

# Lenus: Research Repository



**A designated centre for people with disabilities  
operated by Brothers of Charity Services Ireland**

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
<b>Centre ID:</b>	OSV-0004757
<b>Centre county:</b>	Clare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Eamon Loughrey
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
09 September 2015 09:00	09 September 2015 03:30
10 September 2015 10:00	10 September 2015 02:00

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 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 on its own grounds and provides residential accommodation for two residents. One resident resides in the house on a regular full time basis and the other resident resides in the house two nights weekly.

As part of the inspection, the inspector met with a 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 residents in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend day services and part time volunteer work.

The resident had recently moved to this house from another centre. The house had been refurbished, it was comfortable, homely, appropriately furnished and well maintained. There was evidence that residents were supported and consulted with during the recent move between houses. Residents had been involved in choosing colour schemes, soft furnishings and furniture. The layout promoted 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 residents were consulted with and participated in decisions about their care and organisation of the centre. Each resident had a weekly activity plan setting out the things that they liked to do during the week. Staff spoken with confirmed that residents were consulted on a daily basis to seek their views regarding all daily activities. The inspector observed staff consulting with the resident throughout the inspection.

There was evidence of regular house meetings involving residents, the minutes of meetings were documented and signed by residents. Issues recently discussed included activities, food choices, service agreements, HIQA visit, fire safety and occupational therapist (OT) visit.

Residents had recently moved into this house and had been involved in choosing colour schemes, soft furnishings and furniture.

Residents had access to advocacy services. Residents and their families had recently been given a copy of the complaints procedure. An easy read version of the complaints procedure was displayed in the centre. The details of the national advocacy service for people with disabilities was available and had been discussed at the residents meetings. Residents had the option to attend local advocacy 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 and no complaints had been received in 2015.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with the resident in a caring and respectful manner. Both residents had their own bedroom.

The inspector observed that the resident was relaxed and content in the company of staff. An intimate personal plan was developed for each 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 residents to communicate.

There was a policy on the communication needs of residents in place. Residents communication needs were assessed and their support needs were clearly set out in their personal plans. Some residents used iPads, photos, pictures and communication boards/visual schedules to enhance communication with staff.

Staff spoken with were aware of the communication needs of each resident stating that they had known the residents over many years.

Residents had access to information. Televisions, radio, music systems, telephone and the internet were available in the house. Some residents had their own mobile telephone, iPad and laptop.

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

Residents had access to information and were kept well informed regarding local events. The local advocacy group informed residents of upcoming events. Staff printed

information from various websites regarding local events. Staff and family members also informed residents of events that they may be interested in. The inspector noted that posters and information on upcoming events were displayed on the notice board in the kitchen.

**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 residents were supported to maintain positive relationships with their families and the local community.

Residents visited and stayed with family members when they so wished. Some residents went home for visits at weekends and holiday time while others lived at home with their families and stayed in the house two nights each week.

There was an open visiting policy. Staff stated that family members and friends visited regularly. The inspector noted evidence in residents files that family members were kept up to date regarding their relatives well being and attended regular reviews/personal plan meetings.

Residents were involved in many activities in the community. Residents attended discos, went shopping, bowling, surfing, horse riding, swimming and enjoyed eating out. Some residents attended day services while others were involved in a local community project and volunteered in the local seed savers organisation and dog walking service.

**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.*

<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.</p> <p>The inspector reviewed the service agreements in place and noted that there was one in place for each resident. The agreement set out the services to be provided and included details of charges such as monthly rent and transport costs. There was an easy read version of the individual service agreement available and it had been discussed at a recent residents meeting.</p>
<p><b>Judgment:</b> Compliant</p>

**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.*

<p><b>Theme:</b> Effective Services</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans.</p> <p>Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents. Each resident had an accessible version in their file. Each file contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives.</p>
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The inspector reviewed a sample of personal plans, they were based on the assessed individual support needs of each resident. Assessments had been carried out in consultation with the residents, parents, family members, multidisciplinary team members, former and current staff.

Detailed support plans were in place as required including health, nutrition, work, finance, respect and rights, mobility, communication, autonomy, safeguarding, community inclusion, transport, spirituality, relationships, breakaways and life transitions.

Individualised risk assessments/protocols were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. They also included intimate care protocols, self administration of medications competency and money management competency assessments. The personal care plans were found to be person centred and individualised and the inspector saw staff implementing personal plans with a 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 residents/relatives in the development of and reviewing of plans. Each file had an individualised weekly activities timetable.

There was evidence that residents were supported and consulted with during the recent move between houses. A detailed transition plan was documented for each resident which included several short visits to the new house, having meals in the house, choosing of paint colours and furniture prior to moving into the house. Staff told the inspector that residents had settled in well.

**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 residents.

The centre was a four bedroom bungalow located in a rural setting and close to a large urban town. The house had recently been extensively renovated and refurbished. The house was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

Each resident had their own bedroom with en suite toilet facilities. One of the bedrooms had an accessible en suite shower facility.

There was a separate large fully assisted shower room. The person in charge advised that they were waiting on the report recommendations from the OT who had recently visited and carried out an assessment of the house prior to putting grab rails etc in place. There was a large bright kitchen/dining room and separate sitting room.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office/bedroom for staff.

Residents had access to a large garden area to the front and rear of the house. Suitable garden furniture was provided for residents use. The person in charge outlined that they planned in consultation with residents to develop a sensory garden area.

**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 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 monthly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2015 and a new fire alarm system had recently been installed and serviced in July 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 with the exception of one new staff member and this training was scheduled..The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff.

A personal emergency evacuation plan had been documented for each 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.

**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 residents 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 were some restrictive practices in place for one resident. These restrictive practices had been put in place following risk assessment and in consultation with the clinical psychologist. There were detailed protocols documented to clearly guide staff on the use of each restrictive practice. Positive behavioural support plans were in place which clearly outlined the various support strategies used. All staff had received training on managing actual potential aggression (MAPA).

Residents indicated in the returned questionnaires that they felt safe in the centre. The inspector observed staff interacting with the resident in a respectful and friendly manner.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. The policy on good practice procedure in the handling of personal assets guided practice. Residents were supported to manage their own finances following the completion of a money management competency assessment. Residents had their own bank accounts, ATM cards and received monthly bank statements. The person in charge showed the inspector the recently introduced computerised accounts system, all transactions were logged and receipts were available for all purchases. The person in charge carried out balance checks on all accounts every two months and an external audit was carried out annually.

**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 residents were supported and given the opportunity for new experiences, social participation, education, training and employment to assist them achieve their potential.

Each resident was supported to attend a variety of activities, social events, education/training and voluntary employment in line with their own personal interests. Some residents attended a variety of classes including discussion groups, art classes, literacy group and gardening groups. Some residents had part time volunteering roles such as dog walking and with the seed savers group. Residents support needs were set out under the work domain in their personal plans.

Staff discussed ways in how life skills were being developed to support residents to live as independently as possible such as shopping, cooking, laundry and household cleaning.

Information sessions were held in house on topics such as fire safety, food and nutrition and advocacy.

Staff spoke of the plans to develop a sensory garden at the rear of the house and also the possibility of getting a cat or dog as one of the residents had a particular love of animals.

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

All residents had access to general practitioner (GP) services of their choice. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files and recommendations were reflected in residents personal plans.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day.

There was food and nutrition policy guiding practice in the centre. Staff were aware of the dietary needs of each resident and these needs were being met.

The daily menu was planned in consultation with each resident and the inspector observed this taking place. Pictorial menu options and recipes for specialised diets were available. Advice had been sought from the dietician and speech and language therapist.

**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 and she had put in place a protocol to guide staff in the interim.

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 no residents 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 audits were carried out by another manager in the service. Staff confirmed that the results of audits were discussed with them. The inspector noted that issued identified in the September audit had been addressed.

**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 26 August 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 person in charge had the appropriate experience for the role. She had a Masters Degree in Social Care Management and she worked full-time. She was also the person in charge of three other centres in the area. She had been working in the organisation since 2014. She was knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident. She was in daily contact with staff and visited the centre weekly. The inspector observed that she was well known to staff and residents. 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 her to deliver a good quality service. These supports included a regional manager, human resource manager, training officer, social worker and psychologist. The designated person to act on behalf of the provider visited the centre annually and was knowledgeable about the service. 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 she 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 she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

An annual review of the quality and safety of care in the centre had been carried out on 1 September 2015. 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 while the audit had been recently carried out many of the actions highlighted had already been addressed. Audits had also been completed on medication management, incidents and accidents.

**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 residents achieve their individual personal plans.

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

**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 residents in the centre. There was normally one staff member on duty from 17.00 who slept over and finished at 09.30 the following morning. The inspector was advised that the social care worker had recently resigned but that a replacement social care worker had been recruited and was due to commence in the post shortly. The staffing roster reviewed included the times and names of staff on duty. Staff confirmed that staffing levels were flexible and determined by the number and needs of residents. They stated that additional staff would be rostered if there was a specific social occasion/event that a resident wished to attend.

The person in charge maintained a training matrix which monitored staff training needs. All staff with the exception of one recently recruited staff member had undertaken up to date mandatory training. Training in fire safety for this staff member was scheduled.

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 and occupational first aid. Further training was scheduled on epilepsy, hand hygiene, occupational first aid and medication management.

**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. Records were 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  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority