

**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 Ability West
Centre ID:	OSV-0004070
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 January 2016 10:00	21 January 2016 19:00
22 January 2016 09:00	22 January 2016 12:30

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

This announced inspection was carried out as part of the Health Information and Quality Authority's (the Authority's) process of registering designated centres.

This was the first inspection of this respite centre which provides eight respite beds to over 30 residents living in and around the Galway city area. The inspector found that this centre fully complied with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) Each of the eighteen outcomes inspected was found to be compliant.

The inspector met with some of the residents, staff and Provider Nominee, Director of Client Services, Area Manager and the Person in Charge during the course of this two day inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, accident/incident reports, policies and procedures. Residents that the inspector talked to described the centre as "a good place to live" "it's like going to a hotel" and said that staff treated them very well and with kindness.

This centre was a purpose built respite service that had six bedrooms on the ground floor that were wheelchair accessible and upstairs there was a two bedroom apartment suitable for more ambulant/independent residents. One resident told the inspector he called it his "bachelor pad" and loved coming into the apartment for respite. Residents used this apartment as a transitional step towards more independent living.

The inspectors found that the centre was visibly clean, warm, and comfortable and had plenty of natural light. Residents' rooms provided them with appropriate space, they were well furnished and many had been personalised by residents with their own personal items and photographs. There was a range of specialist beds and chairs in use for residents who had high medical needs and other rooms were designed for residents that were more independent.

All residents spoke to were very happy receiving respite in this centre. There was good evidence that all residents individual needs were met, residents that had high medical needs received nursing support during their stay and residents that had complex behavioural needs had appropriate assessments and proactive strategies in place to reduce their anxieties and support them when they were in respite care.

Findings from this inspection are discussed under each outcome in the body of the report.

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:

Residents were consulted with and participated in decisions about their care and the management of this centre. As this was a respite centre, there were regular admissions and discharges of residents to this centre. Consultation with residents/ family members occurred on admission and also communication was facilitated between residents/staff each evening where the residents' wishes for social activities and evening meals were discussed and delivered.

There were residents meeting held every weekend and residents told the inspector they were able to discuss issues and express concerns or changes they would like in the centre with their peers and with staff members at these meetings. A sample of questionnaire's completed by residents/ family members expressed their satisfaction with the service provision they received. Verbal feedback given during the course of the inspection also highlighted residents' satisfaction with the service provided. Residents' said, "I am very happy visiting here it's like a hotel," "I call my apartment my bachelor pad. I really love it here, all the staff are lovely to me"

Residents' rights and dignity were promoted and supported within the centre. All residents had their own bedrooms, some were en-suites. Other residents had access to large accessible shower rooms or bathrooms. Residents could personalise their bedrooms to meet their own individual taste for each stay in this centre and they told the inspector they felt very much at home during their respite stay.

Residents were supported to attend liturgical events in their local community and take part in family celebrations. Residents celebrated birthdays and calendar events in the

local community.

Residents had opportunities to meet visitors in the centre. A visitor book was maintained and there was an organisation specific policy and procedures to support this practice as required in Schedule 5 of the Regulations. Residents had the opportunities to meet visitors in private if they wished.

Residents' money was individually managed. A financial statement of residents' accounts was maintained in the centre with a complete record of each person's income and expenditure with receipts attached. These were reviewed at night time to check that balances were correct and the person in charge also carried out an audit of balances in the ledgers. The inspector checked a sample of two residents' finances and found that they were correct.

Residents had access to advocacy services and information leaflets from an advocacy service with contact details were available in this respite unit. There was also a service user council in place which was representative of service users throughout the organisation. This had been in place since June 2010. The council had a number of members from this centre and they met regularly with the main purpose of being a representative voice for residents and having a meaningful forum by which issues of common interest were discussed. Council members regularly met with the senior management team and other groups within the organisation.

There was evidence of staff advocating on behalf of residents to ensure their needs were met. For example; some individuals had required specialist behavioural support input and additional staff resources and staff had advocated that these resources were put in place to meet service-users individual needs and management had responded to their request.

An organisational complaints policy was in place. This outlined in detail the steps to be taken to follow the complaints procedure. The management team had identified two staff member as the nominated complaints officers. A photograph of the staff members nominated had been laminated and placed in a prominent position within the unit with the name and contact details of each person. Residents spoke to told the inspector these staff members' names, but also stated they would tell the staff on duty if they were not happy first and they were confident that they or the person in charge would resolve their complaints.

Complaints were logged on a computerised system. The inspector was shown an example of how complaints were logged by the person in charge. Complaints and their management were reviewed by the Person in Charge and the Area Manager to ensure they were managed in line with organisational policies and procedures and that the complainant was satisfied with the resolution to their complaint. In the sample of complaints reviewed this was found to be the case.

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:

Residents were supported to communicate at all times in the centre. Effective systems were in place that ensured their individual needs were met.

The organisation had a communication policy. The policy set out to address the total communication needs of residents. Residents that required specific communication supports had an individualised communication profile in their personal plan. Some residents were supported through the use of pictures and some used a "social story" to tell them what activities were planned for the day. These pictures helped residents identify the schedule of their day.

In addition; there were picture rotas for residents' chores and the staff duty rota, as well as the social activities planned for the day. In addition; there were also picture notices of where things were kept in the kitchen, and there were signs to identify the toileting and bathing facilities were in the centre.

Residents had access to televisions and stereos in their bedrooms and in communal areas and some residents used electronic devices to communicate with friends and families and play games on the computer.

Some residents had received Speech and Language communication assessments and the advice of this specialist was adhered to, For example; one resident had an assessment completed and it was recommended that the resident use laminated cards on their table at meal times to advise them to slow down eating and staff told the inspector the residents found this visual aid a good support and they had no incidents of choking since its implementation.

Many of the residents the inspector met were capable of communicating verbally; however, some resident's speech was difficult to understand and staff members were very helpful in translating their speech for the inspector. In addition; the residents showed the inspector a picture communication book they used to assist them to communicate with others, in particular they had a key ring with miniature laminated pictures attached which they carried with them when out socialising and this was easily used and very discrete.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was evidence of positive relationships between the staff working in the respite centre and with residents' families, friends and neighbours.

Residents in this centre had developed links with their local community. Most residents accessing services in this centre only received respite between 4- 8 nights a month and they spent the remainder of their time at home with their family members.

There was also evidence to show the person in charge had made strives to ensure two residents was supported to visit their parent who had moved to a nursing home.

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:

There were policies and procedures in place to guide the admissions/discharge process. The admissions process was appropriately managed and contracts of care were in place. There was good evidence of consultation with residents and their families and they were encouraged to visit the centre prior to admission and view the centre and discuss residents individualised needs.

There was a transparent external admission process through which referrals for admission were processed. All admissions and transfers to this respite service were directed by the respite admissions committee. The person in charge was clear that prior to all admissions the needs and wishes of the current residents were considered and respite placements were offered to residents that were compatible with each other as much as possible.

Each resident had a contract of care in place outlining the services provided to the resident and the costs of this service to the individual resident. All residents were charged the same amount. The contracts of care and the resident's guide (which detailed the services to be provided in the centre) were available in an easy to read format. There was evidence that discussions had taken place with the resident/ family member's with regard to agreeing the contract of care in the resident's person's file.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Resident's abilities, needs and aspirations were clearly identified and there were opportunities for residents to participate in activities appropriate to his or her interests and capacities. Recreational activities were available for residents during the week and occasionally at weekends.

The inspector found that each resident had a personal plan in place, and there was evidence that these were regularly reviewed and at a minimum annually. There was also evidence that residents and their families were involved in preparing their personal plans and inspectors viewed a sample of resident's personal plans and found that they were individualised and person centred.

For example; each resident had four person centre goals, such as, to go to go out for dinner on Sunday, to go shopping and to visit friends regularly, or to go on a holiday.

The responsibilities for organising and reviewing these goals were mostly completed in the day centre; however, many of the goals were regularly achieved in the respite house.

A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been realised.

It was evident that residents were very much part of the local community. They visited the local business and community facilities in the town, for example; local pubs, restaurants, library and church as well as taking part in social activities in the house such as cooking, art activities.

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:

This centre consisted of one architecturally designed respite unit. The premise was clean, comfortable and had a homely atmosphere. There were two floors; the ground floor consisted of six bedrooms, two of the bedrooms shared an en-suite shower room, and the other bedrooms had access to separate toilet/ shower rooms and bathrooms. The first floor consisted of a two bedroom apartment. There were bedrooms for six residents to reside on the ground floor; normally one respite bed was kept free for emergencies and two residents stayed upstairs.

There were three living rooms on the ground floor and two living rooms on the first floor. The unit was well designed and suitable building that meets the needs of the residents. It was spacious, comfortable, clean, wheelchair accessible, with sufficient communal space for all residents, including space to meet friends and family in private.

The inspector found that attention had been given to ensuring that the premise was made as comfortable as possible. For example, colours were tastefully coordinated, rooms were personalised and attractive paintings and pictures displayed on the walls. There was adequate communal accommodation and there was easy access to the

kitchen/dining rooms and sitting rooms.

All bedrooms and communal rooms had windows that were easily opened; restrictors were fitted to a number of windows due to some service-users potential to abscond, without staff assistance. These were appropriately risk assessed in the centres risk register.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota had been reviewed and updated to give staff clearer instructions of how often certain areas in the centre needed cleaning, for example, toilets and wash hand basins. Hand sanitizers were in place and hand hygiene notices were displayed throughout the building.

Paper hand towels and alcohol hand gels were also located in this unit, this met infection control requirements. Colour coded mops and buckets were in use and designated to clean specific areas to prevent cross infection.

There was a large multi sensory room on the ground floor and the equipment in this room was regularly cleaned and had been serviced in January 2015. Residents regularly used this room to relax and to have some quite time alone.

Facilities such as chairs and tables were available for service-users and staff to sit out in the enclosed garden when weather permitting. The garden to the rear of the premises was well maintained.

There was a fire exit from upstairs that allowed evacuation directly to the outside of the building; this was separate from the other exits available to residents that resided in the upstairs apartment. This ensured that residents living upstairs had two exits in the event of a fire and could exit from the side of the building.

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 health and Safety of residents, visitors and staff were promoted and protected. The centre had policies and procedures relating to health and safety and there was an up to-date Health and Safety Statement in place. A risk management policy was also available,

which provided guidance to staff on the appropriate management of risks in the organisation. A local risk register was in operation and up to date in the centre. This identified hazards in the centre in medication management, staffing, and they were appropriately risk assessed and risk rated. There was monthly safety audits carried out to ensure a safe environment in the centre.

The inspector viewed a number of individual risk assessments for some residents. These related to participating in social activities or outings, or managing risks associated with individuals personal medical conditions. Inspectors found evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activities.

Accidents and incidents in the centre were minor and were recorded and reviewed by the Person in Charge, and these were reviewed monthly by the provider. Inspectors found evidence of learning from accidents and incidents and measures were in place to prevent accidents re-occurrence, and these actions were documented in resident's care plans.

Inspectors found that fire equipment was located throughout the centre and there was evidence that the emergency lighting and alarm system were serviced regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident's personal file.

Fire safety training for all staff had taken place and included individual and centre evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre. The provider had issued a certificate of compliance for planning regulations to the Authority for the purpose of this registration.

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:

There were measures in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date.

Restrictive practices were reviewed by a human Rights Committee with an independent person nominated to chair the meetings. All restrictive practices carried out within the centre were used in conjunction with an associated behaviour support plans and ongoing input from a behaviour support team. The inspector reviewed a number of behaviour support plan. These identified the underlying causes of behaviour that was challenging for the resident's. Specialist and therapeutic interventions were implemented and reviewed regularly by the person in charge and relevant allied professionals for example, Clinical Psychologist and the Psychiatrist.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required with a focus on maintaining residents' independence and enhancing self help skills as much as possible.

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:

A record of all incidents occurring in the centre was maintained and where necessary notified to the Chief Inspector. The inspector reviewed incidents and accidents documented in the centre and found that incidents requiring notification had been submitted to the Authority as per the regulations. The person in charge and person participating in management demonstrated knowledge of their regulatory responsibility in regard to notifiable events.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Residents' general welfare and development needs were proactively supported in the centre. 'Circle of support' meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and training goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. There were photographs in the respite unit which evidenced residents had attended concerts, plays, musicals and had enjoyed holidays and nights out.

Residents had choice and autonomy in making decisions of how they wanted to spend their day. Some residents were supported to engage in social activities with the assistance of a volunteer. Residents were supported to independently avail of this service and choose what activities they were interested in on their terms.

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:

Residents were supported to access health care services relevant to their needs. They

had access to their own General Practitioner (G.P.) and had the autonomy to choose their own GP and pharmacist while in respite care. Many residents using this respite service continued to use the services of their own local G.P. and the staff in the centre liaised individually with their G.P. and family members when new medical/medication issues arose. Residents also had access to allied health professionals such as Speech and Language Therapists, Opticians, Dentists, Behaviour Support Specialists and Psychologists and Psychiatrists as needed.

Residents had up to date hospital passports in their personal file. These outlined specific details in relation to residents' health care needs and the supports they would require on an emergency or unplanned admission to hospital.

Residents participated in choosing their evening mealtime menu options and had the opportunity to eat their meals in pleasant surroundings. The dining and kitchen facilities met the needs of residents. There was ample space to engage in the preparation of meals and snacks. There was a good supply of food in the centre. For example; fridges and presses had a good supply of frozen and fresh produce. There was a good choice of condiments for the preparation of fresh meals. Dining facilities were lovely and relaxing. Residents' nutritional risks were assessed using a nutritional risk assessment tool. Some service-users had food intolerances/allergies and there was a list of gluten free foods on display so that all staff members were aware of the appropriate foods to provide to the resident.

Residents enjoyed healthy freshly prepared meals in the centre. Those that needed support to lose weight were supported by staff to understand healthy and unhealthy food options and were encouraged and supported to make healthy choices.

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:

This outcome was inspected and found to be compliant. A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the prescription records and medication administration record and found that documentation was completed. Individual medication plans were appropriately

implemented and reviewed as part of the individual personal plans. For example; there were protocols in place for the safe administration of medication for epilepsy. Medications were stored appropriately and there were no medications that required strict control measures (MDA's) at the time of the inspection.

Staff adhered to appropriate medication management practices. For example; there are appropriate procedures for the handling and disposal for unused and out of date medicines.

A system was in place for auditing and monitoring safe medication management practices. The inspector found that there were a number of medication errors recorded in the centre, however, most related to inaccurate labelling/ medication sent in from home. A small number of families persistently sent in medication without labels, or forgot to send in medication for the residents. The person in charge had adequately addressed the issues, by addressing the issue with the family involved and had reviewed the medication errors, and listened to staff concerns, and offered retraining on medication management practices to the some staff if required.

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 was a written statement of purpose that described the service provided in the centre.

The services and facilities outlined in the Statement of Purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an

ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a very effective management system in place that promoted and supported the delivery of safe quality care services. The management structure clearly identified the lines of authority and accountability for the service. The person in charge was a suitably qualified person with relevant experience commensurate to his role. The person participating in management of the centre was equally a suitably qualified person with experience and knowledge commensurate to her role. Both persons had a good knowledge of residents.

The person in charge received supervision and support from the Acting Area Service Manager. They assisted the person in charge and inspector during the course of the inspection and demonstrated a good knowledge of the running of the centre and regulations. They demonstrated a good understanding of organisational policies, procedures and regulatory responsibilities.

The person in charge worked in a full-time post. These hours included allocated administration time with the sometime working alongside residents and staff which allowed the person in charge to observe practices and engage in a meaningful way with residents.

Unannounced and announced visits from the provider and persons nominated by the provider had occurred in the centre with documented evidence of the outcomes of the visits and issues of compliance and non-compliance found and acted on if necessary. A number of audits of the centre had been carried out. The inspector found them to be detailed and comprehensive with all 18 Outcomes and issues identified had been swiftly resolved. Improvements to the service were made on foot of these audits, for example, during the audit prior to the inspection it was noted that the staff rota needed review and a rota should be planned further in advance; this issue was resolved prior to the inspection and the inspector saw evidence that the rota was planned until March 2016.

There was regular staff meeting in this centre and all staff spoke to told the inspector they felt very supported by the person in charge and enjoyed working in this centre

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:
There were appropriate management systems in place for the absence of the person in charge. The area services manager provided management to the centre in the absence of the person in charge and engaged in administrative duties such as maintaining the duty roster or notifying the Chief Inspector.

The provider nominee was aware of her responsibility to notify the Chief Inspector of any intended absence of the person in charge for more than 28 days.

The person in charge had not been absent from the centre for more than 28 days.

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 centre was suitably resourced to meet the needs of residents’. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

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:

The inspector found there were sufficient staff members working in the centre during the two days of inspection. The staffing numbers had increased in recent times to meet the care needs of some residents. The person in charge maintained a planned and actual duty roster.

Staffing numbers and skill mix were appropriate to resident's assessed needs. Staffing in the centre was allocated for times when residents were in the centre. The staffing allocation delivered a person centred and safe service as some residents using this service had very complex needs. For example; one resident was allocated one to one staffing to meet their needs. This was to ensure there was adequate staff support to prevent a resident that was at a high risk of absconding. Since the additional staffing resources had been put in place, the incidents of absconding had drastically reduced. This reduced the serious risks of injury to the resident if they went outside unsupervised.

Two of the staff working in the centre had nurse qualifications which supported the residents that had high level of health care needs that received respite in the centre. They demonstrated a good understanding and knowledge of the residents medical and social care needs. They supported the care interventions prescribed for them. In addition; some staff had a social care qualification and they also supported residents achieve their personal goals and social activities.

A sample of staff files were reviewed as part of the inspection, staff files reviewed met the requirements of Schedule 2 of the regulations.

Training records showed ongoing staff training for all staff working in the centre. Staff working in the centre had received medication management, training in safe food and nutrition, and the preparation of modified consistency meals and drinks, challenging behaviour management, fire safety, manual handling and training in the protection of vulnerable adults.

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):

Findings:
Written operational policies were in place to inform practice and on review the inspector found that all policies set out in Schedule 5 were in use.

The statement of purpose and resident's guide were available in the centre and the most recent inspection report was available to residents, their family and visitors. The centre was insured and this was up to date.

Information relating to residents and staff were securely maintained in the office of the centre and were easily retrievable. A directory of residents was up to date and met the requirements outlined in Schedule 3.

Overall the inspector found that records maintained in the centre met with full compliance with the Regulations.

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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority