

**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 Muirosia Foundation
Centre ID:	OSV-0004079
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muirosia Foundation
Provider Nominee:	Brendan Broderick
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 1 day(s).

The inspection took place over the following dates and times

From: 07 October 2014 10:00 To: 07 October 2014 18:30

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

Three residents live in this designated centre which is operated from two detached houses which are situated adjacent to each other in an urban centre.

The inspector found that residents received personalised care and support which was designed to meet their individual needs. There was evidence of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in all areas and this was reflected in a number of positive outcomes for residents.

The arrangements for person in charge met the requirements of the Regulations and there were systems in place to monitor the quality and safety of care. There was an effective governance and management system in place. Residents were treated with respect and were encouraged to be independent and reach their personal development goals. There was an effective system of individualised assessment and care planning to meet residents care needs. Appropriate levels of staffing and appropriately trained and qualified staff were provided to meet the needs of residents.

The health care needs of residents were met. There was good access to health care professionals and the behaviour support team worked with the staff to provide individualised supports. Systems and procedures were also in place for the safe management of medications.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Appropriate protection and safeguarding systems were in place to protect residents from the risk of abuse.

These matters are discussed further in the report and in the action plan at the end of the report.

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 residents' rights and dignity were promoted. Residents were consulted about the operation of the centre.

Residents' meetings were held each week and the inspector read a sample of the minutes which demonstrated that residents were offered choice in their daily lives and how they wished to spend their free time. In addition to this the person in charge also met with the residents on an individual basis in order to consult with them and illicit their views. Minutes of these meetings were also provided to the inspector. The inspector found that where issues were raised they were promptly attended to. For example, this was evident in staffing arrangements which had been put in place in response to requests of the residents for particular staff at particular times. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector that they chose, planned and helped to prepare their own meals. Residents devised the shopping lists and decided where to buy groceries. Some residents contacted and arranged maintenance visits in the event that staff from the service needed to carry out repair work. The inspector also reviewed minutes of meetings and care planning documentation which had been put in place to facilitate one of the residents to redecorate and choose and buy furniture and fittings. The resident proudly showed the inspector these items and described going shopping to acquire them.

Residents' religious, civil and political rights were respected. Some residents chose to go to religious services and this was supported and facilitated by the staff. Care plans were in place to guide staff to meet residents' religious needs. Staff members displayed a positive and supportive attitude regarding support for residents' religious beliefs. The person in charge had taken steps to ensure that all residents were registered to vote. Residents had decided not to vote in the most recent elections.

Residents were supported and encouraged to have control over their own finances and there was a policy and procedures in place to protect residents who required assistance in this area. An assessment was carried out to assess residents' need for assistance with managing of finances. In the case of each of the three residents, money was held on their behalf in a central bank account which was under the control of the provider. The inspector found that residents could freely access these funds and there was a system of audit and checks in place to protect the interests of the resident.

Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected and residents held keys to their bedrooms.

The inspector reviewed the systems and documentation in place for the management of complaints. An easy-to-read complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. The complaints officer and an appeals process was identified. There was a complaints policy in place to guide this process and staff in the centre demonstrated a positive attitude towards complaints.

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:

Residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs were identified in the personal planning documentation and supports were identified in consultation with the behavioural support team. Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. A detailed communication passport had been developed for each resident and this document clearly set out the ways in which they

communicated, who they liked to talk to and other useful information such as topics they like to converse with.

Some residents required assistance with reading and writing and the inspector saw that efforts had been made to modify their personal plans, using pictorial formats, in accordance with their needs. Easy to read versions of a range of documents, including the residents' guide, the tenancy agreement and the complaints procedure, were in place to facilitate communication. A pictorial menu planner and roster had also been created to allow resident communicate more freely. Residents had access to television, radio, social media and internet.

Residents had access to the speech and language therapist (SALT) as needed. The inspector saw that instructions from the SALT were incorporated into the residents' care planning documentation and in response to a recent review there were documented plans in place in order to provide a computerised tablet device for one of the residents.

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:
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. The inspector was shown a number of photos of family members visiting the centre and their involvement in the residents' activities. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents told the inspector about their trips home to see their families.

Residents participated in their community in a number of different ways, for example, residents described their participation in local groups such as the animal rescue centre and the tidy towns committee. Residents were encouraged to participate in their community and went to local events and visited friends.

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 admissions process was appropriately managed and contracts of care were in place.

There had been no recent admission to the centre and the majority of residents had lived in the centre for a considerable number of years. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a tenancy agreement and there was also a contract of care in place to deal with the service to be provided to the resident. The inspector read these documents which dealt with the service to be provided and the charges to the residents. Easy read versions of these documents had been developed and the inspector saw that residents retained their own copies. All residents were charged the same weekly rate as per their tenancy agreement.

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 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 and family members. The inspector found personal plans were developed to a high standard and provided detailed guidance on supporting residents to lead full and interesting 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. The inspector found that there was multi-disciplinary input in the care of residents as provided by nursing staff, social care workers, the psychologist, the psychiatrist and members of the behavioural support team. Planning meetings were held in order to facilitate consultation with the residents and their families on the development of the plans.

Residents' personal plans identified health, social, educational and developmental needs and provided detailed guidance on how to meet these needs. The staff members responsible for completing individual tasks were identified and the plans were updated in response to any changes in the resident's condition. For example, additional assessments and reviews were carried out after a resident experienced an injury. The inspector read where the resident had been reviewed by the occupational therapist and physiotherapist following the resident's return to the centre. The resident's personal plan was updated following these reviews. Residents' files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. Residents showed the inspector their own easy to read versions of their personal plans which were colourfully illustrated with photographs.

Residents described busy daily routines which involved attending day care services and work based activities. Residents said that staff members supported them to pursue work based activities and to travel using public transport. The inspector noted that staff had worked closely with residents and carried out skills training to support residents in social situations. Residents described being supported to carry out voluntary work in their local community and described how much they enjoyed this.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the premises was suitable to meet the needs of the residents.

The centre was located within walking distance of a town centre. A range of local amenities were available close by and residents sometimes chose to walk to the town centre, their work or day service. The premises consisted of two detached, single storey houses with secure garden and patio areas. One of the houses provided accommodation for one resident while the other house provided shared accommodation for two residents. Suitable bedroom and living accommodation was provided in both locations. In addition to staff sleeping accommodation there were spare bedrooms in both locations. Suitable kitchen, dining bathing and laundry areas were provided while the residents told the inspector that they were satisfied with their accommodation. The rooms were of a suitable size and layout to meet the needs of the residents and appropriate adaptations had been made further to assessments which had been carried out by the Occupational Therapist.

Residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents had personalised their rooms and other parts of the centre with their own furniture, pictures and personal belongings. One resident was planning, with the support of staff, to create a dressing room and told the inspector about the colour scheme which had been chosen for this project.

A satisfactory standard of hygiene was noted and there was appropriate heating, lighting and ventilation. A separate laundry area was provided and suitably equipped to meet the needs do the residents.

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:

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre and which had been drawn up in line with the requirements of the Regulations. Risk assessments were routinely carried out where issues were identified. For example, the inspector read a number of risk assessments which related to residents walking independently to work and staying independently at home. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. Systems were in place for health and safety audits to be carried out on a routine basis. For example the person in charge completed a monthly "House Check" which covered areas such as the fire register, the hygiene and premises checks.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this regular fire drills were carried out and documented. Documentation was maintained in relation to each drill including the total time taken to evacuate the centre. The inspector found that residents were aware of the fire evacuation procedures in place. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

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 provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.

There was a policy on the protection of vulnerable adults in place. The policy provided sufficient detail to guide staff in the event of any suspicion of abuse or allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents stated that they felt safe and secure in the centre.

The inspector observed staff interacting with residents in a respectful, warm and caring manner. Staff had been provided with training in the management of behaviours that challenge and there was evidence of a high standard of practice in this area. The inspector saw that staff in centre worked in consultation with the behaviour support team on an on-going basis in order to develop individualised reactive plans to respond to residents' needs in the most appropriate and informed way. The inspector reviewed a number of positive behaviour support plans which had been drawn up for some residents. The inspector found that the plans were of a high standard and contained detailed guidance to help support the resident having regard to evidence based practice. Behaviour monitoring charts were extensively used and this information was used to inform and update reactive strategies and informed responses to residents' behaviour.

A restraint free environment was promoted and the person in charge demonstrated knowledge and understanding of evidence based practice in this area. The person in charge and other staff members had worked with the residents and allied health staff to reduce and eliminate "as required" PRN medication for residents who exhibited behaviours that challenge. Alternative responses and strategies had been put in place and developed over time and these strategies were set out in the positive behavioural support plans. As a result of this approach there were no PRN medications in use for the management of behaviours that challenge at the time of inspection.

As highlighted under outcome 1 systems and procedures were in place which were aimed at protecting residents from the risk of financial abuse.

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

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

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

Findings:

Systems and practices were in place to promote residents quality of life and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment some of which was provided through Muiriosa day service. Residents attended day services or had roles assisting in the day service. Residents participated in arts and crafts classes and cookery classes as part of the day service provided while the inspector found that there was good communication between the day service and the centre. Some residents had also

attended courses external to Muiriosa, for example, in the area of diabetes management.

Residents were also supported to participate in local voluntary groups such as the Tidy Towns Committee, fundraising activities and animal welfare groups. The inspector found that staff were supportive of residents' interests and used the personal planning meetings to identify residents' areas of interest and ways in which they could support residents to participate in these interests. For example, staff had carried out extensive skill training with residents to support the residents to use public transport. The inspector found that this provided residents with great opportunities to travel and participate in their communities.

Residents told the inspector that they enjoyed a range of hobbies and outings on their days off. Residents described going on holidays and regular trips home. Residents described going to concerts and were excited about planning these events and going shopping for new outfits. Regular shopping trips and visits to local restaurant and coffee shops were also important to the residents.

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 found that effective systems were in place to support residents' health care needs.

Residents told the inspector that they were happy with their GPs and could see them whenever they wished. The inspector reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as the speech and language therapist (SALT), dentist, optician, physiotherapist and occupational therapist. As discussed under outcome 8 (Protection) residents had very good access to the psychologist and other members of the behaviour support team. Detailed records were maintained of consultation with the team.

Individual health care assessments were carried out for each resident and covered areas such as nutrition, falls and skin integrity. A comprehensive assessment of activities of daily living was also carried out and care plans were drawn up based on the results of these assessments. The inspector read a number of these care plans and found that they provided detailed information to guide staff on how to consistently meet the health care needs of residents. Care plans were up to date and covered areas such as nutrition, maintaining a safe environment, pain management and communication.

Measures were in place to adequately meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around residents' social and work life. Residents stated that they were happy with the food which was prepared. Some residents had attained their weight reduction goals and there was access to the dietician as required.

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 centre's 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 a comprehensive policy. Staff had received training and 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 was carried out. The inspector reviewed the records of a medication error and found evidence of satisfactory practice which included thorough follow up by the person in charge. Action was taken to prevent re-occurrence.

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:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been regularly updated by the person in charge and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

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:

There was an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations in full. The person in charge had the required experience along with qualifications and training which were relevant to the role. The person in charge was a registered nurse. During the inspection she demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. The person in charge discussed the care needs of the residents in detail and demonstrated a clear commitment to continual improvement in the centre. Staff members stated that the person in charge was readily available to them. The person in charge was clear about her roles and responsibilities under the Regulations and demonstrated a clear understanding of her safeguarding and protection roles.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place and the inspector was shown a sample of these. The person in charge stated that this system was operating effectively and provided a framework to identify staff training needs.

There were systems in place for monitoring the quality and safety of care. The person in charge carried out a series of regular audits in areas such as health and safety, medication management and care planning documentation on a weekly and monthly basis. In some cases audits were carried out by staff members who were responsible for other services in order to provide an independent viewpoint. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service and resulted in appropriate corrective action where required.

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. The provider had appropriate contingency plans in place to manage any such absence.

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 that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly and residents could contact the maintenance department directly to report any faults if they wished. The person in charge had the Authority to authorise additional staff hours as required. Two cars were provided and available for use by the residents when they needed them.

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:

The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents which were sufficient to support and enable residents in their daily routines. A minimum of two staff members were on duty in the centre at all times when residents were present.

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 first aid, medication management, food hygiene, cardio pulmonary resuscitation (CPR) and behaviours that challenge.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff. There was one volunteer attending the centre at the time of inspection and the inspector found that a suitable induction programme had been put in place for this person in addition to Garda vetting checks. A written agreement was also in place for volunteering.

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 and the required policies were 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 required written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently

knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. An up-to-date directory of residents was maintained. Evidence of appropriate 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:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority