

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by North West Parents and Friends Association
Centre ID:	OSV-0001932
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association
Provider Nominee:	Evelyn Carroll
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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:
06 November 2014 14:00	06 November 2014 19:30
12 November 2014 14:00	12 November 2014 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This announced monitoring inspection was the second inspection of this centre. It was carried out in response to an application for registration of the centre by the provider. The designated centre is part of the service provided by the North West Parents and Friends Association (NWPF) in Sligo. The NWPF provides residential, day and education services to both male and female adults and children, with an intellectual disability, in Counties Sligo and Leitrim.

This designated centre is located on the same site as the day services and the child respite services. It provides support and accommodation to both male and female

adults with a moderate to profound intellectual disability, with additional severe physical disabilities. Two permanent service users and five respite/shared care service users are accommodated.

On the day of inspection there were three service users in the centre. No more than 4 service users are accommodated at any one time. A secure garden was available for use by service users. As part of the inspection, the inspector met with the person in charge, visited the centre and met with service users and staff members on duty. The inspector had met with the provider representative, Evelyn Carroll when inspecting the North West Parent and Friends, Sligo Services. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records and medication practices. The inspector also reviewed the Authority's two relative questionnaires received. Both were complimentary of the service provided and of the staff. The designated centre was clean, tidy, warm and well maintained.

The inspector reviewed the nine actions from the previous inspection completed in May 2014. Seven actions were found to have been completed and two were partially completed, these related to the risk management policy and care plans with regard to the enabling function of the use of a sleep system.

There was a good level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 with non compliances in Outcome 4 Admissions and Contract for the Provision of Services and Outcome 18 Records and Documentation and Outcome 5 Social Care Needs.

These are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Service users' rights and dignity was promoted. Service users' religious rights were respected. If service users wished to go to Mass this could be facilitated by the staff. Service users did not have the ability to have control over their own finances. A policy and procedure was in place to protect service users in this area. The residents' guide had recently being updated to include an easy to read section re resident finances. Staff members interacted with service users in a respectful manner. All bedrooms were single occupancy.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy complied with the regulations. A second person was available to ensure that complaints are appropriately responded to and records maintained. If the complaint was not resolved by the organisation, the complainant could bring their complaint to the HSE complaints officer. The ombudsman was identified as the independent appeals procedure. An advocacy service was available to the service users.

The staff member was aware of the name on the organisation's complaints officer and the name of the designated person to report allegations of abuse. When any dissatisfaction with the service was noted, this was discussed by the management team at the quarterly service review meetings.

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):

No actions were required from the previous inspection.

Findings:

Service users were supported and assisted to communicate in accordance with their assessed needs and preferences. Communication needs were identified in their personal plans. A pictorial system was in place. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Service users had access to television and radio in the centre.

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):

No actions were required from the previous inspection.

Findings:

Service users were supported to develop positive personal relationships with their family members and links with the wider community. Where families were available they were actively involved in their care. Friends and families were free to visit anytime. Families were encouraged to participate in the lives of the service users and the inspector saw that they were regularly consulted and kept up to date. Service users participated in their community by attending local events.

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):

No actions were required from the previous inspection.

Findings:

The admissions process was appropriately managed and contracts of care were in place. The person in charge stated the service was careful as to how they planned a new admission. Prior to admission risk assessments were completed and a transitional plan was developed with the multi disciplinary team. An admission policy was in place. The person in charge was clear that existing service users needs took precedence over a new admission and that any future admissions would only occur having regard to the needs wishes and safety of the existing service users in the centre and of the service user to be admitted.

Each resident had a contract of care outlining the service to be provided and the finances in regard to same. All service users were charged the same weekly living allowance. However, the contracts of care were not available in an easy to read version, the residents guide which was available in an easy to read version had been reviewed to include the service to be provided and the fees to be paid for this service. This was used in conjunction with the contract of care to explain the contract. New contracts were prepared and the person in charge stated these would be discussed and signed at the annual reviews which were scheduled for next week. No service user was assessed as being able to sign their own contract and this was done by their next of kin. The discussion with regard to agreeing the contract of care was not recorded to show that the service user was involved.

Judgment:

Non Compliant - Minor

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents had access to a programme of activities including relaxation, exercise, swimming and social outings. Each service user had a personal plan in place but some required updating. Transition to and from the day service was well managed with the same staff working in the day and residential service. Additionally permanent service users always had attended for respite and there was a slow planned progression into a permanent placement. Each service users' personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs.

A person-centred approach was promoted that met the health and social care needs of service users. Daily notes were maintained which detailed how the service user spent their day. Service users, relatives and members of the multi disciplinary team were involved in the development of the personal files. The personal file consisted of a folder with photographs of activities undertaken by service users. Work had been completed by the staff since the last inspection to make the person centred plans more accessible. A separate easy to read booklet detailing significant aspects of the service users lives had been developed.

At the time of the last inspection the personal plans did not reflect any planning for the future for a change in circumstances and there were no wishes or views of the service users recorded to ensure that their views would inform future planning. The staff team had commenced work in this area and there were regular meetings in place to discuss provision for changing needs of service users. A flow chart had been added to the contract of care detailing how transition may be managed.

Judgment:
Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

This centre is a bungalow style house opened in 2005. It provides full-time accommodation to two residents and five service users attend the service on a shared-care basis. No more than 4 residents are accommodated on any one occasion. There are four bedrooms, two of which are occupied on a shared care basis and two for permanent service users. One bedroom has a toilet and wash-hand basin adjoining it. The bathroom is wet room style and contains a bath, toilet and changing bench. A sitting room, separate dining area and small kitchenette is also available. A small utility room has been converted to provide office space for storage of confidential records and the medicine storage cupboard. The laundry is completed in the garage. In order to ensure that the individual privacy and dignity rights of service users are protected all residents have their own bedroom. The permanent service users' bedrooms were person centred and provided a homely, warm place for service users to sleep.

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the service users.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Systems and procedures were in place to promote the health and safety of service users, staff and visitors. Satisfactory risk management procedures were in place. Staff had up to date fire safety training and staff were able to explain to the inspector how they would evacuate if the need arose.

Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each service user had been developed and service users' mobility and cognition had been considered with regard to safe evacuation. Fire drills at various times including night time had been completed. The inspector reviewed service records and found that the fire alarm was serviced quarterly. Fire fighting equipment and emergency lighting records indicated that they were serviced annually.

Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of this centre.

An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. An alternative place of safety was documented should evacuation be deemed necessary.

The person in charge told the inspector that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. Records were available to support this.

An up to date health and safety statement was in place. The risk management policy had been revised since the last inspection and was in draft. The PIC stated that risk management training had been scheduled for November 2014 and post this training she wished to review the policy. The inspector reviewed the draft policy and found that it complied with Regulation 26 Health Act 2007, Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The Person in Charge informed the inspector that there was a thermostatic control on the shower to ensure water was dispensed at a safe temperature to residents. All residents required the assistance of staff to shower them and a risk assessment was in place with controls documented with regard to the use of the shower which detailed that staff were to remain with service users at all times in the shower.

A system was in place for incident reporting and investigation of same. Accident and incident forms were found to be comprehensively completed. A process was in place for reviewing accidents and incidents. These were reviewed at the quarterly safety review meetings. Evidence of learning from adverse incidents to enhance the safety of the service and ensure positive outcomes for service users was available. Staff training records reviewed supported that staff had received training in safe moving and handling.

There were appropriate arrangements in place for the prevention and control of infection. The centre was clean and well maintained. Staff had attended training in infection control and hand hygiene. An infection control folder was available detailing guidance and information re public health services and infection control.

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):
No actions were required from the previous inspection.

Findings:

Measures to protect service users being harmed or suffering abuse were in place. Records were available to support that staff had received training in protection of vulnerable adults. While policies and procedures for the prevention, detection and response to allegations of abuse were in place, these had not been reviewed in the previous three years. They gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse. The staff member on duty was aware of the designated contact person and confirmed that that she had read the policy, and of the responsibility to report any allegations or suspicions of abuse. There have been no allegations of abuse reported to date at this service.

Systems were in place to manage service users' pocket money and protect them from financial abuse. The parents of the service users managed their main finances. Staff managed small amounts of money for the service users. Transparent arrangements were in place with regard to the documentation of all transactions. Two staff signed all transactions and receipts are maintained for relatives.

Restrictive procedures to include bedrails, a cocoon sleep system and the use of an 'all in one' night suit were in place. The person in charge had submitted the required notification (NF15D) to the Authority with regard to the use of these procedures. The inspector reviewed the procedures, spoke with the person in charge with regard to the use of these and reviewed the documentation in place with regard to these procedures. Service users had been assessed by the occupational therapist and risk assessments were completed prior to the use of these. These systems were deemed to enhance the safety of the service user due to service users moving swiftly /abruptly while in bed and as service user have epilepsy. A care plan was in place detailing the enabling function of these practices. The inspector spoke with the person in charge with regard to using the least restrictive option and the person in charge has agreed to commence a programme of reducing the use of the all in one sleep suit and having a comprehensive review process in place with regard to these practices. Staff had completed training in positive behaviour support planning since the last inspection.

Judgment:
Non Compliant - Minor

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Notifications to date included the use of the sleep system and bed rails.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Service users had opportunities to engage in social activities. External activities were available through the day service and service users participated in range of varied interests such as art, crafts and swimming. Service users also attended local cafes and shops.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>

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

No actions were required from the previous inspection.

Findings:

There were policies in place in relation to meeting the health care needs of service users. Staff described good access to the local general practitioner and an out of hour's service. Evidence was available of this in files reviewed. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service via referral to the HSE.

The inspector reviewed a selection of personal plans and found that service users health needs were kept under formal review as required by their assessed needs. Service users were provided with support in relation to activities of daily living including eating and drinking, personal care and dressing. Epilepsy management plans were also in place as required. Staff showed the inspector that where recommendations of allied health professionals for example the occupational therapist these were implemented.

Service users had access to refreshments and snacks. The inspector was informed that residents' choice in relation to food options were available and any particular dietary needs that they might have were met. A policy on monitoring and documentation of nutritional intake was available. Nutritional screening was carried out using an evidence-based screening tool. Service users' weights were checked regularly, this was viewed by the inspector who saw that no service user had unintentional weight loss. Service users' care plans contained information about service user's likes and dislikes.

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):

No actions were required from the previous inspection.

Findings:

A medication management policy was in place to guide practice and included the arrangements for storing and administration of medicines to service users. Medication was administered via blister packs. A separate policy was available regarding ordering and prescribing of medication.

The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medications were

stored appropriately, and there were no medications that required strict control measures (MDA's) at the time of the inspection. There was a system in place for the reporting and management of medication errors.

Medication management training was provided by the supplying pharmacist and all nursing staff had attended training.. Staff spoken with by the inspector demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for service users. The SOP contained all of the information required by Schedule 1 of the Regulations. It was kept under review and last reviewed in October 2014. The inspector found that the SOP was implemented in practice.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was an effective management system in place, clearly defined management structures.

The provider representative is known as the Services Manager and is based in Sligo. She has been working in the service for over 30 years. She is responsible for three houses in Co. Sligo and is the provider representative for two houses in Co. Leitrim (one of which is a children's residential service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had good knowledge of the support needs of each resident. She was in regular contact with staff and staff confirmed that she visited each residential centre regularly.

The person in charge holds a full-time post and generally worked 09:00hrs - 17:30 Monday to Friday and is on call outside hours. Her responsibilities include person in charge of this centre, management of the day service and the children's service, all of which are located on the same site. The person in charge informed the inspector that she met regularly with the provider representative, minutes were available of these meetings, the last meeting having taken place on the 9 October 2014. The person in charge had the required skills and experience to manage the designated centre. Courses recently undertaken by the person in charge included Medication Management, Introduction to Clinical audit, first aid, Children first, and instruction in the use of hydraulic wheelchair lifts. All her mandatory training was up to date. She displayed a positive attitude to regulation and was aware of relevant legislation and policies pertinent to her role.

Staff meetings took place regularly. Minutes were available of these meetings. Staff spoken with confirmed that the person in charge was supportive and approachable and they would have no hesitation in discussing any aspects of concern with her. There was a good communication process between the day and residential services with staff working across both services.

The inspector found that the quality of care and experience of the service users was monitored and developed on an ongoing basis. A system of audits had been put in place across all designated centres within the organisation by members of the management team. The inspector saw evidence that audits had been recently completed. The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had not been completed to date.

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):

No actions were required from the previous inspection.

Findings:

There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the clinical nurse manager 11 (CNM11) would act for the person in charge if required.

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):

No actions were required from the previous inspection.

Findings:

Sufficient resources were provided to meet the needs of residents. The house was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The inspector found that there was appropriate number of staff in the designated centre.

There was a service owned vehicle which the centre could access.

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):

No actions were required from the previous inspection.

Findings:

A rota was available detailing staff on duty. A planned and actual roster was maintained. Where staff were on annual leave or absent regular bank staff replaced them. This meant that replacement staff were familiar to the service users and management were aware of the competences and training undertaken by staff.

A Registered Nurse was on duty at all times and 1-2 Care Assistants up to 23:00hrs according to the dependency levels of the service users in residence. After 23:00hrs there is a care assistant 'sleep over' in the children's respite service that is shared with the adult service if required.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. The inspector viewed staff files at the organisation's headquarters on the last inspection and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

Staff had attended training in hand hygiene, epilepsy and the administration of buccal midazolam, food hygiene, cardio pulmonary resuscitation, protection and safety of vulnerable adults, medication management, fire safety, manual handling and Lamh (Lamh is a manual sign system designed for children and adults with intellectual disabilities and communication needs in Ireland).

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years. A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of service users' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the service user including any treatment or intervention was maintained. Service user's files were found to be complete and were kept up to date. Staffing records were maintained as required as outlined under Outcome 17 - Workforce.

Judgment:

Non Compliant - Minor

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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by North West Parents and Friends Association
Centre ID:	OSV-0001932
Date of Inspection:	6 November 2014
Date of response:	12 December 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The discussion with regard to agreeing the contract of care was not recorded to show that the service user was involved.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The discussion with regard to the contract of care will be documented in the Service Users Care Notes

Proposed Timescale: 31/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some personal plans required updating.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

All personal plans will be reviewed and updated as required.

Proposed Timescale: 30/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Any restrictive practice in place should be for the shortest duration and the least restrictive option.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:

Every effort to identify and alleviate the cause of residents' behaviour will be made, all alternative measures will be considered before a restrictive procedure is used. Enabling care plans will be developed if required.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some policies required review as they had not been reviewed in the past three years.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

Policies will be reviewed.

Proposed Timescale: 31/12/2014