

**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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004875
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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:
17 November 2015 09:00	17 November 2015 15:30
18 November 2015 09:30	18 November 2015 13:30

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 inspection was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

This centre is a single storey detached house, set in a residential area and provides residential accommodation for one resident.

As part of the inspection, the inspector met with the resident and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff training records.

Overall, the inspector found that the resident received a good quality service in the centre. Staff supported the resident in making decisions and choices about her life. The resident was supported to live in her own home with her own transport and pursue her own interests.

The house was comfortable, homely, appropriately furnished and well maintained. The layout of the house promoted the residents independence, privacy and safety.

Staff and the resident knew each other well, the resident was observed to be relaxed and comfortable in the company of staff.

There were no non compliances noted at this inspection.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that the resident and her family were consulted with and participated in decisions about her care and organisation of the centre. The resident had a weekly activity plan setting out the things that she liked to do during the week but staff confirmed that this was led by the resident on a day by day basis. The inspector observed staff consulting with the resident during the inspection.

There was evidence of regular meetings involving the family, the minutes of meetings were documented and a copy issued to the family. Issues recently discussed included the residents healthcare needs, medical reviews, activities, likes /dislikes, food choices, new fire alarm and emergency lighting systems, HIQA visit, money management, behaviour support plans and upcoming assessments.

The resident had access to advocacy services. An easy read version of the complaints procedure was available in the centre. The details of the national advocacy service for people with disabilities was available. The resident was currently being supported to attend monthly advocacy training meetings.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a comprehensive recently updated complaints policy/procedure in place. There was a complaints log book available to record complaints, comments or suggestions. There were no open complaints, one complaint received during 2015 had been addressed and the outcome recorded.

The inspector was satisfied that the privacy and dignity of the resident was respected. Staff spoke with the resident in a caring and respectful manner. The resident had her own bedroom and a key to her own house.

The inspector observed that the resident was relaxed and content in the company of staff. An intimate personal plan was developed for the resident to ensure privacy was respected.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that systems were in place to assist and support the resident to communicate.

There was a policy on the communication needs of residents in place. The residents communication needs were assessed and her support needs were clearly set out in her personal plan. There was evidence that staff had trialled a number of different communication aids to enhance communication with the resident. Staff spoken with were aware of the communication needs of the resident. The inspector observed staff and the resident communicating together and being understood by one another.

The resident had access to information. A television, radio, music systems, telephone and the internet were available in the house. A Skype account had recently been set up to support the resident communicating with her siblings some of whom lived abroad.

There were easy read versions of many policies, the residents guide, statement of purpose and complaints procedure were available to the resident.

The resident had access to information and was kept informed regarding local events by staff and family members. The local advocacy group informed residents of upcoming events. Staff informed the inspector that easy read flyers and posters were made available and displayed in the house.

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 the resident was supported to maintain positive relationships with her family and the local community.

The resident visited and stayed with her family on a regular ongoing basis. The residents family also visited regularly during the week. The resident was supported to attend important family events. The residents family were also very involved in supporting the resident with maintenance of her house and car.

Staff informed the inspector that family were in daily contact with staff regarding the well being of the resident. The inspector noted evidence in the residents file that family members were kept up to date regarding their relatives well being and attended regular meetings, reviews and personal plan meetings.

The resident was involved in many activities and was well known in the community and neighbourhood. The resident liked shopping in the local supermarkets, fruit and vegetable shop, health food shop, butcher, collecting her medications from the local pharmacy, attending art and music groups, going horse riding and enjoyed visiting local coffee shops and friends in other houses.

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:

The statement of purpose clearly set out the admissions criteria and process.

There was a signed service agreement in place which clearly set out the services provided and included details of charges to be paid.

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 the resident had opportunities to participate in activities, appropriate to her individual interests. Arrangements were in place to meet the resident's assessed needs and these were set out in an individualised personal care plan.

The resident and her family were involved in the development of her personal plan and staff provided a good quality of social support to the resident. There was an accessible version of the plan available to the resident. The file contained important information about the residents' background, including details of family members and other people who were important in her life.

The inspector reviewed the personal plan and found that it was based on the assessed individual support needs of the resident. Assessments had been carried out in consultation with the resident, family members, multidisciplinary team members, person in charge and staff.

Detailed support plans were in place as required including health, nutrition, home, work, finance, respect and rights, learning, new growth and new experiences, inclusion, mobility, communication, autonomy, safeguarding, transport, spirituality, relationships,

breakaways and life transitions.

Individualised risk assessments/protocols were being used to ensure that the resident could participate in activities with appropriate levels of risk management in place. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing personal plans with the resident. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans.

There was evidence of regular review and participation of resident/family in the development of and reviewing of plans.

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 was satisfied that the design and layout of the house fitted with the statement of purpose and met the needs of the resident.

The house was single storey, two bedroom and detached. It was located in a residential area close to several amenities.

The house was found to be well maintained, clean, bright, homely, suitably decorated and comfortable. The layout promoted the residents independence, privacy and safety.

The resident had her own large bright bedroom with a door leading to the enclosed garden area at the rear.

There was a separate bathroom and a large kitchen/dining and sitting room.

There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office/bedroom for staff.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was an up to date health and safety statement available. There was a risk management policy and recently updated risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge carried out and recorded six monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2015 and the fire alarm system had been serviced in September 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving the resident and staff. Emergency lighting was provided.

A personal emergency evacuation plan had been documented for the resident. There was a fire and emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy dated September 2014 in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food hygiene, waste management and management of outbreaks of infection. Staff stated that they had received recent training in hand hygiene and food safety. Training records reviewed confirmed that training had taken place.

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

Systems were in place to ensure that the car used by the resident was road worthy and regularly checked.

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 measures were in place to protect the resident from being harmed or abused.

There was a comprehensive policy on the safeguarding of vulnerable adults at risk of abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations of abuse including conducting an investigation. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on restraint and responding to behaviours that challenge. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible.

There was a restrictive practice in place. The restrictive practice had been put in place following a risk assessment and in consultation with the psychologist, family, person in charge and regional manager. There was a detailed protocol documented to clearly guide staff on the use of the restrictive practice. Positive behavioural support plans drafted in consultation with the psychologist were in place which clearly outlined the various support strategies used. All staff had received training on managing actual potential aggression (MAPA).

The inspector observed staff interacting with the resident in a respectful and friendly manner.

The inspector was satisfied that the resident finances were managed in a clear and transparent manner. The policy on good practice procedure in the handling of personal assets guided practice. The resident had her own bank account and was supported by staff to use her Automatic Transaction Machine (ATM) card. There was a computerised accounts system, all transactions were logged and receipts were available for all purchases. The residents family managed the account and reviewed bank statements.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Findings:

The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified as required.

The inspector reviewed the incident logs and noted that comprehensive details of all incidents were maintained. All incidents were reviewed by the person in charge and included follow up action required and learning outcomes. Staff confirmed that all incidents were discussed at team meetings.

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 was satisfied that the resident was supported and given the opportunity for new experiences, social participation, education, training and employment to assist her achieve her potential.

Staff had identified the type of learning environment that suited the resident best and this was clearly set out in the personal plan.

The resident was supported to attend a variety of activities, social events and training in line with her own personal interests. These have already been mentioned under Outcome 3.

Staff discussed ways in how life skills were being developed to support the resident to live as independently as possible such as shopping, cooking, baking, laundry, collecting medications from the pharmacy and household cleaning.

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 the residents' overall healthcare needs were met and she had access to appropriate medical and allied healthcare services.

The resident had access to general practitioner (GP) services of her choice. There was an out-of-hours GP service available. The inspector reviewed the resident file noted that the GP reviewed the resident on a regular basis.

The residents had access to a range of allied health professionals. Records of referrals and regular appointments were observed in the residents' file and recommendations were reflected in the residents personal plan.

There was a well equipped kitchen in the house. The inspector was satisfied that the resident was supported to buy, prepare and cook the foods that she wished to eat. Staff were knowledgeable regarding the residents food likes/dislikes and particular dietary needs. The resident had access to the kitchen at all times and could choose a time that suited her to have her meals. The resident had access to drinks and snacks throughout

the day. Staff stated that they supported and encouraged healthy eating options.

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 safe medication practices were in place.

There was a medication policy dated January 2015 in place and staff spoken with were knowledgeable regarding medication managements policies and practices. The person in charge advised the inspector that guidance in relation to 'over the counter medications' was currently being revised however, all medications for the resident were prescribed.

The inspector reviewed the prescription/administration charts and noted that all medications were individually prescribed.

They contained all the information required to enable staff to safely administer medications. The inspector noted that the maximum dosage of PRN (as required) medications were prescribed and all medications were regularly reviewed by the GP.

There were protocols in place for the administration of prescribed PRN medications. A PRN medication record was completed for each time a PRN medication was administered outlining clear rationale for its administration.

There were no prescribed controlled medications at the time of inspection.

Systems were in place for the safe storage of medications and safe return of medications to the pharmacist.

Systems were in place to record medication errors and staff were familiar with them.

Regular medication management and PRN administration audits were carried out by the person in charge, the inspector reviewed the last audit dated May 2015, no issues were identified. Staff confirmed that the results of audits were discussed with them. All staff had undertaken up to date medication management training.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the updated statement of purpose dated June 2015 and submitted in advance of the inspection. It complied with the requirements of the Regulations and accurately described the services provided.

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 post of the person in charge was full time. The person in charge was a qualified nurse and had the appropriate experience for the role. He was on call out of hours and at weekends. The person in charge was in the post since August 2013. He was also person in charge for two other centres locally. He was knowledgeable regarding the requirements of the Regulations and Standards. He had a clear knowledge about the support needs and personal plan of the resident. The

inspector observed that he was well known to staff and the resident. He visited the house regularly and was in regular contact with the resident, staff and family. Systems were in place for supervision of staff, he held regular supervision meetings and monthly staff team meetings. The minutes of all meetings were documented. The regional manager 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 clearly set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. There were established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The person in charge outlined how he regularly met with the regional manager and other service coordinators. The regional manager in turn attended senior management meetings when issues relating to centres could be discussed. The person in charge told inspectors that he could contact any member of the management team at any time and felt well supported in his role.

An annual review of the quality and safety of care in the centre had been carried out in October 2015 by a member of the management team. The audit clearly set out the findings and identified areas for improvement. The action plan included the issues to be addressed, the name of the person responsible and the timeframes for completion of actions. The inspector noted that all of the actions highlighted had been addressed. Audits had also been completed on medication management, incidents and accidents, health and safety.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

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

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

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 was satisfied that there was sufficient resources to support the resident achieve her individual personal plan.

The organisation had a service level agreement with Health Service Executive in place.

The resident had leased her house from the local housing authority, she paid her own rent and utility bills.

She owned her own car and made a contribution towards the running costs.

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 was satisfied that the centre had a sufficient number and skill mix of staff to meet the needs of the resident in the centre. There was always one staff member on

duty during the day time and another staff member on duty from 17.00 who slept over and finished at 09.00 the following morning.

The person in charge maintained a training matrix which monitored staff training needs. All staff had undertaken up to date mandatory training.

The inspector reviewed a number of staff files, they contained all the information as required by the Regulations.

There were no volunteers attending the centre.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Recent training included hand hygiene, children first, medication management, managing actual and potential aggression, epilepsy awareness and rescue medication, food safety, risk management, wheelchair clamping and occupational first aid.

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 was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Information was easy to access as records were very neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. Systems were in place to review and update policies. The person in charge had put systems in place to ensure that staff read and understood policies.

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:

Mary Costelloe
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Regulation Directorate
Health Information and Quality Authority