<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002683</td>
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<td>Centre county:</td>
<td>Galway</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Provider Nominee:</td>
<td>Rachael Thurlby</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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: 19 October 2015 10:30
      20 October 2015 11:00
To:    19 October 2015 17:45
      20 October 2015 16:30

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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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 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

This was the centre's first inspection, the purpose of which was to inform a registration decision. As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

During the inspection the inspector found a high level of compliance with the Regulations, with all 18 outcomes reviewed being assessed as compliant.

Evidence of good practice was found throughout the service. Residents’ health and
social care needs were well met. There were comprehensive assessments and personal plans for each resident and residents had good access to general practitioners (GP) and health care support services.

The centre was comfortable, appropriately furnished and well maintained and residents had good access to the local community. Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

The provider and person in charge had robust fire safety controls and other safety measures to promote the safety of residents in place. Residents confirmed that staff supported them well and that they felt safe in the centre.

The records required by the Regulations were in place. Records viewed during the inspection were accurate, up-to-date, securely stored and easily retrievable.

Findings from the inspection are outlined in the body of the report. There were no actions required arising 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 found that residents had control in how the centre was run and how they lived their lives there.

The main method of residents communicating their views took place at when residents met with their key workers each month. Residents confirmed that they discussed their views and wishes frequently at these meetings. Residents also had access to an advocacy service and contact details for this service were readily available.

House meetings where residents could make plans and discuss issues of importance to them also took place every four to eight weeks. Minutes of the meetings showed that residents had discussed their preferences about having the house redecorated. Arising from this paint colour charts had been brought to the centre and the painter met with the residents who discussed and chose the colour schemes.

Plans for garden planting and which television channel package to purchase were also made at house meetings. Staff supplied information to residents at house meetings for example; fire safety, the complaints process, use of the intruder alarm and voting rights had been discussed with residents at these meetings.

Residents were fully involved in household activities such as shopping, laundry, recycling and food preparation with the required support from staff.

There was a system in place to record complaints, although no complaints had been received to date. The complaints procedure was written in a legible format, including
pictures and photographs, and was designed to be clear and accessible to both residents and their families. There was also a complaints policy which provided guidance on the management of complaints. There was an appeals process which could be used in the event of a complainant not being satisfied with the outcome of a complaint.

In addition there was a comment box in the entrance hall, although to date no comments had been received. Residents who spoke with the inspector understood that they could raise any issues they were not satisfied with and they knew who was in charge in the centre.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms and had keys to lock their bedroom doors if they wished to.

Residents’ belongings were respected and safeguarded. There was ample storage and wardrobe space in each bedroom, in which residents could store personal belongings.

Most residents retained full control of their own money and valuables. The inspector viewed the arrangements for the management of money of a resident who required support from staff and found that it was managed in a clear and transparent manner. The resident’s money was securely stored in lockable safe storage which was accessible whenever it was needed. Transactions were clearly recorded and signed and receipts were maintained for all purchases.

All residents were independent in managing their own personal hygiene needs although there was guidance in personal plans to indicate the level of support required for each resident.

Residents’ civil and religious rights were respected. All residents who wished to were registered to vote and could attend the polling station if they chose to do so either alone, with staff or with family. Information about elections was provided and candidate visits took place in the day service.

At the time of inspection Roman Catholicism was the only religion being practiced in the centre. There was a church nearby which residents could visit at any time and staff accompanied any residents who wished to go to Mass.

There was a rights checklist completed on each resident’s file and the organisation’s rights charter was clearly displayed in the centre.

**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 were systems in place to assist and support residents to communicate as required.

At the time of inspection most residents had good communication skills and did not require specific communication plans. A detailed communication profile had been developed for one resident which identified the most appropriate communication techniques for that person. These included clear guidance on verbal communication and use of pictorial cues. For example, staff had developed a communication box with a large selection of images associated with events important to the resident, such as favourite restaurants, going out in the care, food and shopping. These were used both by staff to offer choice and assist daily planning and by the resident to communicate preferences.

There was a range of information displayed in accessible format on notice boards in communal areas, including complaints procedure, rights, fire safety and names and pictures of the staff on duty each day and night.

All residents had access to televisions, radio, postal service, telephone, newspapers and magazines.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Residents living in the centre were supported to maintain relationships with their families and all residents were encouraged and supported to interact in the local community.

There was an open visiting policy, family and friends could visit at any time and there was sufficient space for residents to meet visitors in private if they wished. Residents told the inspector that they also visited and stayed with family members regularly throughout the year. Each resident had worked with staff to identify important people in their lives and each had a social network communication plan with details of how they could contact these people.

Families were invited to attend and participate in residents’ annual planning meetings and the review of residents’ personal plans. Records indicated that families were kept informed and updated of relevant issues and families were offered a choice around how frequently they wished to be contacted and how they wished to receive this information.

Some residents visited a day service each weekday where they had the opportunity to meet with and socialise with friends. Others preferred not to attend the day service, but to participate in their interests in the centre or visit the local community during the day. These residents were supported to do this.

Residents were supported to go on day trips, attend sporting and entertainment events, use public transport, attend classes and dine out in local restaurants and pubs. Residents frequently visited the shops and facilities in the neighbourhood and the city centre.

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:
Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided and the fees to be charged including details of services which incurred additional charges.
There had been no recent admissions to the centre. However, there was an admission policy and the person in charge explained the admission process.

**Judgment:**
Compliant

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**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 social and personal 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

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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents’ wellbeing and welfare was promoted through a high standard of care and support.

The arrangements to meet each resident’s assessed social and personal needs were set out in individual personal plans. These had been developed in consultation with the residents, key workers and family members at annual personal planning meetings. The inspector found personal plans were developed to a high standard, were person centred and were focussed on improving the quality of residents’ lives.

Residents’ personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. Care plans were based on assessments and the plans were updated in response to any changes in the resident’s condition. Resident’s files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about medications. There was multi-disciplinary input in the care of residents as provided by social care workers, the psychiatrist and behavioural support team as needed.

Residents’ individual goals were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The person in charge ensured that support was provided to meet these goals. Equipment, technology, transport were available to residents to support them in achieving their goals.
Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The design and layout of the centre suited the needs of residents. The two houses in the centre were well maintained both internally and externally and were clean, warm, suitably furnished and comfortable.

There was a variety of communal day space including sitting rooms, a conservatory/gym in one house and large kitchens with dining areas.

All bedrooms were for single occupancy. The bedrooms were bright, well furnished and decorated in colour schemes of residents’ choice. Residents had adequate personal storage space and wardrobes. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities.

The inspector found the kitchens to be well equipped and clean. There were plentiful supplies of foods available, including fruit, vegetables and juices. There were separate office and bedroom accommodation for staff in each house.

There were well equipped utility rooms in each house with laundry facilities, where residents did their own laundry. Residents had access to washing machines, tumble driers and outdoor clothes lines.

There were suitable arrangements for the disposal of general waste. Residents segregated waste into recycling bins in the house and before removal to main bins which were stored externally. This was removed by contract with a private company. There was no clinical waste being generated.

Residents had good access to the outdoors. There were well maintained gardens adjoining the houses. Both houses were situated in central areas close to amenities such as shops, restaurants and the church and there were coastal walks nearby.
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 found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. In addition to environmental risks, personal risks specific to each resident were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

The inspector reviewed fire safety procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Quarterly fire evacuation drills, one of which was during night-time hours, took place involving all residents and staff. Records of all fire drills were maintained which included the time taken and comments recorded for learning.

Systems were in place for weekly checking of fire alarms and escape routes and these checks were being recorded. The procedures to be followed in the event of fire were displayed. Staff and residents who spoke with the inspector were clear on the evacuation procedure and residents confirmed that they would hear the fire alarm if they were asleep.

There were emergency plans which provided clear guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. Individual evacuation plans had been developed for each resident. Missing person profiles containing identifying information for each resident had been developed.

All staff had received up to date training in moving and handling.

Judgment:
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 found that there were systems in place to protect residents from being harmed or abused.

There was a policy on the safeguarding of adults with a disability from abuse and there was a training schedule which ensured that each staff member attended training in prevention of abuse at three yearly intervals. Members of the management team, who spoke with the inspector, confirmed that they had received training in relation to adult protection. They were knowledgeable regarding their responsibilities in this area and clearly outlined the measures which would be taken in response to an abuse allegation.

There was a policy to guide staff on responding to behaviours that challenge. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing behaviours that are challenging. The inspector observed staff interacting with residents in a respectful and friendly manner.

There were no residents using bed rails or any other form of physical restraint, although there was a policy to guide these practices if required.

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 was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents and quarterly returns had been notified to the Chief Inspector.

The inspector reviewed the incident book and noted that comprehensive details of all incidents, how they were managed and preventive measures identified were maintained.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

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

Residents were encouraged to participate in education and employment both through their day services and in the community. Residents were observed returning from work and their day services and told the inspector about their busy daily routines.

One resident told the inspector of working at weekends in an equestrian centre where he was involved in duties with the horses and in the stables. One resident worked in a supermarket for a few mornings each week and another worked in a recycling centre.
Residents told the inspector that in the evenings they were supported to pursue additional interests and activities in areas such as going to the cinema, for meals and to musical and sporting events. Staff in the centre also provided support to residents to go on holidays and for outings. Regular shopping trips and visits to local restaurant and coffee shops were also important part of residents’ lives.

Other activities which residents enjoyed included dog therapy which took place in the centre weekly. One resident enjoyed fishing and had recently caught mackerel for the tea and another resident who loves animals went frequently to a dog rescue centre where he volunteered to walk the dogs.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that there were procedures in place to ensure that residents’ health care needs were well met.

There was access to GP and health care professionals as required. All residents had access to medical services and had annual health care reviews carried out by their GP. The inspector reviewed a sample of files and found that GPs also reviewed residents at other times as required.

Residents had access to a range of health professionals including physiotherapy, psychology and psychiatry and referrals were made as required. Outcomes of these consultations were recorded and used to inform plans of care.

Appointments for residents to be routinely reviewed and treated by dentists, opticians and chiropodists were also made. Dietetic and speech language services were available but these were not required by residents at the time of inspection.

The inspector noted that residents' nutritional needs were well monitored and staff stated that none of the residents were experiencing significant nutritional issues. Residents chose what they wanted to eat and did their own shopping but were
supported and encouraged to eat healthy balanced diets and partake in regular exercise.

During the inspection the inspector saw residents having their meals at times that suited them. Residents had access to the kitchens at any time to prepare drinks and snacks.

**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 were safe medication management practices in place.

Some of the residents in this centre self administered their own medication, following an assessment to ensure that this practice could be undertaken safely. Staff undertook self administration monitoring checks each month to establish that there were no medication errors or other issues arising. Some residents required to have their medication administered by staff and the inspector found that this was managed safely. One resident did not require medication.

At the time of inspection there was no resident prescribed medication requiring strict controls, no resident required medication to be crushed and there was no medication requiring temperature control, although the organisation had policies to guide on these processes if required. Some residents required PRN (as required) medication and the GP had supplied detailed and clear protocols to guide staff in this practice. All medications were safely stored.

There was a comprehensive medication management policy guiding practice. Training records indicated that all staff had received medication management training.

The inspector reviewed a sample of prescription/administration charts and found that they were well documented and contained the information required to enable staff to safely administer medications. Names of medications, times and routes of administration
and signatures of staff administering the medication were clearly recorded. There were a colour photographs residents to verify identity if required.

Prescribed medications and discontinued prescriptions had been suitably verified by the GP.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a statement of purpose which set out the aims, objectives and ethos of the designated centre, described the services and facilities which are to be provided to residents and contained the information required by Schedule 1 of the Regulations.

The statement of purpose was up to date and the person in charge was aware of the requirement to keep under review at intervals of not less than one year. Copies of the statement of purpose were available in the centre and were accessible to residents and their representatives.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an*
ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

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

The inspector found that the person in charge met the requirements of the Regulations. She had the required experience and had qualifications which were relevant to the role. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents.

The person in charge was involved in the management of more than one designated centre, although the inspector found that this did not impact negatively on the management of these centres.

Staff members stated that the person in charge was supportive and readily available. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service.

There were systems in place for monitoring the quality and safety of care. The person in charge kept all accidents, incidents and complaints under review for the purpose of identifying trends. In addition all complaints and adverse incidents were forwarded to the organisation’s health and safety officer and clinical risk specialist for monthly review.

The quality and service manager carried out a programme of announced and unannounced visits to the centre to review the quality of service and compliance with legislation and the regional manager carried out annual health and safety audits. Findings from all audits and reviews were communicated to the person in charge for attention and were also reported to the provider.

The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies found were addressed by the
### 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 person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

**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:**
There was evidence of adequate resources to ensure effective delivery of care and support. The houses were adequately furnished and equipped and there were resources to facilitate residents’ occupational and social requirements.

**Judgment:**
Outcome 17: Workforce

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there was appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate. Staffing levels were determined by the person in charge and were based on residents’ current health and social care needs.

The staff duty roster was planned to ensure that staff were present to support residents at all times both in the centre and when they wanted to do things in the local community such as going shopping or for coffee, going for a walk or to attend social events.

An additional staff member was rostered each evening to support residents to attend social events of their choice. The hours of this staff member were flexible depending on what residents wanted to do. For example, if a resident wished to go to the cinema or a night time social event the staff member would come on duty at a later time to accommodate that.

There were a range of health care supports available within the organisation, which included the services of a health and safety officer, occupational therapist, speech and language therapist, behavioural support specialist and a social worker.

The organisation had identified fire safety, abuse prevention, behaviour that is challenging, manual handling and medication management as mandatory training which all staff were required to attend.

The inspector found that staff had been recruited, selected and vetted in accordance with the requirements of the Regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment histories.
Judgment:  
Compliant

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**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.

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**Theme:**  
Use of Information

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

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

**Findings:**

The inspector found that records as required by the Regulations were maintained in the centre.

During the course of the inspections a range of documents, such as the residents guide, medical records, accident and incident records, the directory of residents, staff recruitment files and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were neat, clear, orderly and suitably stored.

All policies as required by Schedule 5 of the Regulations were available and up to date.

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**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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