

The person in charge told the inspector that all residents will have a risk assessment completed to see if they can safely manage their own medications with support from staff as required. If this is not possible then staff will assume responsibility for this.

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.

The inspector saw that all proposed staff had undertaken a medication management training programme which included three competency assessments. Safe storage facilities will be provided. This will include a medication fridge if required and the person in charge confirmed that when in use the temperatures will be recorded on a daily basis to ensure they are within acceptable limits.

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):**

No actions were required from the previous inspection.

**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.

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 inspector spoke with the regional director of operations who outlined the plans to have this report available to residents in an appropriate format. He also told the inspector an external company had now been contracted to undertake unannounced inspections in the various centres and to produce a report on their findings.

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 on a six monthly basis and any required actions will be completed. The inspector read a sample of the proposed documentation and saw that it included asking residents if they were happy with their bedrooms, meal and mealtimes, if they felt included and if their opinions were sought.

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 nearing completion. 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. The recruitment policy also met the requirements of the Regulations.

The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. Sample rosters were available but the person in charge told the inspector that these will not be finalised until the residents are admitted and full assessments are completed. The inspector noted that to ensure continuity of care a relief panel will also be available from which absences will be covered.

The inspector saw that there was an induction and appraisal system in place. In addition, supervisory meetings are to be held with each staff member on a monthly basis. 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 occupational first aid and the management of behaviour that challenges. An extensive range of eLearning programmes were also available to staff.

There were no plans in place at present to have volunteers in the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

**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.

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 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.

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. The person in charge was aware of the periods of retention for the records.

Although not yet required the person in charge had access to an appropriate template for the completion of the directory of residents in line with the Regulations.

**Judgment:**  
Compliant

### **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Sheila Doyle  
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Regulation Directorate  
Health Information and Quality Authority