| Centre name: | A designated centre for people with disabilities operated by RehabCare |
| Centre ID:   | OSV-0002667 |
| Centre county: | Offaly |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | RehabCare |
| Provider Nominee: | Laura Keane |
| Lead inspector: | Sheila Doyle |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 4 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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<tr>
<td>07 September 2015 11:00</td>
<td>07 September 2015 18:30</td>
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<td>08 September 2015 09:30</td>
<td>08 September 2015 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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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, the regional manager and other staff members. The inspector had interviewed the person authorised to act on behalf of the provider...
at a recent inspection.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was satisfied that residents' social and health needs were met. Previous actions relating to access to the multidisciplinary team and medication management had been addressed.

The health and safety of residents and staff were promoted and protected and fire procedures were robust. The risk management policy had been updated and met the requirements of the Regulations. The quality of care and experience of the residents was monitored on an ongoing basis. Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated. Questionnaires returned were positive about the service provided.

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. Rather than formal weekly residents' forum meetings, residents preferred to discuss individual issues with their key workers.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. On reviewing the complaints' logs, the inspector noted that no complaints had been received recently. Staff spoken with were familiar with the policy.

In addition, the inspector saw that there was an information leaflet in the front hall encouraging comments, concerns or compliments and a box was provided to collect these.
Each resident had money management plans in place and when required, staff assisted residents to manage their monies. The inspector was satisfied that this was a safe and transparent way with appropriate records maintained. Balances checked were correct. Individual locked boxes were also provided for any resident who wished to use one.

Residents’ civil and religious rights were respected. Residents had been offered the opportunity to vote at election time with some returning to their home towns and others choosing to vote in the locality. The person in charge discussed how residents were supported to practice their religious beliefs if that was their choice.

**J udgment:**
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 as social stories when appropriate. Easy read versions of some documents had been developed including the contract of care.

A computer was available within the centre for residents' use and appropriate internet access was provided. Some residents were undertaking computer courses and all had access to either a mobile phone or a landline as appropriate.

Although not currently required, access to speech and language therapy services was available to residents.

**J udgment:**
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 and home visits were supported. 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

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**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. 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:
As at the previous inspection the inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of care files and found that the resident’s care needs were identified and plans were put in place with the residents to address those needs. Each resident was assigned a key worker. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents’ lives. 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. 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.

There was evidence that residents were supported in transition between services. A staff member or relative always accompanied residents who had to attend hospital or appointments.

There was an extensive range of activities available to the residents both in the centre and out in the community and this is discussed in more detail 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 inspector found that the centre was accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

Each resident had their own bedroom and two of these had en suite shower, wash hand basin and toilet facilities. Some residents had personalised their rooms with posters and family pictures. Staff told inspectors that residents were given the choice of colours and bed linen.

There was an additional bathroom upstairs and a toilet and wash hand basin downstairs.

There was an accessible kitchen cum dining room and the residents could prepare their own meals or snacks if appropriate. Laundry facilities were provided in the utility room which was off the kitchen and, with support, residents could attend to their own laundry if they wished.

There were two separate sitting rooms which were comfortably furnished. In addition there was a sunroom leading to the rear garden.

There was a staff office upstairs and all files etc. were securely stored there. A bedroom was set aside for sleep over staff.

There was a garden area to the rear of the centre which had a patio with garden furniture and a barbeque. The person in charge and regional manager discussed plans already afoot to improve this area including providing planters beside the pathways and cutting back some of the larger trees and shrubs.

Suitable arrangements were in place for the safe disposal of general and clinical waste. Parking was available to the front of the house.

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 found that the health and safety of residents and staff was promoted and protected. Action previously required to the risk management policy had been completed.

The inspector read the risk management policy and saw that it now met the requirements of the Regulations. A folder was in place which contained the risk management framework document, a site specific safety statement and risk management policy and a risk register which outlined the measures and actions in place to control the specified risks. In addition there were individual policies in place which provided guidance to staff on events such as a resident going missing.

Robust fire precautions were in place and there was documented evidence that all staff had received training. The fire alarm system was serviced regularly, as were fire extinguishers and emergency lighting. Daily inspections were carried out of the escape routes and the fire panel along with weekly checks of the fire doors and equipment. Fire drills were held regularly with staff and residents. Where required individual evacuation plans were in place.

There was a service business continuity plan in place which provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. There were infection control measures in the centre including alcohol gels in appropriate places.

All staff had attended training in the moving and handling.

**Judgment:**
Compliant

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**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 was satisfied that measures were in place to protect residents being harmed or suffering abuse.
There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to a behaviour therapist, psychologist and the psychiatric services.

Residents had detailed behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Possible triggers and appropriate interventions and avoidance mechanisms were documented. The inspector noted that each episode was analysed and plans put in place to prevent reoccurrence. There as an overall decrease in the number of incidents occurring in the centre.

A restraint free environment was promoted and although some restrictive practices were observed, the inspector saw that they were used as a last resort, at the specific request of a resident and following risk assessments. The usage was guided by a robust policy.

**Judgment:**
Compliant

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**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. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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**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 and walking. The inspector also saw that residents did not always wish to attend and their choice was respected. Daily planners were also on display for each resident. 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 and all attended the day services and undertook activities such as cookery, computer skills, life skills and personal care courses.

No resident was currently undertaking specific educational courses but all had previously been involved. Some residents had recently completed the job’s club programme which included reviewing skills and curriculum vitae development with a view to obtaining employment.

Several residents were involved in voluntary work placements including a nearby hotel, charity shops and offices.

Residents were also involved in helping out in the community and actively involved in tidy towns work, working with local sports clubs and dog walking for the local shelter.

Some residents told the inspector that they were going to take part in the 5 kilometre walk in a nearby town and how much they were looking forward to this. The inspector saw that some residents were members of the local gym, some liked taking part in aqua aerobics while others liked attending 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):
The action(s) required from the previous inspection were satisfactorily implemented.

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 they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

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 and nutritional assessments were undertaken. Access to a dietician was on referral and the inspector saw that several residents had availed of this service. This was identified as an area for improvement at the previous inspection. The inspector saw that residents choose whether to follow the recommendations and staff volunteered more appropriate choices when healthy eating was encouraged. One resident told the inspector how much she enjoyed the meals in particular the vegetables.

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. Action previously required relating to the transcribing and prescribing of medications had been addressed.

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by the centre’s policy. Staff had received training and plans were in place to ensure that staff repeated this training every two years. Written evidence was available that regular reviews of residents’ prescriptions were carried out.
The inspector noted that staff had identified that additional improvements were required to strengthen the procedures around medication to be administered as and when required (PRN) and this was being addressed at the time of inspection.

Weekly internal audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. In addition external audits were completed as part of the organisation’s quality procedures. The inspector saw that recommendations were made and acted up. For example it was recommended that individual locked drawers were provided for each resident's medication and the inspector saw that this was now in place.

There were no residents on medications that required strict controls but staff spoken with were aware of the best practice in relation to their storage, administration and checking.

A fridge was available should there be medication that required storage at low temperatures but was not required at the time of inspection. Staff were familiar with the acceptable temperature ranges should the fridge be in use.

Staff involved in the administration of medications had attended training which included competency assessments prior to sign off. This training was repeated two yearly.

**Judgment:**
Compliant

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**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. Effective management systems were in place to support and promote the delivery of safe, quality care services.

A resident satisfaction was carried out on an annual basis and appropriate supports were in place to assist residents with this if required. The inspector saw where suggestions from the residents had been taken on board. For example they had requested that some areas of the premises be painted and this had been completed.

Evidence was available that frequent audits, both announced and unannounced were completed on areas such as documentation, health and safety and medication. A structured plan was in place to audit each centre within the organisation against the Regulations on a six monthly basis while also undertaking the annual review of services.

The person nominated on behalf of the provider who was recently interviewed, discussed how a continuous improvement approach had been adopted following the implementation of the Regulations. Audits had been completed to benchmark the service against the Regulations and the Standards. She discussed improvements to date and planned improvements including the development of a resource centre specific for residents with high support needs.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She had responsibility for one other centre in the locality. She was knowledgeable about the requirements of the Regulations and Standards and had a good overview of the health and support needs and personal plans of all the residents.

There was also a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.
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**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 her 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 residential services manager from another centre provides this cover supported locally by the team leader.

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**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.

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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 found that staffing arrangements 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, infection control and epilepsy awareness. Certificates of attendance were in the staff files and a training matrix was maintained.

There was a robust induction plan in place and this included a minimum of three appraisals in a nine month period for new employees. The person in charge discussed plans in place to introduce yearly appraisals for all staff.

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

There were no volunteers in the service at the time of inspection.

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

**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 action required from the previous inspection relating to medication management was completed and is discussed under Outcome 12.

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. 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
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Theme:

The is failing to comply with a regulatory requirement in the following respect:

1. Action Required:
Under Regulation you are required to:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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