

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002927
<b>Centre county:</b>	Kerry
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Claire O'Dwyer
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
22 March 2016 15:40	22 March 2016 20:00
23 March 2016 09:30	23 March 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the centre's first inspection by the Health Information and Quality Authority (HIQA). The centre provided supported accommodation for eight residents. Accommodation was in a community setting in a town housing estate. It comprised of two, two bed apartments and four single occupancy apartments. Another one bed apartment in the same housing complex and adjacent to one of the two bed apartments was used as a staff office and an overnight facility for staff.

In 2013, as required by section 69 of the Health Act 2007, St John of God had identified this centre as one which required to be notified to HIQA and a centre which required to be registered as a centre caring for people with a disability. In June 2015, HIQA produced a document entitled "What constitutes a designated centre for people with disabilities?". This was aimed at providing guiding principles to assist providers in assessing which of their services were required to be registered as designated centres. One of the key issues for consideration in determining whether a centre came under the remit of regulations was the degree to which the provider was responsible for and exercised real and substantial control over the residential service. In 2015, following a review of the type of service they were providing, the

provider (St John of God) contacted HIQA and made a submission indicating this centre did not fall within the remit of the regulations. The provider described their service as a "supported living service" and requested clarity from HIQA as to whether or not the service was to be registered.

This inspection was facilitated by residents, the person in charge, the programme manager and the provider nominee. They provided information as to the structure and organisation of the service and the input and role of other stakeholders including the local authority, statutory agencies, private landlords and the voluntary housing agency (working in partnership with and affiliated to the provider). The inspector noted the high standard of care and support provided by St John of God services; the very respectful manner in which residents were facilitated to achieve their highest possible level of independence and the significant level of comfort they enjoyed in their homes.

Based on the information provided, the documentation viewed and from meeting with six of the eight residents, the inspector was satisfied that the centre did constitute a designated centre. The inspector concluded the provider (St John of God) was responsible for the service in a real and substantive manner. This was based on findings that;

- residential accommodation was provided by a housing agency affiliated to the service provider for five of the eight residents. In practice this was accommodation provided by St John of God.
- a caring/support service was provided to residents who were diagnosed with a disability
- the provider was in receipt of state agency funding to provide care and support to each of the residents
- the decision with regards as to who received accommodation in these apartments was made by the St John of God admissions and discharge team (in consultation with the resident and his/her family)
- each resident entered a written agreement for care services to be provided to them by St John of God
- residents who had a tenancy agreement with the housing agency affiliated to St John of God were required to wait two years before they could request a transfer, indicating substantive control with regards placement was with the service provider.
- the St John of God housing agency reserved the right to end the tenancy agreement with the resident if they (housing agency) received medical advice that indicated the resident could not be supported in their apartment. This was a legitimate condition; however, it indicated a real and substantial control by the service provider.
- the tenancy agreement from the private landlord was signed by the resident and an agent of the service provider, indicating St John of God was part of the tenancy agreement
- none of the exclusions as permitted by the Health Act 2007 applied.

The service was managed as a centre which caters for people with a disability and a reasonable balance was achieved between supporting residents to live as independently as possible and satisfying the provider's legal obligations under the relevant legislative requirements.

In addition to discussion and clarification on what constituted a designated centre, eleven outcomes were inspected against and the provider was judged to be in compliance with all outcomes.

The findings from the inspection are discussed in detail 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:**

The inspector was satisfied that the rights, privacy and dignity of residents were promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. All interactions observed were respectful and caring, and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' capacities, preferences and long term plans. There was evidence of this in the information contained in the care plans but above all in the way staff spoke about the residents.

The inspector noted that residents retained control over their own possessions. Four of the residents lived in single occupancy apartments and four lived in two bedroom apartments. All residents had a key to their apartment and visitors rang the door bell before entering. Staff did have a key to access the apartments if there was an emergency or they had a concern about the resident. Each resident had their own bedroom with adequate wardrobe space. Apartments were modern and very comfortable. They were decorated in a manner that reflected each resident's individuality.

Residents, in so far as possible, were supported to choose and purchase their own clothes, food and other provisions. Residents were keen to show the inspector their pleasant living arrangements. All residents with whom the inspector met were very pleased with their accommodation and the service provided to them in order to support their independence.

Residents were seen to determine their own social programme which varied from attending music concerts, meetings friends, to dining out. Residents choose what to eat, where to shop and in most instances prepared their own meals. Some residents, due to physical limitations, needed assistance with preparing the main meal. In such instances family or staff from St John of God assisted.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions were signed by residents. In addition, transactions were checked and counter signed by staff. The management of residents' finances was audited annually. Receipts were maintained for all purchases.

The inspector was informed by staff and residents that regular house meetings took place. Minutes were maintained of these meetings. Residents expressed satisfaction with such meetings. Residents were forthcoming in articulating their needs and preferences. They successfully accessed the rights committee to further their case for being provided with accommodation in a supported living environment. Documentation was in place to confirm this. One resident spoke to the inspector about their active engagement with the rights committee.

The complaints policy was available and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints, the number of complaints received was low and complaints received were documented and corrective action taken.

Residents had access to advocacy support. Documentation was available with names and contact numbers for residents and/or their families who wished to use this service. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge and day services staff.

**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:**

Admissions to the centre was in line with the statement of purpose. The centre was open to adults over the age of 18 with mild to moderate intellectual disability. Admissions were seen to be on a referral basis in line with their statement of purpose. These referrals were reviewed by the St John of God Kerry Services admissions, discharge and transfer team (ADT). The ADT team gathered information in conjunction with the individuals and their family. A validated assessment tool was used to assess the intensity of support needed. Once this was completed the referral was reviewed by the ADT team and a decision was made as to whether the referral was approved or not. This system was confirmed to the inspector by a resident, staff and in the documentation reviewed. The substantial decision as to whether or not a resident received supported living accommodation was with the ADT team.

One resident confirmed to the inspector that the admission was planned. The resident had engaged the rights committee to advocate on their behalf for accommodation in a supported living environment. The resident was not actively involved in selecting the apartment but was very pleased with it. The resident stated "I am not moving anymore. I hope to be here until you know when".

Much planning went into assisting residents to move to supported living accommodation. This included careful assessment, skills teaching, identifying suitable work placements, assessing risk, involving families, assessing health needs, providing appropriate safety devices (personal alarms, phones, seizure alarm, talking watch), adapting equipment for the visually impaired. Residents were assisted by staff to secure their entitlement to rent allowance from the department of social welfare. In addition residents were assisted to secure a household benefit package which covered the cost of a television licence and some free units of electricity. Some residents accessed a "start up grant" to help furnish their apartments.

Not all residents were provided with seven days a week support. Some residents went home at the weekend and their care package from the Health Services Executive (HSE) reflected this. The inspector was informed if all residents choose to stay seven days a week in the centre a revised care package would be required to support the extra staffing needs. There were no issues with the arrangement in place other than it indicated the balance of control for the provision of accommodation was with the service provider and or their funding partner. This affirmed the assertion that this was a centre which came under the remit of regulations.

Contracts of care were available for the inspector to review. The contracts examined were signed by the resident. The contracts described the services to be provided to each resident. The residents did not pay fees to the service provider and no fees were stated in the contracts.

Residents had tenancy agreements. Five of these tenancy agreements were with a housing association which was related to the service provider i.e. the service provider and the housing association came under the same umbrella group. The tenancy agreement outlined the rights and responsibilities of each tenant and stated the amount of rent to be paid. The resident signed the tenancy agreement. Three tenancy agreements were with a private landlord. The inspector viewed one of these agreements



and noted it was signed by both the resident and an employee of St John of God. In general, the private letting agency liaised with an officer of St John of God with regards to redecorating the apartments, replacing or repairing equipment, or changes to the tenancy arrangements. The staff member from St John of God informed the resident accordingly.

As stated in the summary of this report, based on the information provided, the documentation viewed and from meeting with six of the eight residents, the inspector was satisfied that the centre did constitute a designated centre. The inspector concluded the provider (St John of God) was responsible for the service in a real and substantive manner. This was based on findings that;

- residential accommodation was provided by a housing agency affiliated to the service provider for five of the eight residents. In practice this was accommodation provided by St John of God.
- a caring/support service was provided by St John of God to residents who were diagnosed with a disability
- the provider was in receipt of state agency funding to provide care and support to each of the residents
- the decision with regards as to who received accommodation in these apartments was made by the St John of God admissions and discharge team (in consultation with the resident and his/her family)
- each resident entered a written agreement for care services to be provided to them by St John of God
- residents who had a tenancy agreement with the housing agency affiliated to St John of God were required to wait two years before they could request a transfer, indicating substantive control with regards placement was with the service provider.
- the St John of God housing agency reserved the right to end the tenancy agreement with the resident if they (housing agency) received medical advice that indicated the resident could not be supported in their apartment. This was a legitimate condition; however, it indicated a real and substantial control by the service provider.
- the tenancy agreement from the private landlord was signed by the resident and an agent of the service provider, indicating St John of God was part of the tenancy agreement
- none of the exclusions as permitted by the Health Act 2007 applied.

**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:**

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into nine sections under the following headings:

- 1) individual supports and care
- 2) accessible communication
- 3) relationship and social networks
- 4) meaningful day
- 5) best possible health
- 6) privacy and dignity
- 7) continuity and security
- 8) safety and protection
- 9) rights protection and promotion

Residents had a pictorial format of the plan which was a synopsis of the more detailed plan. It was set out in an easy to read format. It was written in the first person and pictures or single words described the things that mattered to the resident, things they liked and disliked.

There were arrangements in place to meet identified social needs. For example, psychiatric support was sought to assist with mental health issues. The personal plans were reviewed annually with the participation of the resident and, where appropriate, with his/her family. Goals were set. For example one resident had a goal of organising a direct debit to pay for the rent of their apartment. The inspector was informed by a resident how this goal had been achieved.

As discussed under Outcome 1, each resident had opportunities to participate in activities appropriate to their individual interests. Residents told the inspector of the varied activities available to them. The social network group was of particular importance to residents. This was supported by staff from St John of God's and the activities were decided on by the members of the group. Both day and evening activities were held and members visited places of interest, went for walks and attended numerous shows and events. Part of the activities including cooking dinner for each other. Residents spoke of enjoying the trips home to meet with their families. One resident illustrated the importance of the social network group when they said that they very much liked visiting home but they, "don't like missing the social network group".

The inspector reviewed the systems in place relating to the transfer of residents within the service or to a new service and found that there were robust. As discussed under Outcome 4 admission to the centre was via the ADT team. One instance had arisen where a resident wished to transfer from a two bed apartment to a single occupancy apartment. This was supported by the provider, planned for in detail and monitored on an ongoing basis. From discussions with staff it was clear transfers or discharge were assessed on an individual basis and in conjunction with the resident.

**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:**

Overall, the inspector found that there were adequate arrangements in place with regards to health, safety and risk management including robust policies and procedures relating to such matters. The health and safety statement was kept under review. There was a risk management policy in place that met the requirements of the regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. The control measures included personal alarms, phone watch, monitor in showers, a telephone with large buttons for a person with visual impairment and a spare key in resident's bag in the event of being locked out of the apartment.

A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. An emergency plan was in place and details of emergency accommodation was available. There were satisfactory arrangements in place for the prevention and control of infection.

Suitable fire equipment was provided and there was adequate means of escape. There were prominently displayed procedures for the safe evacuation of residents in the event of fire. Evacuation times were approximately 30 seconds. Residents confirmed these evacuation fire drills took place. One resident stated, "we have four fire drills every year. We have to get up in the middle of the night and they don't tell us". Fire extinguishers, fire blankets, smoke alarms and emergency lighting was in place in all apartments.

A fire safety survey of this centre had been carried out in April 2014 resulting in a number of recommendations for works to further improve safety. None of the works were considered urgent or necessary to comply with current standards.

**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 found that systems were in place to protect residents from being harmed or suffering abuse. This was a restraint free environment. Staff had specific training and considerable experience in the care of residents with an intellectual disability.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. Residents told the inspector, "I feel safe". There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable. This included residents collecting their own social welfare payment and attending to their own banking needs.

**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 saw that a comprehensive holistic assessment was used by staff in conjunction with the resident to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident's needs and aspirations.

Residents confirmed there was good medical attention provided for them. There was evidence of referral and access to the general practitioner (GP), psychiatrist, dentist, ophthalmologist, chiropodist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents if required. A record was maintained of all such appointments and these were seen by the inspector in residents' files. The original of this record was kept in the main day centre by the organisation's health care nurse. The health care nurse ensured each resident's health care needs were attended to.

Reviews of care plans took place annually or more frequently if required. The resident, their family, day service staff, key worker and centre staff were involved in the care planning meetings.

Residents prepared their own meals. Two residents received assistance with preparing the main meal of the day.

**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 was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. Policies in place included detailed self medication assessment guidelines.

At the time of this inspection a number residents had been assessed as having the capacity to safely manage their own medication. A number of residents liaised directly with the pharmacist and collected their own medication. Collection of medicines usually took place on a weekly basis. The pharmacist prepared the medication in such a manner to enable ease of administration. Staff assisted residents with their medication 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:**

The statement of purpose was updated in March 2016. It affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose. The inspector was satisfied that the services provided at the centre were reflective of what was outlined in this document.

The inspector was satisfied that, as provider, St John of God had been successful in facilitating residents to exercise the maximum amount of control over their own lives. In doing so they helped residents to develop their self esteem, develop positive and safe relationships and enjoy a safe and healthy environment.

**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:**

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked full-time in the centre. She was knowledgeable regarding the requirements of the regulations and standards and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. The person in charge was committed to her own personal development through regular attendance at courses including mandatory training. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure and the roles of managers and staff were set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. The designated person to act on behalf of the provider visited the centre regularly as did the programme manager. Both met with the inspector on the day of inspection. Both were knowledgeable about the service and accommodating of this supportive living model of care.

Monthly management meetings took place to discuss issues of concern in the centre. The person in charge had ease of access to any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre.

**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 that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. There was a low staff turnover which helped to avoid situations where residents were not familiar with the staff on duty and vice versa. The inspector found there was a staffing roster showing staff on duty including the hours they worked. The person in charge was

satisfied with staffing levels and if needed extra staff would be provided. At least one staff member was on duty at all times with the night shift being covered by sleep over staff.

A well considered system was in place to ensure residents and staff were able to contact each other at all times and at the same time respecting each resident's autonomy. All residents had a mobile phone with emphasis placed on ensuring it was with the resident at all times and charged. Each house had a landline to contact staff if need be. Some residents wore personal alarms. Residents told the inspector that such alarms gave them a sense of security.

The staff apartment (adjacent to the residents' apartments) had access to computer facilities. Staff in this apartment received an electronic handover. This included receiving a report from the day services staff and the social network staff. Likewise day services staff and social network staff received a handover from the staff working from the apartment. Staff reported this to be a successful way of communicating with each other and ensuring residents' needs were identified and addressed.

Staff visited each resident every morning and evening. Residents also called to the staff apartment throughout the day. Most residents attended a day service. Others met the social network group two days a week. Some residents needed support with taking their medication and staff assisted with this. If residents were out late, staff checked they were home safely before they (staff) retired for the night.

Overall, the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. On a previous inspection to another of the organisation's centres, the inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority