

**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-0003384
<b>Centre county:</b>	Kildare
<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>	5
<b>Number of vacancies on the date of inspection:</b>	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:
13 April 2015 09:30	13 April 2015 18:00
14 April 2015 09:30	14 April 2015 15:00

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. The inspector also reviewed questionnaires submitted by residents and families to the Authority's Regulation Directorate.

To further inform 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 care was provided by a committed team of staff. 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 quality of care and experience of the residents was monitored on an on going basis. Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated.

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. Improvements previously required to the risk management policy had been completed and medication management practices were now in line with national guidelines.

These matters are discussed further in the report. No actions were required from this inspection

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A weekly residents' forum meeting was held and issues discussed included menu choices and activities both for individuals and the group. Actions required were completed.

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. Staff spoken with were familiar with the policy.

One resident managed his financial affairs with support from staff if required. Staff assisted the remaining residents to manage their monies. The inspector was satisfied that this was 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):**

No actions were required from the previous inspection.

**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.

Communication passports had been developed for all residents and contained very detailed person centred information such as 'all about me', 'things you need to know', 'special people in my life' and 'how I communicate'.

The inspector read where some residents regularly attended speech and language therapy and staff assisted residents to do their exercises in between the sessions. This included use of words, word searches and rephrasing exercises.

The inspector also saw that Lámh (a manual sign system used to support communication) was in use for some residents and plans were in place to provide additional training for staff.

The inspector also saw that the Picture Exchange Communication System (PECS) was used by some of the residents to aid their communication. The inspector saw that some residents benefited from a structured written and pictorial timetable outlining the day's events.

Some residents were using various electronic devices such as tablets, iPads and iPods and internet access was available through the day services and the local library.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
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. This is discussed in more detail under Outcome 10.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**  
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre.

Written agreements had been provided to relatives outlining the support, care and welfare of the residents along with the services to be provided and the inspector saw that most had been returned although one was still outstanding. 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.

There was multi-disciplinary input in the care of residents provided by a range of allied health professionals in addition to the social care workers, the psychologist, the psychiatrist and the behavioural support therapists 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. 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.

There was evidence that residents were supported in transition between services. A hospital passport had been developed to ensure that relevant information was available should a resident be admitted to a general hospital. This contained information such as medications, previous history, likes and dislikes and other important information.

There was an extensive range of activities available to the residents and these are discussed under Outcome 10.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre, a single storey dwelling, was located in a rural setting and 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.

There was an accessible kitchen cum dining room which was a popular spot for the residents. Laundry facilities were available in the utility room off the kitchen and residents could attend to their own laundry if they wished. A staff toilet was off the utility room.

There was a main sitting room and a smaller relaxation room which was available for one to one activities, quiet time or visitors. In addition a room was set aside for staff sleepover and office. All files etc. were securely stored there.

There were four bedrooms for residents in the main house, two with en suite facilities while the other two residents shared a spacious bathroom. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences.

One resident was living in an apartment area to the side of the house and this area had a bedroom, bathroom and kitchen cum living room. It had its own enclosed garden area and side entrance.

There were extensive well maintained garden areas to the front and side of the building. In addition there was a second enclosed garden area to the rear of the main house.

Adequate parking was provided. 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):**

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

**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. There was a risk management policy in place. This had been amended following the previous inspection and now met the requirements of the Regulations.

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. Plans were afoot to further improve the fire safety system in the house. The inspector viewed evidence that fire equipment was serviced regularly. Fire drills were carried out on a monthly basis at different times of the day to ensure that all staff and residents knew how to respond. The inspector saw that one resident had been given ear muffs to put on after the alarm was activated as the loud noise caused undue stress.

The inspector reviewed the training records and saw that all staff attended the fire

safety training. Staff spoken with were knowledgeable on the procedure to follow in the event of a fire.

The inspector read the emergency plan which required improvement at the previous inspection. This had been updated and 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. A fully equipped emergency bag containing equipment such as torches, emergency blankets 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):**

No actions were required from the previous inspection.

**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.

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 no mechanical restraints were in use. There were some restrictive practices in use such as door locks on exit doors and arrangements were in place to ensure that there were no unforeseen risks attached to their use.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Recent changes had been introduced to ensure that all relevant incidents were 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):**

No actions were required from the previous inspection.

**Findings:**

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

Residents were supported by staff to pursue a variety of interests including shopping, swimming, attending the gym and music. 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.

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 skill and basic maths.

One resident was working on a part time basis in a local golf club and this was arranged through the organisation's outreach programme. He was also assisting the local choir with jobs such as meeting and greeting and ushering as well as organising the leaflets and documents for the choir. He told the inspector he liked singing in the choir and that they have a show every three months which he liked being part of.

Religion was very important for several residents and attending ceremonies was facilitated by the staff. Several residents were also members of the local library while another resident liked going to see football matches.

**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):**

No actions were required from the previous inspection.

**Findings:**

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

The inspector reviewed some care plans and medical notes and saw that residents had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8. The inspector saw that recommendations made by these professionals were incorporated into the care plans. For example a dental care plan had been introduced for a resident

following a visit to the dentist.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

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 some residents had been reviewed by a dietician and a healthy eating plan had been agreed. Staff volunteered more appropriate choices when healthy eating was encouraged. Staff discussed improvements around the area of weight management. This included detailed menu plans and exercise programmes as agreed with the residents.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

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 and the return of unused or out of date medications, 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 the action required at the previous inspection in relation to medication to be administered as and when required (PRN) had been addressed. Action had also been completed in relation to transcribing medication and necessary signatures and both practices were now in line with national guidelines.

A staff member had been assigned specific responsibility for medication management and this included checking prescriptions received from pharmacy and auditing the prescription and administration records. Monthly audits were also 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):**

No actions were required from the previous inspection.

**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):**

No actions were required from the previous inspection.

**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

were 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.

Monthly audits were also completed on issues such as medication management, health and safety, documentation and behaviour support plans. The results of these were used to improve practice. For example it was identified at a governance and leadership audit that amendments were required to the statement of purpose and these had been made. The statement of purpose now met the requirements of the Regulations.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation.

Plans are afoot to appoint a new person to the role of person in charge. The inspector also met with and interviewed the proposed person who was working full time in the centre. She too was well aware of the responsibilities and roles of the person in charge. She was well known to the residents and staff.

There was a robust on call system in place should managerial support be required out of hours.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of 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 his role as person in charge for a different centre and found that he was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their home, the various activities and day services.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

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 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 staffing arrangements which were based on the needs of the residents and, at the time of inspection, 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.

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, occupational first aid, report writing 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 on-going training. Staff spoken with confirmed that there was a range of training available to them.

There was an organisational induction process in place for new staff and this had recently been improved to better equip new staff for the challenges they might face in meeting the needs of all residents. This included shadow shifts and a buddy system.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs. If areas for improvement were identified, plans were put in place to address them. For example when a staff member was not completing the care planning documentation to the required standard, additional training and mentoring was provided.

Staff appraisals were carried out six monthly during the probationary period and yearly thereafter.

There were no volunteers in the service at this time.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

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 which was up to date.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

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

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