

**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 SOS Kilkenny Ltd
<b>Centre ID:</b>	OSV-0005200
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	SOS Kilkenny Ltd
<b>Provider Nominee:</b>	Francis Coughlan
<b>Lead inspector:</b>	Ide Batan
<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>	2

## **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: 20 May 2015 09:00 To: 20 May 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**

This was an announced inspection which took place over one day and was for the purpose of monitoring and informing an application to register Cnoc Glas. The house is currently unoccupied but aims to provide a respite service for adults with complex needs. The house will provide respite for one to two persons at a time depending on the support needs of individuals and following consideration of the compatibility of the individuals.

As outlined in the statement of purpose and function the aim of the house is to provide sessional respite to a number of different individual people. All proposals outlined and plans agreed will be verified at the next inspection. The nominated

provider, person in charge and respite coordinator were available on the day of inspection.

The inspector reviewed the proposed documentation to be used such as staffing rotas, statement of purpose, admission policies and procedures and contracts of care. The inspector engaged with the provider, the person in charge and respite coordinator throughout the inspection.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services and to a range of other health services and evidence-based nursing care will be provided.

The inspector observed that the proposed fire policies and procedures were sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted and the risk management policy was adequate. Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them as observed by the inspector.

The core staff compliment for this house are currently working within this service and support some of the residents who will be availing of sessional respite. Overall, the inspector was satisfied that there will be robust systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care is monitored on a continuous basis. There were no action plans generated 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 at all times.

There was a complaints policy in place; it was accessible in a format readable to residents. The complaints policy met the requirements of Regulation 34. The nominated person to investigate all complaints was identified, and the appeals person. There was a named independent advocate who was accessible to residents if any issues arose. An easy read version of the complaints procedure was on display in the centre and this version contained the information required.

There was an advocacy group in place as observed by the inspector. The inspector saw that residents living within the service had completed certificates in leadership and advocacy from an Institute of Technology. There was a planned programme for more residents to complete this award and the development of an organisation wide training programme on confidentiality.

There was a human rights committee in operation. The committee consisted of external personnel. The process involved acceptance of the referral, representation sought from relevant parties, consideration of the information by the panel and a final decision/recommendation.

There was a property list in the sample of each resident's personal plan that will be utilised. There was adequate space in the house for clothes and personal possessions. The laundry and facilities were appropriately set up for residents to manage their own

laundry if they wished.

The inspectors saw that the centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. The inspector saw that residents can avail of day services in accordance with their personal plan and individual references. Some residents who may avail of this proposed service are already attending day services within the service as observed by the inspector.

Prior to admission residents and their families are encouraged to visit the residential centre and meet with the relevant managers and staff. All financial matters and support plans are agreed prior to admission.

**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:**

There was a policy on communication which was comprehensive. It outlined the :

Role of speech and language therapy  
staff training in communication techniques  
assistive technology  
weekly communication meetings.

In the sample care plan reviewed there was evidence that residents will be assisted and supported to communicate. There was a policy on the provision of information to residents which included communication strategies for residents with vision and hearing impairments. A number of other policies were available in easy to read format including the statement of purpose, abuse, complaints, finance and education. The inspector saw that there were easy read guides available on the forthcoming referendums.

There were a number of communication forums for residents including communication meetings and the self-advocacy group. There was a centre newsletter published quarterly which included information on the service, film news and items of interest. There was also a local radio station broadcasting from the main organisation centre and some residents within the residential service had slots on the radio station.

The inspector observed that many residents came in to speak with the nominated provider who was also the chief executive officer (CEO) of the organisation during the course of the inspection. The nominated provider also met with all residents four times per year in "my life, my choice forum".

The person in charge discussed various strategies that may be used including pictorial sequencing. Residents will also have access to the services of a speech and language therapist if required.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector saw that emphasis was placed on ensuring residents maintained friendships. Some residents were friends and arrangements were in place for these friends to visit, or attend the same activities together. Cognisance was also given to ensuring that residents' boundaries were not infringed by other residents. The inspector was informed that staff closely observe interactions between residents; used distraction techniques if necessary and explaining in a sensitive and respectful manner to residents how their actions impacted on others.

From the information available the inspector was satisfied that families and friends will be encouraged to get 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. As observed on previous inspections within this service residents are very involved within the local community.

There was a policy on visitors available and there was a sign in book for visitors in the house.

**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 and emergency respite if required dated 28 February 2014. 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 resident's visiting the house before staying over for one night. The duration of the transition will be person specific.

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 as observed by the inspector. There was a respite policy available dated 11 May 2015.

A respite admission pack had also been developed which included:

Medical information  
consent  
care plan  
medication.

**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 the care and support as described by the person in charge and respite coordinator 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 have a written personal plan, in an accessible format. There was evidence of multi-disciplinary input that will be sought as required. The personal plan named the person responsible for pursuing objectives in the plan within specific timeframes.

Inspector saw that care staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. There were identified key workers responsible for pursuing objectives in conjunction with individual residents within each resident's personal plan and reviewing such plans annually or as required. There was also evidence of a number of individualised risk assessments and self care assessments.

Inspectors noted there was an established social activities schedule available and evidence of an assessment process that will identify each resident's educational, employment and/or training goals. The inspector met with the day services manager. Some prospective residents that may avail of respite attend "Aspect" day services. Aspect day services support people with autism and complex needs. The inspector saw that it was sensory friendly externally and internally.

The inspector saw that the activities available were very individualised and tailored to each resident. For example educational, sport, art, creativity and photography were available. There was also an employment strategy available from June – December 2015. It included:

Preparation for work training programme which is an eight week Further Education Training Awards Council (FETAC) Level 1 programme based on "My Career Plan"  
targeted employer event  
post job shadow employer survey  
job coaching for staff.

Residents will also be supported to avail of mainstream educational and training options in the community if they wish through night classes and the vocational educational committee.

There were planned supports in place where a resident had to be admitted to hospital either for a day-case procedure or a longer stay. The provider told the inspector that if a resident was in hospital that a staff member would stay with the resident for the length of hospitalisation. Similarly if a resident had to attend an out-patient appointment

in a hospital a staff member would accompany the resident.

**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:**

Cnoc Glas is a three bedroom bungalow located off a quiet street in Kilkenny. The house is detached with a large enclosed garden and a detached garage also. Shops restaurants and hotels are within easy walking distance.

It provides a comfortable homely environment for each individual. It was warm clean, ventilated and well maintained. The house is a standard bungalow with a sitting room, kitchen/diner, bathroom with shower and three individual bedrooms. The provider had applied for registration for a maximum of two residents.

The third bedroom will be used as staff office and sleepover bedroom as observed by the inspector. The person in charge said that initially the service only plans to accommodate one resident. The extra bedroom will be used as a sensory/living space.

The inspector saw that there was ample storage space for linen, cleaning materials and other household items. There was a utility room off the garage and residents could attend to their own laundry if they wished.

All parts of the house were fully accessible to residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

**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. The inspector read the emergency plan and saw that it outlined the procedure to follow in the event of a loss of water and details of alternative accommodation should evacuation be necessary. There was a health and safety statement in place. There was a health and safety committee which met on a regular basis. The risk management policy met the requirements of the Regulations.

There was confirmation, dated September 2014, from a properly and suitably qualified person that all statutory requirements relating to fire safety and building control had been complied with. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel May 2015
- fire extinguisher servicing and inspection April 2015.

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, key access and door openings will be carried out. All proposed staff had attended fire training and will have fire training specific to this house prior to any resident moving in. The inspector saw that individual personal evacuation risk assessments will be completed for residents. The inspector observed the documentation in relation to risk assessment and subsequent management plans to be clear, comprehensive and specific.

The inspectors observed that there were fire evacuation notices and fire plans displayed in the house. All visitors were required to sign in and also sign out when leaving the premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. There was emergency signage identifying escape routes and emergency lighting had been installed.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. Audits will be trended by the quality team and results are presented to the board of management on a quarterly basis.

**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. The person in charge and provider outlined the procedures they will follow should there be an allegation of abuse.

The inspector was satisfied that residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw that there was easy read pictorial information in relation to safeguarding also available for residents. There was a comprehensive training programme in place which was delivered by the social work department. Records showed that all proposed staff had received training. There was a policy relating to delivery of personal care to residents.

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. A behavioural therapist worked onsite and also provided support to staff in relation to training and debriefing. The behaviour service also included a psychotherapy support service consisting of three counsellors. The person in charge told the inspector that each resident who required it would have behaviour support plans in place. A restraint free environment will be promoted and the person in charge and respite were aware of the significance of using restrictive practices and there was a policy in place to guide usage.

There was a policy on residents' personal finances. The inspector reviewed arrangements in place for managing residents' finances and found that residents had will be supported to manage their own financial affairs, as far as reasonably practicable.

The inspector saw that there was a policy in relation to the use and management of CCTV cameras and a procedure in place should visitors wish to stay overnight

**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.

**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:**

Residents will have opportunities for new experiences, social participation, education and employment. Residents were encouraged to participate in education and training much of which was provided through Aspect day services. It provides many programmes for residents which are structured, developed and delivered in line with individual needs and abilities.

There was a policy on access to education, training and lifelong learning. As referenced under Outcome 1 residents can undertake further training and education including

certificates in leadership and advocacy from an Institute of Technology

Some residents also attended an art studio in the city which was a community hub. Inspectors were told that it was an umbrella for a broad range of programmes and initiatives and it provided an alternative outlet from the main campus.

Residents were also encouraged to avail of rehabilitative training and preparation for work training through supported employment departments which were accredited through FETAC. There was a system in place to facilitate residents to find employment. The majority of residents currently participated in employment to varying degrees. Transport will be provided by the centre if needed. The organisation had also developed links with local businesses to provide employment opportunities for residents.

Inspectors saw that residents will be afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, outings with friends and facilitated to partake in musical and sport events.

**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. A record will be maintained of all referrals to and treatment by allied health professionals. This includes dentist, optician, chiropodist and audiologist and outpatient clinics. There was an organisation healthcare department with nursing staff available if required. There was good access to the organisation social work department and behavioural therapist. Residents personal care plans viewed by the inspector contained a section on arrangements for their end of life care. There was a policy available on end of life care.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake and the inspector noted that residents will be referred for dietetic review as required. Each resident personal care plan will record discussions with residents on their particular food likes and dislikes. The inspector was informed that residents will have a choice of food and residents will make menu decisions, which are flexible. Staff and residents will do most of the cooking. Residents' shall be supported

with the shopping and the preparation of meals.

Based on observation and discussion with the management team, the inspector was satisfied that each resident will be supported to achieve and enjoy the best possible health. A nurse led service was available if required, medical review was available as required on a daily basis and other healthcare professionals including SALT, occupational therapy, physiotherapy, social work department and behaviour therapist were available

**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:**

There was a centre-specific medication policy dated as reviewed in August 2014 that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. There were records of training of staff in medication management.

Specific practice guidelines for medication management in respite care were available. The inspector reviewed the guidelines and found that they were comprehensive and guided staff professional practice. Residents will be admitted as per policy with their own stock of medication. There were secure storage facilities available for medication in the house as observed by the inspector. There will be no stock of medication kept in the house as each resident will come with their own supply.

The inspector saw that risk assessments will be carried out for all residents in order to establish the level of support required. The person in charge told the inspector that all residents will retain their own pharmacist and sufficient medication must be provided for the planned duration of respite. All medications will have to be in their original containers provided by the pharmacy and in current date. The inspector saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information.

**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 statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was dated 13 April 2015 and was available to the residents in an accessible format. The inspector found that the statement of purpose was reflective of the aims and ethos of the centre.

**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:**

Overall the inspector was satisfied that there were effective management systems in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. Inspectors saw that formal systems for carrying out unannounced visits of the designated centre as required by the Regulations will be completed. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.



The person in charge for the centre works full-time and has managed other services in the organisation for a number of years. The Inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. There was also a deputy person in charge who was also appropriately skilled and qualified. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.

The nominated provider, and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in the centre along with other relevant documentation.

The person in charge and provider outlined to inspector that there was an open door policy for residents and staff to approach them or any member of the management team. The inspector observed this during inspection. The provider reported to a voluntary board of management which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development.

There was a quality assurance team led by the quality officer with a specific remit of ensuring the quality and safety of the service. This team had taken the lead in developing the easy to read policies, populating the organisation wide risk register and introducing a new incident report form. The quality assurance team also had responsibility for auditing the reports of the inspections of their other services by the Authority and supporting the person in charge in implementing action plans.

The deputy person in charge said that regular team meetings will occur and that the process of formal support/ supervision for staff was work in progress. Systems that are currently in place to ensure that feedback from residents and relative is sought include :

- Bi-weekly house meetings
  - service user advocacy meetings
  - service review meetings
  - review of service user complaints
  - satisfaction surveys.
- 
- family forum
  - family member on the board of directors committee
  - smaller family forums
  - post HIQA report family meetings
  - quarterly REWIND magazine.

**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 that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that the facilities and services available in the centre reflected the statement of purpose.

There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The inspector observed that activities and routines are not adversely affected or determined by the availability of resources. The inspector saw that transport will be available within the centre to bring residents to their day services and to social outings.

**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. The person in charge told the inspector that staff who will work in this house are already employed within the wider organisation. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A proposed and actual staff rota was available and adequate to meet the assessed needs of residents. The core staffing is one social care leader or care assistant depending on the needs of the resident on respite. If the needs of the person availing of respite requires it there are resources available for a second sleep over staff member. The staff report to the respite coordinator who in turn reports to the person in charge. The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. The inspector saw that there was a supervision and appraisal system in progress. The deputy told the inspectors that weekly staff meetings will take place.

All staff had received mandatory training such as fire safety, safeguarding vulnerable adults, management of challenging behaviour. The inspector saw that other training such as medication management and occupational first aid had also taken place.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. The inspectors saw that copies of the standards and Regulations were available. of the Regulations. There was a comprehensive induction programme in place which included:

Definitions and understanding intellectual disability  
policies

doing things the RIGHTS way  
being a professional practitioner.

The person in charge said there will be no volunteers working in this centre.

**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:**

Records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records relating to Schedule 3 and Schedule 4 were maintained, stored securely and were easily retrievable. A sample of a directory of residents was maintained and made available to the inspector.

There was a policy on the provision of information to residents and a Residents' Guide was available which included:

- A summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover. All the required policies and procedures were made available to the inspector.

**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:***

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