

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by An Breacadh Nua
Centre ID:	OSV-0003433
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	An Breacadh Nua
Provider Nominee:	Gerard Heaney
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 25 November 2015 09:50 To: 25 November 2015 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

There are presently no residents living in this centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection. The provider nominee, person in charge and clinical nurse manager were available on the days of inspection. Windrock is a dedicated adult respite centre which will cater for four adults mainly at weekends or if required respite can be provided at other times also.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The inspector engaged with the provider, the person in charge and clinical nurse manager 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 reviewed the proposed fire procedures and was satisfied that if implemented they are 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.

Overall, the inspector found that the provider met the requirements 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 2013. There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

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. The inspector saw evidence that the centre will be managed in a way that will maximise residents' capacity to exercise personal autonomy and choice in their daily lives. The clinical nurse manager currently manages a childrens respite service for Ard Aoibhinn and will manage this adult respite also. She outlined to the inspector that residents' preferences were always sought and respected for the individuals, choice will always be paramount. Residents will be involved in the development of their own personal plans and care practices respected. The inspector saw that there were policies and procedures available in relation to intimate care.

There was a complaints policy in place and it was accessible in a format readable to residents. The complaints policy met the requirements of Regulation 34. There was access to advocacy service for residents through their key worker and an easy read version of the complaints procedure was available and this version contained the information required.

The person in charge told the inspector that a residents' meeting will be held when residents come into the house for the weekend. This will include discussions on items such as the menu for the weekend and planned group activities. Each resident will have their own spacious bedroom in the new house. Residents' religious rights will be respected. If residents wish to go to Mass this will be facilitated by the staff. Residents will be supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, pubs cafés, shopping and restaurants.

The inspector saw that there were transparent systems in place to safeguard residents' finances. There were pink and blue purses available for individual residents over the weekend. On admission monies will be signed in and out balances checked and receipts maintained for all purchases. The inspectors saw that residents will have easy access to personal money and spend it in accordance with their wishes.

There was a property list in the sample of resident's proposed personal plans viewed by the inspector. There was adequate space in the new house for clothes and personal possessions. The laundry and facilities were appropriately set up for residents to manage their own laundry if they wished.

Prior to admission residents and their families will be encouraged to visit the new respite centre and meet with the relevant managers and staff.

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:
The inspector was satisfied that residents will be supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs will be identified in the personal planning documentation and supports put in place where needed. The person in charge and the nurse manager discussed various strategies that may be used including pictorial sequencing and social stories. Residents will also have access to the services of a speech and language therapist if required. The Residents' Guide will be displayed in the house and it was in an accessible format for residents

Judgment:
Compliant

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

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

Theme:
Individualised Supports and Care

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: From the information available the inspector was satisfied that families and friends will be encouraged to get involved in the lives of the residents. Residents will have 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. There was a policy on visitors available and there will be a sign in book for visitors in the house.</p>
<p>Judgment: Compliant</p>

<p>Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>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. There will be no emergency admissions to this centre as outlined in the statement of purpose. However, the centre will respond to the best of their ability to short notice placements. These placements will only be considered for individuals who are known to the service.</p> <p>The person in charge outlined her proposed plans for admitting new residents including the supports that will be available to residents. This included prospective resident's attending for a meal, meeting the staff and looking around the premises etc.</p> <p>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.</p>
<p>Judgment: Compliant</p>

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 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.

The person in charge told the inspector that when a resident attends respite that a file will be set up collating all the information gathered during the referral and assessment process. Staff will then review the person centered plan and from all the information gleaned an activity plan will be designed for the resident. These activities include but are not limited too bowling, cinema, outings, concerts, shows, picnics, festivals, shopping trips. Residents will be supported on occasions by staff from respite to participate in events and family gatherings.

These documents will include support plans, identified goals and will include details of the annual review. A staff member will be allocated to the resident as a key worker while the resident is on respite. Regular contact will be maintained with the resident's family to ensure that information on the resident is always up to date. Families will be asked to identify any new or additional information or goals that the resident has and will require support with since their last visit.

All residents will be reviewed at the end of each residential respite. This review will identify any new information or changes to the resident's support needs observed by staff during their stay. This will also include goals set out for the resident. This information will then be documented on the respite summary sheet which will be used when planning the resident's next respite residential stay. An annual review will take place for each resident attending respite. The reviews will set out plans and goals for the forthcoming year. This review will include the resident, family and members of the multidisciplinary team as appropriate.

There were planned supports in place if a resident had to be admitted to hospital. If a resident was in hospital a staff member would stay with the resident for the length of hospitalisation. The inspector saw that emergency information sheets were available for

all residents.

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:

Ard Aoibhinn's adult residential respite service will be known as Windrock. This renovated bungalow is located approximately six miles from Wexford and can accommodate up to four residents.

Facilities in the house provide each resident with adequate physical space. All residents will have their own bedroom which are a suitable size to accommodate their needs. Each bedroom has adequate facilities for storing of clothes and personal belongings. There are facilities for lockable storage and TV/DVD in each bedroom. All rooms will be furnished and decorated in neutral colours. Soft furnishings will be specific to the gender of the residents.

The main bathroom consists of a jacuzzi bath with shower facilities also. There is a large kitchen, dining room and sitting room in the house. There was a multisensory and activity room also. The kitchen had sufficient cooking facilities and equipment. There are adequate laundry facilities available. There is ample storage space for linen, cleaning materials and other household items.

There was suitable heating, lighting and ventilation. There was ample parking and a large secure garden area around the centre which will be further developed depending on the needs of the residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

The inspector was satisfied that residents will have access to assistive equipment where required.

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 risk management policy met the requirements of the Regulations and is implemented throughout the centre and covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents

The fire policies and procedures were centre-specific and up to date. The fire safety plans for each house were viewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house. The person in charge said that regular fire drills will take place. Individual fire management plans will be completed for residents. The inspector examined the fire safety register with details of all services and tests all of which were up to date.

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 and servicing of this equipment was up to date.

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. There was a robust system in place for incident reporting and investigation of same. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. The emergency plan was robust and it ensured that all aspects of emergency planning were covered. All accidents and incidents will be recorded locally and stored centrally on a computer database. This allowed for a comprehensive report to be presented to the Board of Management by the provider nominee on a quarterly basis.

Individual risk assessments will be conducted to include any mobility issues such as

screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

The inspector viewed policies in relation to vehicles used to transport residents. Up to date service records were seen and all vehicles were taxed and insured and certified as required. Staff were required to have a full clean driving licence to drive the vehicles.

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 and proposed staff had received training. The person in charge outlined the procedures they will follow should there be an allegation of abuse. The person in charge was the designated person to deal with any allegations 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 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. The centre has access to an onsite behavioural therapist. This also included access to psychotherapists, psychologists, and psychiatrists. 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 there was a policy in place to guide usage in line with national policy on restraint.

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: Most residents who will avail of respite attend day services provided by the organisation. Respite services maintain close links with the resident's day services and actively support any recommendations that the day services make to support the resident. There was a policy on access to education training and development. The inspector was informed that residents will be afforded the opportunity to attend various activities over the weekend respite such as outings to the cinema, bowling and eating out. The person in charge told the inspector that when the resident comes in for respite on a Friday evening, a plan will be made with the key worker for activities over the weekend. All residents will have access to a day activation centre.

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:

There were no residents living in the centre at the time of inspection therefore personal plans, medical history, vaccination record, annual health check record, referrals, interventions and blood tests were not evidenced.

The inspector was satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents will also have access to those specialists previously mentioned under Outcome 8.

There were a number of centre-specific policies in relation to the care and welfare of residents and care management. The inspector reviewed a selection of proposed personal plans and noted that each resident's health and welfare needs will be kept under formal review as required by the resident's changing needs or circumstances.

The nurse manager confirmed that residents' weights and nutritional assessments will be recorded regularly. She also discussed how healthy eating options will be encouraged and residents will be actively involved in planning their menus.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors. The inspector saw that any resident who requires PRN (as required).medication has individual guidelines on PRN administration. Each resident will have a seizure management plan if required. The proposed prescription sheets reviewed were clear and distinguished between PRN, short-term and regular medication.

Medication will be stored securely in a locked cupboard in the house. The inspector saw that there will be robust procedures in place to account for medications that come with the resident to respite and medications that are returned to the families post respite. All staff working in the centre will have completed their medication management training.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

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

Findings:

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care will be provided, reflect the diverse needs of residents. It was comprehensive and reflected the day-to-day operation of the centre. It was available in an accessible format.

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre is one of a number of designated centres that come under the auspice of the Ard Aoibhinn services. It is a not for profit organization and is run by a board which comprises of four directors and nine board members. It delivers services as part of a service agreement with the HSE. The board usually meet every six to eight weeks and the inspector reviewed minutes of the meetings where issues of finance, staffing, development updates, fundraising and any other issues are discussed. The manager of services reports directly to the board of directors and is a nominated provider for the service.

The person in charge was responsible for three other designated centres. The person in charge for the centre works full-time and has been employed within the service 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 clinical nurse manger was newly appointed to the position and would be responsible for the day-to-day running of the service. She also manages childrens respite services on a part time basis for the organisation. The inspector spoke with her and found that she had the appropriate qualifications and experience to ensure a safe service.

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.

The inspector saw that staff received formal support or performance management in relation to their performance of their duties or continuous personal development. There was evidence that the person in charge received supervision and support from the nominated provider.

Systems will be in place to ensure that feedback from residents and relative is sought and lead to improvements such as satisfaction surveys. The inspector saw that a structured plan was in place to audit different aspects of the service while also undertaking the annual review of services.

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 person in charge and management staff were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge. The person in charge was supported by a deputy manager. The inspector engaged with this manager on a previous inspection and found that he displayed a clear understanding of his roles and responsibilities under the Regulations when fulfilling this deputising duty. 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:

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

Facilities and services to be provided were accurately described in the statement of purpose. The person in charge described in detail the planning undertaken to enable the smooth and effective transition of residents into a residential respite placement.

The inspector was informed that suitable assistive equipment would be in place following assessments of each resident by the appropriate allied professional. The

inspector saw that transport will be available within the centre to bring residents from their day services to respite 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 said that staffing ratios will be allocated according to individual resident needs. Existing staff from the childrens respite service which operates on a part time basis will work in this adult respite service. Appropriate staffing levels were described to the inspector including night duty and holiday cover.

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. The person in charge stated that most of the staff who will work in adult respite had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing.

Overall the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing on going education and training to staff relevant to their roles and responsibilities. Staff training files were reviewed and mandatory training including protection, manual handling and lifting, medication management, fire safety and positive behavioural support.

Evidence was available that all staff will be supervised on an appropriate basis with annual support and supervision meetings. The nurse manager told the inspector that regular team meetings will take place.

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:

Although not yet required the person in charge had an appropriate template for the directory of residents. Adequate insurance cover was in place. A copy of the Statement of Purpose and the Resident's Guide was available and was in an accessible format also.

As this was part of an application to register a new designated centre and there were no residents, many of the documents required in Schedule 3 (Residents' records) and 4 (General Records) could not be in place.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by An Breacadh Nua
Centre ID:	OSV-0003433
Date of Inspection:	25 November 2015
Date of response:	15 December 2015

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:

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

Please state the actions you have taken or are planning to take:

Proposed Timescale: