

**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 Health Service Executive
Centre ID:	OSV-0003374
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Fiona Monahan
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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:
15 March 2016 10:00	15 March 2016 17:00
16 March 2016 10:30	16 March 2016 17:00

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 was the centre’s first inspection by the Authority. The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for three adults with a disability.

The centre consisted of a one story house that accommodated three male residents. Overall the inspector found that the care provided to the residents was individualised and person centred. Suitable and sufficient facilities, management structures and resources, and guidance documents were available and in place to support the operation of the centre. The inspector also found that the written policies,

procedures, practices and staffing arrangements in place were consistent and sufficient in order to provide a quality based service to meet residents assessed needs and wishes.

The person in charge facilitated the inspection and was interviewed as part of a registration process. The provider nominee was also interviewed as part of this registration process. Both were found to be knowledgeable of their remit and responsibilities to the Health Act and regulations. The inspector met with all residents over the course of the inspection and spoke with some family members as well. All family members spoken with were extremely complimentary of the quality of service their relatives received.

Documents, care plan and policies were reviewed and discussed with person in charge and staff over the course of the inspection. The overall findings are presented in the body of this report. Areas for improvement, such as updating of documentation were highlighted on inspection. However, these were addressed before the close of inspection to the satisfaction of the inspector. As the result, the centre was found to be in compliance with legislation and was recommended for registration.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' choice was supported and encouraged.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over their life in accordance with their preferences and to maximise their independence. Completed questionnaires by the residents informed the inspector that residents were satisfied with the quality of service received and were consulted with regarding their personal care and running of the centre.

Access to advocacy services and information about resident rights also formed part of the support services made available to each resident. The identity and contact details of an independent advocate were available to residents and on display in the centre. Each resident was also supported to understand the concept of capacity and had attended training/information session on capacity legislation. The inspector observed that there was easy to read materials on capacity legislation available in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving visitors in private. Resident meetings formed part of the arrangements for consultation and decision making processes. Meetings were usually held each weekend in the centre. From a sample of minutes viewed, the inspector observed that residents made decisions and agreed upon items such as weekly menus and social outings.

A complaints policy was also in place. The complaints procedure was displayed in the centre and an easy to read version was also available. A dedicated log book for recording complaints was present. On checking the log book the inspector observed that complaints were being managed appropriately and effectively. For example, one resident had complained in December about a chair in their bedroom not being appropriate to their needs. A new chair had been bought with the resident and the inspector viewed this during the course of the inspection.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

There was a policy available in the centre on communication with residents and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

Residents' communication needs were identified in the assessment and personal planning process. Personal plan documents available for implementation captured individual communication preferences, abilities and support requirements. Assessment documents and templates related to personal plans also included systems and interventions to be made available to meet the diverse needs of all residents.

Each resident had a communication passport in their personal plan. From a sample viewed, the inspector found that passports were informative of how best to communicate with the residents from their perspective. The inspector also observed staff putting the content of the communication passports into practice throughout the inspection process.

It was also observed by the inspector that a lot of the information held in the centre, was also provided in an easy to read version to suit the communication needs of the residents. Residents also had ample access to radios, TV's and newspapers.

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:

The inspector was satisfied that family, personal relationships and links with the community were being supported and encouraged.

A policy was in place in relation to visitors. The policy supported residents to be facilitated to receive visitors in private with no restrictions on family visits, except if requested by the resident or due to a health and safety risk.

The inspector spoke with family members during the course of the inspection. They were extremely complimentary of the service and staff working in the centre. They also informed the inspector that they felt the care their family member received was excellent. Family members stated that they could visit the centre at any time they wished, they didn't have to make appointments to see their family member and that staff were always very accommodating and welcoming.

The inspector also observed that residents were supported to develop and maintain personal relationships and links with their community. Residents used the local shops and restaurants and a designated car was provided for trips further afield.

From a sample of files viewed, the inspector observed that family members formed an integral part of the individualised planning process with each resident. Residents, families, advocates and representatives of residents were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

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 for admitting residents, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services. However, the inspector noted that there were no recent admissions to this centre.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. An easy to read version was also available to each resident.

The contracts of care in place stated the services to be provided and the fees to be incurred by residents for such services. The inspector observed that one contract needed some updating. However, by day two of the inspection the person in charge had, in consultation with the resident and their representatives, the contract updated, agreed upon and signed off.

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:

The inspector found that adequate arrangements were in place to provide for the social care needs and supports for each resident and assessments pertaining to residents needs had multi-disciplinary input and review as and when required.

From a sample of files viewed each resident had a personal plan in place which aimed to support and improve outcomes for them. Personal plans were reviewed annually or sooner if and where required by staff working in the centre and allied health care professionals. Plans took into account the residents social care needs, and overall health and emotional wellbeing. The plans were in an accessible format and were found to be informative of what was important to each individual such as their communication needs, people of importance, family members, sensory needs and how best to support choice.

Each resident had opportunities to participate in activities which were meaningful to them. For example, some residents attended an activation centre where they participated in sensory and stimulating activities of their choosing. Residents were also supported to use their local communities and from a sample of files viewed, residents regularly frequented the local shops, restaurants, post office, barbers and church.

As part of long terms plans residents were also supported to go on holidays of their choosing, and to go on day trips such as to Dublin and some of the nearby large towns. One resident had recently been on holiday and the inspector saw pictures of this trip. The inspector also observed that the resident chose the hotel to stay in and what activities to do while on the trip.

Another resident, who was soon to be celebrating a landmark birthday, was being supported to celebrate and plan for the occasion. Residents and their family members or representatives, were also consulted and involved in reviewing plans.

Overall the inspector observed that the goals identified with each resident in their personal plans were of their choosing and took into account their interests and preferred choice.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of a single storey house, which was suitably furnished and fitted for occupancy by three residents. Resident accommodation included three single occupancy bedrooms, of which two were en-suite. Two communal ground floor bathrooms were also available for use. There was a separate utility room, kitchen/dining room and separate spacious sitting room.

An external patio was provided with some garden furniture to the back of the premises. The substantially large gardens were very well maintained and provided for a scenic view from residents' bedrooms and sitting room.

The centre was clean, suitably decorated and well-maintained. Additional furnishings and decorations were provided at the request of residents being accommodated. The premises had adequate heating, lighting and ventilation.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste. Recently, some new equipment had to be purchased such as a wheelchair and hoist for one resident. The equipment was new and the person in charge informed the inspector that a log would be kept for the maintenance of this new equipment. The inspector also observed that there was adequate space available in the centre to support the resident who used the wheelchair.

The inspector observed that there was limited room for the storage of large items such as a wheelchair and seated weighing scales. Both these items were recently bought to accommodate the changing needs of the residents'. They were being stored close to the entrance of the centre, and while it was observed that they were not in any way impacting on entering or exiting the building, they were taking up communal space. The provider nominee and person in charge said that this would be addressed in the near future as they were exploring the option of making more space available at the back of the centre.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector found that arrangements were in place to ensure that the health and safety of residents, visitors and staff was promoted. There were policies and procedures in place for risk management and emergency planning. The centre also had policies and procedures relating to health and safety and suitable arrangements were in place for the prevention and control of infection.

A risk management policy was in place and was implemented throughout the centre which included the 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 inspector observed that centre was proactive in managing risk. For example, one resident with multiple complex needs was recently identified as being at risk of falling. To mitigate the risk the centre provided the resident with a high low bed, which was always set to low when the resident was using the bed. There was also a crash mat provided to the side of the bed and a sensor alarm which would activate to alert staff if the resident needed assistance or support. The inspector observed all these supports in place over the course of the inspection.

Arrangements for investigating and learning from incidents/adverse events involving residents were also in place. For example, there was a recent incident that involved a resident climbing under a gap in a hand rail at the back of the house. This was discussed at a staff meeting and it was agreed that all staff were to be extra vigilant when with the resident in the back garden. It was also observed that as an additional safety measure the person in charge had requested the maintenance department to make the hand rail safe by closing off the gap. This had been completed prior to inspection.

There was adequate means of escape, including emergency lighting, and fire exits were seen to be unobstructed. There were prominently displayed procedures for the safe evacuation from house in the event of fire. The fire alarm was serviced and maintained on a regular basis and fire safety equipment was serviced, maintained and checked on a regular basis by an external fire consultancy company. The inspector noted that the last checks were in February 2016. Evacuation plans and procedures for each resident were also completed and up to date.

Fire drills were held at regular intervals and fire records to include details of fire drills were to be maintained. All staff were trained in fire safety and safe evacuation procedures. The inspector observed that all residents had also attended fire safety training.

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 arrangements were in place to keep residents safe in the centre.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse. For example, there was a policy on and procedures in place for safeguarding residents which staff were trained on during their induction and prior to working in the centre. Safeguarding training was also up to date for all staff working in the centre. Staff were able to verbalise to the inspector how they would manage any allegation of abuse in the centre, making explicit reference to the safeguarding policy on site and the appropriate reporting procedures.

There was also a policy in place for providing personal intimate care, which was informative of how best to support each resident whilst maintaining their dignity, privacy and respect.

Arrangements were in place to ensure the nominee provider and person in charge monitored the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing any issues of concern. Staff working in the centre were able to identify who the nominated person was, if they had any safeguarding concerns.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

While residents were assessed to manage their own finances, they all required some level of support from staff. Systems were in place to ensure that all residents' monies were safe and could be accounted for. From a sample of files viewed, the inspector observed that receipts were available for all purchases made by residents. Their monies were also checked daily by the staff on duty and the person in charge conducted regular unannounced audits of residents' monies. On viewing these audits the inspector observed that no issues or discrepancies were identified with regard to residents' personal finances.

There was a also policy in place for the provision of positive behavioural support. From a sample of files viewed all staff were fully trained in managing behaviour that were challenging including de-escalation and intervention techniques as required. Again from speaking with and observing staff during the inspection, the inspector was able to determine that they could put the behavioural support plans into everyday practice.

There was a policy in place on the use of restrictive procedures. There were no physical restraint used in the centre. PRN medication was in use however, it was observed it was used as a last resort and there were strict guidelines in place for its administration. PRN medication was also subject to regular review by the consultant psychiatrist.

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:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The area manager and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

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:

The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were afforded social inclusion and education and training experiences based on their interests and assessed needs.

There was a policy on access to education, training and life skills development. Where requested, residents were supported and facilitated to attend an activation unit independent of the centre. In this unit residents were engaged in educational and skills based activities such as learning to bake and money management.

Social activities, internal and external to the centre were also available to residents to promote general welfare and development. For example, some residents liked the garden and they were supported to maintain some of the flower beds in the centre. Residents were also supported to use their local community such as shops, restaurants and church.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

The inspector found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP, psychiatrist and a range of other allied health care services as and when required.

From a sample of files viewed the inspector observed that health monitoring documents were available and maintained in the centre. These files informed the inspector that regular GP check-ups were facilitated and clinical observations and treatments were provided for. Consultations with the dentist, optician, dietician, occupational therapist,

speech and language therapist and physiotherapist were provided for as part of an annual check up or sooner if required.

Positive mental health was also provided for and where required residents had access to psychology and psychiatry support. One resident in particular needed a lot of support for their mental health. The inspector observed that they had been seen and reviewed by their psychiatrist on a regular basis, the last appointment being March 2016.

Health care plans were informative of how best to manage special conditions such as epilepsy and dementia care and the inspector observed that all health care plans were reviewed and updated on a regular basis. One resident had recently been diagnosed with dementia and it was observed that the centre had a nurse who specialised in dementia care working full time on the roster. Many of the care staff also had training in dementia care.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to an acceptable standard. Weights were recorded and monitored on a monthly basis as was residents' body mass indexes. Menu planning and healthy choices formed part of discussion between residents and staff in weekly meetings. Menu choices were displayed and where appropriate photographs of shopping/food and meals choices were available to serve as a support aid for residents.

Mealtimes were observed to be relaxed, person centred and taken at the residents pace. Staff were also observed interacting and chatting with residents before, during and after mealtimes.

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 medication management policies were satisfactory and that practices described by the person in charge were suitable and safe.

A locked drug press secured in the staff office was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. The inspector observed that there were nursing

staff on duty 24/7 and it was the policy of the centre that only nursing staff would administer medication. A review of a sample of rosters confirmed for the inspector that there was always a nurse on duty in the centre.

There were no controlled drugs in use in the centre. The person in charge regularly audited all medicines kept in the centre and from viewing a sample of these audits the inspector observed that all medications in use in the centre could be accounted for at all times.

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 centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The statement of purpose had recently been reviewed and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

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 clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of each resident's support needs. She was also aware of her statutory obligations and responsibilities with regard to management of the centre. As part of this registration inspection the nominee provider was also interviewed. She was also found to be aware of her statutory obligations and responsibilities in this role.

The person in charge was supported by a team of senior managers who had a visible presence in the centre. She was also supported by a team of suitably skilled and qualified staff. The inspector found that the person in charge provided good support, leadership and direction to her staff team.

The inspector examined the annual review of the quality and safety of care and support of the centre, which was carried out on behalf of the provider nominee and in accordance with the Regulations. Unannounced visits were also carried out in the centre. From a sample viewed, one unannounced visit identified that some actions from internal audits were not being adequately implemented. This was particularly in relation to the updating of one resident's communication passport. The inspector observed that the passport was reviewed and updated shortly after the unannounced visit.

Internal audits were found to be routinely undertaken in the centre by the person in charge. From a sample of audits viewed (medication management, personal plans and finances) the inspector observed that all was in order and no actions resulted from these audits.

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 nominee provider and person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

To date there had been no absences of the person in charge that required notification to the Authority.

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 observed that sufficient resources were available to meet residents assessed needs as required in line with the statement of purpose.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels. For example, from an assessment it was identified that one resident would require 1:1 support from the hours of 9 am to 4 pm. The inspector observed that this resource was in operation on the day of inspection and included on the roster.

Another recent assessment identified that one resident would need the support of a wheelchair for some social activities. Again the inspector observed during the course of the inspection that this resource was in place for the resident.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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 there were adequate caring, skilled and competent staff working in the centre to meet the needs of the residents.

A selection of staff files were reviewed over the course of the inspection and all contained the documents 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.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. The person in charge also informed the inspector that all staff were supervised according to their role and responsibilities.

From a sample of supervision notes viewed, the inspector observed that the supervision process was supportive to staff working in the centre. For example, one health care assistant wished to undertake a third level course appropriate to their role. During the course of the supervision process, a course was identified and the health care assistant was supported to attend the course by the provision of funding and study leave.

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:

The inspector found that systems were in place to maintain complete and accurate records in the centre. Some minor issues were identified with regard to the updating of some records however, once these were brought to the attention of the person in charge there were rectified before the inspection had been completed.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A residents guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of 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:

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