

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rathdearg House
<b>Centre ID:</b>	OSV-0005449
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 25 October 2016 10:30 To: 25 October 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**

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by NUA Healthcare (the provider). The centre was a new build and this was its first inspection.

There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed and/or described by the person in charge and regional manager will be checked and verified at the next inspection.

This was a specialised centre to support people with a range of multiple and significantly complex individual needs. This registration inspection found that the centre demonstrated good levels of compliance across all 18 outcomes assessed.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional, with dual qualifications in intellectual disability nursing and mental health. She also held a post graduate qualification and had attended all required mandatory training provided by the service. The person in charge also had significant experience of supporting people with multiple complex needs in residential settings.

She was to be supported by a team of qualified health and/or social care professionals. The inspector spoke with three of the staff team and found them to be knowledgeable on the type of service to be provided, they had attended all mandatory training and were enthusiastic to commence their new roles in the centre.

How we gathered our evidence:

The inspector spoke with three staff members individually about the service to be provided. All were found to be qualified and trained professionals and some had previous experience of supporting people in residential settings.

The inspector reviewed the proposed documentation to be used such as health and care plans, policies and procedures, contracts of care and logs of records to be kept in the centre. The person in charge was spoken with at length on the day of inspection as was the regional manager of services. Both were found to be knowledgeable of their remit to the Health Act and Regulations.

Description of the Service:

The centre comprised of a very large well maintained detached two story house which had the capacity to support five residents both male and female.

It was located close to Drogheda in County Louth, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The town provided a regular public bus and train service and the person in charge informed the inspector that adequate transport would also be provided by the centre for residents to avail of.

Overall judgment of our findings:

This inspection found that the centre was compliant across all outcomes assessed and there was an experienced and qualified person in charge in place to manage the centre who was to be supported by a team of qualified health and/or social care professionals.

Plans were in place to ensure that the health needs of residents would be provided for. Residents would have access to a general practitioner (GP) and to a range of other allied health care professionals.

The person in charge discussed arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were also found to be in order.

**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 the residents would be promoted and there were a number of mediums available so as residents' individual choice would be supported and encouraged.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in the centre and an easy read format was also made available.

The purpose of the policy was to uphold the rights of the residents to complain about any aspect of the service and that the complainant had the right to an independent advocate. The policy was last reviewed in January 2016 and clearly identified who the complaints officer and deputy complaints officer was for the centre.

Contact details of both were also available. The inspector observed a sample of a complaints log and saw that it contained adequate detail with regard to recording a complaint, the investigation process, actions required to address the complaint and the level of satisfaction regarding the outcome of the complaint.

To support the complaints policy the centre had a policy and procedure on advocacy which was reviewed in 2016. This was to ensure that each resident had access to advocacy services where required and information pertaining to their rights as residents of the service.

The inspector observed that information on how to make contact with advocacy services

was on public display in the centre.

The inspector reviewed the policy on independent living, which was updated in January 2016. The purpose of the policy was to ensure optimum living arrangements so as each resident could reach their full potential.

The person in charge told the inspector that there are a number of ways to support this, one being that weekly residents' meetings would be supported and facilitated.

These meetings were to facilitate the residents to have a place where their voice could be heard and to support them in the running of the centre. The person in charge informed the inspector that minutes of such meetings would also be kept on file.

This process was further supported by the policy and procedures on service users committees. The aim of this policy was to further enhance each resident's autonomy by ensuring their voices were heard within the service.

Residents would be encouraged and supported to hold and attend monthly forums to discuss ways in which the service could improve and agree actions on how to achieve and implement improvements.

Another way in which the residents' voice would be heard in the centre was through the use of customer satisfaction surveys. There was a policy on customer satisfaction which was reviewed in 2016. The aim of this policy was to measure, monitor and interpret customer perceptions of the service to determine if the organisation was meeting its customer requirements.

The regional manager informed the inspector that once the centre was established and the residents had settled in this process would commence.

In order to support each residents' privacy and dignity in the centre there was a policy on intimate care in the centre. The inspector viewed this policy (which was reviewed in 2015) and saw that it was to provide a framework for staff based on best practice which identified guidelines to follow when involved in intimate care.

The inspector viewed a sample of an intimate care plan and found that it was informative of how best to support the intimate care needs of the residents while at the same time maintaining their independence, choice, privacy and dignity.

There was also a policy on the key working process made available to the inspector. The policy was reviewed in 2016 and its aim was to ensure there was a nominated staff member to take responsibility for co-ordinating a response to each resident's individual needs as they present throughout their life.

This was also to ensure continuity of care, to assist with the formulation of a comprehensive care plan and support each resident to engage in activities that are meaningful to them and that reflect their needs.

The person in charge and all staff members spoken with informed the inspector that

they were already aware of some of the residents' hobbies and interests and had already set about exploring community based projects that might be of interest to the residents.

The person in charge informed the inspector that key working roles would be decided on once the residents had settled into their new home.

**Judgment:**  
Compliant

**Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents would be supported and assisted to communicate in accordance with their assessed needs and preferences. There was also a policy on communication available in the centre which had been reviewed and updated in 2016.

The policy on communication was to ensure that residents had access to effective systems of communication and access to speech and language therapy (SALT) if required.

Residents' communication needs would be identified in the personal planning documentation and supports put in place where needed. The person in charge described to the inspector that where required, communication passports would be developed for residents which would contain very detailed person centred information on how to support a resident with their communication needs.

The person in charge also informed the inspector that where required information would be available in an easy to read format and that residents would have access to SALT in line with the communication policy.

There was also a policy on the use of electronic information and residents which had been reviewed in 2016. The purpose of the policy was to ensure that residents had access to the same facilities and resources as their peers however, it also acknowledged the risks involved with this type of communication.

The person in charge and the regional manager informed the inspector that where a



resident had access to any form of electronic communication devices, systems of safeguarding (as in line with the policy) would be put in place to protect the resident.

Where requested internet access could be provided for and the inspector observed that there were facilities in place for the installation of televisions, DVD players and music systems.

**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:**

From the information and documentation available the inspector was satisfied that families and friends would be supported and encouraged to be involved in the lives of the residents.

There was a policy in place on visiting the centre which was reviewed in 2016. The purpose of the policy was to support the residents to receive visitors and to ensure that if special arrangements were in place that they were adhered to.

There was also a policy on family induction and contact with the service which was to communicate the organisations mission, vision and values to family members, to manage their expectations and to support each resident in achieving their goals.

The inspector observed that it was the responsibility of all staff across the service to facilitate visitors as per each resident's individualised personal plan.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and family invitations to events in the centre.

The inspector was satisfied that there was sufficient space available in the house to facilitate residents to receive visitor in private if and when required.

The person in charge and regional manager also informed the inspector that regular and frequent contact would also be facilitated and maintained between residents and their families and friends in accordance with their wishes and taking into account any

safeguarding issues if relevant.

Staff also informed the inspector that residents would be supported to use the local community facilities based on their interests and requests.

**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 inspector saw that there was a robust system in place regarding admission to the centre and there were policies and procedures in place to guide the admissions process.

Written agreements were to be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspector read the document which detailed charges to be applied for services provided.

The person in charge and regional manager outlined their proposed plans for admitting new residents including the comprehensive and individualised supports that would be available during the transition period.

For the first resident to move into the centre the transition process was to be over an eight week period. This timeframe would facilitate management and staff to get to know them, develop relevant documentation, support the resident at their pace and to ensure that all risks were identified, risk assessments drawn up and strategies put in place to mitigate risk.

Transitional plans were discussed in greater detail under Outcome 5: Social Care Needs.

**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 was satisfied that, when implemented, the care and support as described by the person in charge, regional manager and documentation would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspector reviewed the policy and procedures for personal planning which informed that each resident would be supported by a comprehensive personal plan that would be reviewed accordingly, taking into account any developments in the residents' lives.

The policy clearly stated that each resident would be involved in their personal planning process and outlined the responsibilities of staff members in supporting the residents with their personal plans. The policy was last reviewed and updated in 2016.

A sample of a personal plan was viewed and the inspector found that it was comprehensive and when completed would identify each resident's care needs and proposed plans to address those needs.

For example, the plan took into account the residents overall health and well being, daily occupation, how community inclusion would be supported, independent living skills, goals to be achieved, advocacy requirements, transport needs, cultural and religious needs, family members and other people who are important in their lives.

Each resident was to be assigned a key worker (as per policy) and there would be regular meetings between the key worker and resident. Personal plans were also to be reviewed on a three monthly and annual basis. Daily records were also to be maintained of the how the residents spend their day.

Comprehensive transitional plans for all residents would also be completed. The inspector viewed a sample of transitional plans and saw that they were comprehensive and informative of how best to support a resident transitioning into the centre. Consideration was given to each resident's likes, strengths and interests, any sensitivities they may have, their communication needs, transport requirements, social activities and ability to manage change.

Once these were assessed a range of supports were then put in place to support the transition. For example, the first resident to move into the centre was to be given an eight week settling in period. This would involve initial visits to the centre, occasional meals in the centre and getting to meet and gradually know all staff members.

This transition period would provide the staff team with an opportunity to get to know the resident, their likes and dislikes and to draw up plans to support a smooth transition for the resident into the centre. It would also provide an opportunity to identify any risks involved and put plans of action in place to address such risks.

The person in charge and the regional manager of services informed the inspector that these supports and interventions were facilitated in order to provide for a safe transition for each resident moving into the centre.

A document called 'my hospital passport' would also be developed for each resident. This would contain useful information such as personal details about the resident, aids and assistive devices used, care requirements, communication needs and medication requirements.

**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 centre was suitable for its stated purpose. It was also found to be spacious, homely and very well maintained throughout.

Each of the five residents were to have their own bedroom, two of which had large and very well equipped en suite facilities There was also two large communal bathrooms, one of which had a shower and the other a bath tub.

The person in charge informed the inspector that residents would be encouraged and supported to decorate their rooms to their individual likes and preferences once they had moved in.

The centre had a very well equipped and very spacious kitchen-dining room. There was a tastefully decorated sun room/lounge room off the kitchen which residents could use for relaxing in or entertaining family members and friends if they so wished.

There was also a separate spacious sitting room that was suitably furnished and adequately decorated.

Laundry facilities were available in a utility room which was off the kitchen and the person in charge informed the inspector that residents would be encouraged and supported to attend to their own laundry if they so wished.

A room was set aside downstairs for a staff office. All files, important documentation and medication were to be securely stored there. There was a staff sleepover bedroom upstairs.

There was an extensive garden area to the front, side and rear of the house. The gardens were private and very well maintained. There was also shed in the back garden

There was adequate parking available to the front, side and rear of the centre and the inspector was informed that suitable arrangements were to be put in place for the safe disposal of general waste.

The person in charge also informed the inspector that garden furniture was on order and would be available to residents prior to their moving in.

**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 would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place which was specific to the centre. It had been developed in October 2016. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2015 by the director of operations. The risk management policy was to promote a working environment that encouraged the use of professional judgement with regard to calculated risk taking. The risk management policy was comprehensive and met the requirements of the Regulations.

The person in charge said that prior to any individual moving into the centre an individual risk impact assessment would be carried out in order to identify any areas of concern and put appropriate safeguards in place to mitigate identified risks.

This would include the compiling of a comprehensive set of environmental and individual risk assessments relevant to each resident. This is why the first resident to move into the centre would transition in over an eight week period.

There was an emergency plan in place that had recently been developed and was specific to the centre. Critical areas covered in this plan were how to respond to an emergency such as a fire, loss of power, flooding, loss of heating, loss of water and emergency evacuations.

The inspector observed that there was a list of contact names and numbers also provided for staff to contact in the event of an emergency.

There was also a water safety policy in place which was to ensure that hot water and storage systems were designed, installed, serviced and maintained so as risks from scalding or bacterial infection were reduced to a minimum. The inspector observed that the boiler had a system in place which controlled water temperature.

The inspector saw that a fire alarm system had been installed. The person in charge discussed plans to carry out regular fire drills and systems were in place to ensure that the fire equipment including the fire alarm system would be serviced regularly.

A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a sample of files viewed; all proposed staff had attended fire training in the centre.

The person in charge informed the inspector that personal emergency evacuation plans would be developed for each resident moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were in place in the centre.

The person in charge assured the inspector that systems would be put in place for the regular checking and maintenance of all fire fighting equipment in the centre.

The inspector saw that plans were in place to carry out inspections on all vehicles used to transport residents. This was to include checking oil, lights, indicators and tyres before being used. The regional manager informed the inspector that it was envisaged that the centre would have the use of at least two vehicles.

There were policies and procedures in place for the management of infection control which was reviewed in 2016. The aim of the policies was to direct staff in the prevention of transmission of infectious agents and to provide general information on the concept of infection control. There was also a policy on hand hygiene which was to direct staff on the principles of hand hygiene in order to reduce the chances of cross infection.

From a sample of files viewed, it was also observed that all proposed staff had attended training in manual handling.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The inspector was satisfied that adequate measures would be put in place to protect residents being harmed or suffering abuse in the centre.

There was a policy in place on procedures for safe practices which was reviewed and updated in January 2016. The aim of the policy was to ensure that there were appropriate safeguarding measures in place when supporting vulnerable adults.

There were also policies and procedures in place on supporting vulnerable adults. This was to ensure all residents who use the service were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector spoke with three staff member who were to work in the centre once it opened. All three were able to inform the inspector on what abuse was, how to respond to it, who the designated person was and all the required reporting procedures. From a sample of files viewed it was also found that all staff had up to date training in the safeguarding of vulnerable adults.

The inspector was satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges. There were multiple policies in place guiding the management of problematic behaviours and positive behavioural support.

The policies promoted the use of proactive strategies in managing problematic behaviour and informed that all staff would be appropriately trained and that there would be adequate multi-disciplinary input as required.

The policies also informed that in supporting residents with problematic behaviours a non aversive approach would be promoted, behavioural assessments would be developed, updated and reviewed as required, positive behavioural support plans and individual risk assessments would be developed and reviewed as and when required.

This included access to the behaviour specialists, psychotherapists, psychologists and psychiatrists. The person in charge and regional manager told the inspector that, where required, multi element positive behavioural support plans and supporting individual risk assessments would be developed for the residents if and when required.

The inspector reviewed a sample of training records which informed that staff had received specific training in this area. The centre also had access to an online learning platform and the person in charge informed the inspector that plans would be in place to provide additional training to staff to meet the needs of the residents as required.

There was a policy in place for the use of restrictive practices which was reviewed and updated in January 2016. The policy informed that restrictive practices were only ever used as a last resort following an assessment of risk, safety and welfare of the residents.

The regional manager and person in charge informed the inspector that if restrictive practices were to be used they would be subject to regular review. The inspector was also assured that where and when p.r.n. medicines would be in use that they would be kept under regular review. There was also a policy in place on the use of p.r.n. medicines and there were strict criteria and guidelines to be adhered to before administration of such medicines.

There was an intimate care policy in operation in the centre which was reviewed and updated in 2016. The policy was to provide safeguards to both residents and staff involved in providing personal care. The inspector found that it was informative on how best to provide personal care to residents while at the same time maintaining their choice, independence, dignity, privacy and respect.

The inspector also observed that the organisation had developed a whistle blowing policy which was approved in 2016. The policy outlined the steps involved with making a protected disclosure and also encouraged each employee to report any wrongdoing as a means of ensuring a safe and quality led service.

**Judgment:**  
Compliant



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**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 regional manager were aware of their legal requirement to notify the Chief Inspector regarding any incidents and/or accidents occurring to residents living in the centre.

The centre also had a policy on notification which was approved in 2016. It was to ensure that all notifiable events occurring in the centre were reported to HIQA within the set required timeframes.

The person in charge assured the inspector that plans would in place to maintain a detailed log of all incidents and/accidents occurring in the centre and to analyse these for the purposes of shared learning among the staff team.

**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 when the plans discussed were implemented, the general welfare and development needs of residents would be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.

There was a policy on education, training and development in the centre which was to ensure that the educational needs of each resident were identified and the required interventions, supports and opportunities would be implemented.

The person in charge, regional manager and staff spoken with also said that a life skills assessment would be carried out with each resident and from the results of that assessment appropriate educational and/or training opportunities would be identified for each resident.

The inspector was informed that various training programmes, educational activities and employment opportunities would be available through the organisation's range of day services. Programmes provided would depend on individual resident's interests and a life skills assessment

Some staff had already set about investigating the local community to identify opportunities for residents to engage in meaningful training and life skills development based on the residents hobbies and interests.

**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 was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The centre had a policy on health and wellbeing which was approved in 2016. The purpose of the policy was to ensure that residents had access to general practitioner (GP) services, had a health needs assessment carried out, their mental health needs would be met, their dietary requirements would be managed and to support a healthy living environment.

The inspector saw that a health assessment plan was to be developed for each resident living in the centre and this made provision for providing for their general health, GP visits, medication requirements, visits to the dentist, optician, audiologist if required, dermatologist, chiropodist, physiotherapist, dietician and occupational therapist.

The inspector also observed that there were checklists available to record residents weights, body mass index, blood pressure, cholesterol and blood sugars if and where required.

Special conditions would also be provided for. For example, where a resident required a special diet, this would be facilitated.

The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

The person in charge also discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus. The inspector saw that a policy was available to guide staff on the monitoring and documentation of nutritional intake.

The policy also provided clear information about the importance of good nutrition and physical activity to health of the residents.

Overall the inspector was satisfied that residents would have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals as identified above.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

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

The centre had a medication management policy in place which was reviewed and updated in January 2016. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy

was also informative on how to manage medication errors.

The person in charge explained to the inspector that if controlled medication was to be used in the centre it would be kept in a double locked press and appropriately monitored and audited in line with the policy.

p.r.n. medicines (if in use) would be kept under regular review and as required by policy, would have very strict protocols in place regarding their administration.

From a sample of files viewed the inspector saw that all proposed staff had undertaken a medication management training programme which included three competency based assessments.

Weekly audits were also to take place within the centre using a medication audit tool. Unannounced quarterly audits were also to be facilitated by a member of the quality assurance team.

The inspector reviewed a medication error document, which provided details of an error made if made, what action was taken and what corrective action was needed. The person in charge informed the inspector that the learning from adverse incidents occurring in the centre would be shared among staff members at regular team meetings

**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 was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provide to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

The statement of purpose would also be available to residents in a format that was accessible to them.

**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 quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

There was a policy in place on internal auditing which was approved in 2016. The purpose of the policy was to define a process to ensure internal audits were taking place and that they were assessing the effectiveness of the service.

This process was supported by a policy on non conformance procedures. This purpose of this policy was to put systems in place to promote the proactive elimination of potential errors and to ensure that where an error does occur it is investigated and actions are implemented to prevent a reoccurrence.

The person in charge and the regional manager informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre. Arrangements would also be in place for unannounced and announced visits to the centre where audits would be carried out by a member of the quality management team.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. 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.

She was knowledgeable about the requirements of the Regulations and Standards. She

was also committed to her own professional development and had a relevant post graduate qualification as well as having training in the auditing process and training on the role of person in charge.

She was supported in her role by the regional manager, who was in the centre throughout the inspection process. The regional manager informed the inspector that a deputy team leader would also be put in place to support the person in charge.

The inspector also observed that there was a policy and procedures in place for on-call management support. The policy was approved in 2016 and was to provide staff with guidance and direction when dealing with significant issues that may occur outside of normal working hours.

The inspector spoke with three staff members and all were familiar with this policy and the procedures for contacting management on call if required.

**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 provider nominee, regional manager and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The regional manager assured the inspector that adequate cover would be provided should the person in charge be absent for more than 28 days.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

The inspector found no evidence to suggest that sufficient resources would not be provided for to ensure the effective delivery of care and support in accordance with the centres' statement of purpose.

The centre was decorated and maintained to a very good standard and was near ready for occupation. There was access to an on-call maintenance department which responded promptly to any maintenance issues in the centre. The inspector spoke with a representative of the maintenance department who assured the inspector that maintenance requests were prioritised and managed accordingly.

In previous inspections with this organisation the Inspector asked to see how maintenance issues were dealt with. The representative had this information available electronically and the inspector could see that maintenance issues were logged and managed in a timely manner.

Staff and management spoken with also confirmed that adequate resources would be provided to meet the needs of the residents. For example, the regional manager assured the inspector that adequate transport would be provided for the centre to ensure residents got to access their various day services, training courses and employment.

The person in charge informed the inspector that staffing levels could and would be adjusted to ensure that the needs of the residents would be met in a timely and safe manner.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

From the information available at inspection, the inspector was satisfied that there will be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents. The person in charge also informed the inspector that the final roster arrangements for the house would be completed once all residents had moved in to the centre and the staffing level would be reviewed and adjusted to reflect their assessed needs.

The inspector saw that there was an induction and appraisal system in place. In addition, supervisory meetings were to be held with each staff member on a regular basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

There was a policy on training and development in the centre. The purpose of the policy was to ensure staff were supported to attend a range of both internal and external training courses, seminars and lectures that were supportive and relevant to their role.

The inspector saw that a training plan was in place for the organisation and records of staff training were to be maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling and fire safety training. An extensive range of online programmes were also available to staff.

The inspector spoke with three staff members. All were found to be enthusiastic about the training and support they had been provided with top date and all spoke about the residents in a positive and dignified manner.

There was also a policy on staffing and induction which was approved in 2016. The purpose of this policy was to ensure that all staff were aware of the key tasks required of them in order to ensure a quality and safe service. The person in charge informed the inspector that an additional two day induction training programme was to be facilitated for all staff.

The training at this induction would be specific to and supportive of the individual and complex needs of each resident due to move into the centre and to provide staff with additional skills and information necessary to provide a safe and effective service in line with the organisations induction policy.



**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 there were systems in place to maintain complete and accurate records in the centre.

The centre had a number of policies and procedures in place regarding control of information and the archiving of documentation. The aims of the policies was to ensure that all documents were reviewed appropriately, approved by an authorised person, were stored appropriately, could be easily retrieved, were disposed of appropriately and where required were archived in line with best practice.

The inspector found that the proposed designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also found to in place.

A statement of purpose and residents guide was also available to residents.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner.

The regional manager also assured the inspector that a directory of residents would be drawn up once the residents had moved into the centre.

**Judgment:**

Compliant

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## **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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