

**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 KARE, Promoting Inclusion For People With Intellectual Disabilities
<b>Centre ID:</b>	OSV-0001993
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	KARE, Promoting Inclusion For People With Intellectual Disabilities
<b>Provider Nominee:</b>	Anne Coffey
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	Gary Kiernan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<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 1 day(s).

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

From: 23 June 2015 10:30 To: 23 June 2015 18:30

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 was the second inspection of this centre operated by KARE. As part of the inspection, the inspector met with residents, family members, staff and the person in charge along with the assistant manager. The inspector also reviewed any questionnaires that had been completed as part of the registration process by residents or family members.

Overall, the inspector found all actions from the previous inspection had been adequately addressed, and the centre was deemed to be compliant with all 18 outcomes inspected. The inspector found that residents received a good quality service that was meeting their needs and wishes as outlined in their assessments

and personal plans.

The inspector found the person in charge to be suitably qualified, skilled and experienced with appropriate time for both front line duties and management of the centre on a consistent basis. The inspector found staff to be knowledgeable on residents' needs and aspirations and the supports required to assist them to achieve the best possible health and social lives. Interactions between staff and residents and family members was observed as being respectful, familiar and welcoming.

The positive findings of this inspection are laid out within the body of the report. No areas of improvement were identified 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):**

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

**Findings:**

The inspector found that there were systems of consultation in place in the designated centre and organisation. Residents told the inspector of monthly resident meetings to discuss any issues, and gather residents opinions on the running of the centre. The minutes of these meetings were reviewed by the inspector. Family members expressed that they were included and involved in aspects of care planning and supports for residents.

There was a complaints policy in place in the designated centre, which guided staff in supporting residents. Residents and family questionnaires indicated that there was understanding and knowledge on how to make a complaint regarding the centre. The inspector found that the actions from the previous inspection had been adequately addressed by the provider. For example, there was a displayed complaints process in the kitchen area, and documented evidence of all follow ups and resolutions of complaints.

There were policies and clear practices in place to protect residents' personal property and belongings. For example, clear records of financial transactions were maintained and inventory lists of belongings documented. Practices were found to be in line with the centre's policy.

The inspector determined that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents. Each resident had their own bedroom decorated to suit their individual tastes and interests.

The inspector spoke with all residents who expressed that staff treated them well, and it was evident that there were positive relationships between staff and residents in the designated centre.

**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:**  
The inspector found that residents' communication needs were met in the designated centre. The inspector found there to be a policy in place to support staff to promote a total communication approach in the centre. The inspector found that residents in the centre were not assessed as needing any specific interventions in relation to their communication. Residents could communicate verbally with the inspector, however additional supports were evident to promote a total approach to communication in line with the centre's policy.

The inspector found evidence of hearing tests and eye tests conducted for residents and appropriate follow ups, where necessary. Each resident had a personal profile in place along with communication checklists to outline any supports that residents may need in this regard. Speech and language therapy could be accessed through referral if required.

The inspector found that residents had access to television, radio and internet in the centre, and information on local events.

**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:**

The inspector found that families were encouraged to be involved in the lives of residents, and residents were supported to maintain friendships and relationships. The inspector spoke with residents and family members and reviewed questionnaires and found that families participated and were actively involved in the meeting of residents health and social care needs.

On review of residents' files the inspector saw evidence of regular contact and visits to family and friends. Residents told the inspector that they stayed with families at weekends or during the day. Residents with friends and/ or partners were supported to spend time in private when visiting the centre. Each resident had a family communication plan on their file and evidence of contact by phone, email or letter.

The inspector found that there was evidence of good access to the local community which will be further discussed under outcome 10.

**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 inspector reviewed residents' files and found that there were signed written agreements in place which clearly outlined the terms and conditions of their residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to residents.

There was a policy in place in the organisation, as required by Schedule 5 in relation to the admission, discharge and transfer of residents. This was also outlined in the centre's Statement of Purpose.

**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):**

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

**Findings:**

The inspector found that the actions from the previous inspection had been adequately addressed. The inspector found that there was adequate assessing and planning of both social, health and personal needs in the designated centre. There was now a comprehensive assessment tool in place and completed for all residents which identified any area of need. The inspector found that any needs identified through this tool had a corresponding care plan to outline the supports required. This was an improvement since the last inspection. This was coupled with yearly interviews with the person's support network to determine their aspirations and goals for the coming year. Residents' social needs were addressed through this process, with evidence of goals being worked on and achieved, with the assistance of family members and staff.

The inspector found evidence of MDT (multidisciplinary team) input for residents assessments and care planning documentation. This was an improvement since the previous inspection. For example, an environmental assessment had been completed by both an occupational therapist and a representative of the national council for the blind as was outlined in the provider's action plan response.

Through conversation with residents the inspector determined that residents were happy with their social lives and the support from their family and staff in order to meet their personal goals.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the design and layout of the designated centre was suitable for its stated purpose, and met the needs of residents. The centre a large one storey house located in an urban town.

The centre was well maintained, decorated to the taste of residents and provided a very comfortable homely environment for residents to live in. The centre was well kept. There was a small garden with appropriate furniture, and the centre was located within walking distance of the town centre, local amenities and public transport. Residents told the inspector that they were very happy living in the centre. Residents helped to keep the place tidy and clean, and shared cooking duties between them.

The inspector determined that the designated centre met the requirements as set out in Schedule 6 of the Regulations.

**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:**

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre, and improvements had been made since the previous inspection to ensure compliance with the Regulations.

The inspector reviewed policies and procedures and found that the documentation as required by the Regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times of the day, to ensure that the staff and residents knew the procedure in the event of an evacuation. Residents confirmed that drills were

carried out routinely, and personal evacuation plans were documented on each resident's file.

The inspector found there to be a risk management policy and accompanying procedures in place which met the requirements of the Regulations. For example, the specific risks as identified in the regulations were assessed, there was a process for identifying, assessing and managing risk, dealing with emergencies and dealing with adverse events. In the centre, a local risk register was maintained, which outlined all the risks relating to the building. This was an improvement since the previous inspection. Each resident had individual risk assessments in place if a risk had been identified. For example, risk of falling. Overall the inspector found an effective system in place which was identifying and managing any risks in the centre.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action planning in place to address any risks as a result of an incident. There was also a checking system in place, with a "closing the loop" committee set up to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary.

**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):**

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

**Findings:**

The inspector found that residents living in the centre were safeguarded from suffering harm or abuse. Improvements had been made since the previous inspection.

Any resident in use of psychotropic medication on a PRN (as required) basis, now had clear and documented plans in place which highlighted how staff should respond should a resident become anxious, what alternatives could be tried and when to administer PRN if still deemed necessary. The inspector reviewed records and spoke with staff and found that PRN usage had decreased since the introduction of this clear plan, and was having a positive outcome for the resident. The inspector found this to be the only use of restraint in the centre, with a restraint free environment being promoted.

The inspector found that training sessions had been given to the residents in relation to being assertive, and being good house mates. This had been delivered by the psychologist and social worker, and residents showed the inspector the house rules that had been drawn up as a result of this training.

On review of questionnaires, and through speaking with residents and family members the inspector determined that residents felt safe living in the centre. There were policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. Staff were familiar with the content of these policies. The inspector spoke with some residents, who said they would speak up to staff if they felt they were being treated badly, or had suffered harm. From reviewing the training records, the inspector found that all staff had received training in safeguarding and protection of residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that a clear record of all incidents were maintained and if required had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were supported to participate socially in activities suitable to their age, interests and wishes. The inspector spoke with residents and staff and reviewed documentation and found that residents was provided with suitable activation in line with their own goals and preferences as outlined in their person centred plans. Residents in this centre attended local day services during the week, with some residents availing of one to two days off during the week to rest. This was facilitated by staff from the local services and the centre. Residents were supported to access any community based activities suitable to their interests and preferences. Each resident had a record of any formal training or education completed on their files, along with literacy assessments. The inspector also found through discussion with residents, that other training and skills teaching was in place to improve development. For example, learning to use the washing machine.

The inspector determined that residents had meaningful activation during the week supported by the staff in the centre if needed.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector determined that residents' health care needs were assessed, planned and promoted in the designated centre. The person in charge and staff had nursing support available if required from an area nurse. For example, to offer residents advice on new medication or side effects.

The inspector found residents' needs were assessed using a validated tool, and subsequent care plans were in place to address any identified need or risk. For example, the management of diabetes or falls. The inspector reviewed documentation and found that residents had their own General Practitioner (GP) and timely access to other allied health care professionals if assessed as necessary. For example, access to psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic services. Referrals had been sought for residents who required specialist input, and any advice given was implemented into residents' care plans. Residents' families were supported to be involved in the promotion of best possible health for residents, and included in all aspects of health care planning.

The inspector spoke with residents and staff, and reviewed documentation and found that residents were supported to buy, prepare and cook their own meals. Residents

were encouraged to make healthy food choices that were nutritional. The inspector spoke with residents who explained they decided upon the weekly menu at the house meetings, and took turns to cook each evening. There was evidence of referral to dietician services for residents who required additional support in managing their nutrition or specific diets.

**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:**

The inspector was satisfied that residents were protected by safe medication management practices in the designated centre. There was a medication management policies in place, which guided staff on the cycle of safe medication management practices.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. There was an area nurse who supported the staff in the centre, and were responsible for the transcribing and updating of the prescription records. The inspector found evidence staff had received training in the safe administration of medication, and this was routinely refreshed. Residents who self medicated has clear assessments completed to ensure they were supported to be as safe as possible. These assessments were reviewed often with evidence of input from the area nurse should a resident need any additional support. For example, extra information on new medication or side effects.

The prescription records included guidance on the use of PRN (as required) medication, for example the maximum dosage to be administered in a 24 hours period and the rationale for their use. Any use of psychotropic medication on a PRN basis had clear guidance and care plans in place around their use. The inspector found no PRN medication had been used in the past 5 months due to the implementation of a comprehensive support plan. This was a positive finding.

Overall the inspector determined that residents were protected by safe medication management practices in the designated centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector determined that this document clearly outlined the services and facilities on offer to residents living in the centre. Over the course of the inspection, the inspector found that the care and support offered to residents, was a true reflection of the Statement of Purpose.

**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):**

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

**Findings:**

The inspector found that the provider had responded to the actions given at the last inspection, and made positive changes with regard to governance and management of the centre. The role of person in charge was now held by the social care leader who was found to be suitably qualified, skilled and experienced for the role. The inspector found this to be a more suitable arrangement as the social care leader was consistently engaged in the governance and oversight of the centre on an ongoing basis. The inspector spoke with the person in charge and found her to be knowledgeable on the regulatory responsibilities of the role. The person in charge was supported by the assistant manager, and the wider management team, with clear lines of reporting and communicating in place.

The inspector spoke with residents and reviewed questionnaires from families, and found that it was known who the person in charge of the centre was, along with the wider management structure of the organisation. Staff were clear on the reporting mechanisms in place in the centre.

The inspector found that there were effective management systems in place in the designated centre and the wider organisation to monitor and develop the experience of residents. For example, there was a system of audits in place in the centre which covered certain regulatory areas to ensure the care and support of residents was monitored and improved upon. Such as premises, care planning and medication management. The provider had also carried out an unannounced inspection as is required by the Regulations along with an annual review. The inspector found clear action plans to address any issues identified through the audit and review system. There was an evidenced system of staff meetings and staff performance appraisals available in the centre as discussed under outcome 17.

**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:**

The inspector found that there were arrangements in place to ensure effective governance in the absence of the person in charge. To date there had been no absence of longer than 28 days. The Authority had been notified of a planned absence of the person in charge in the coming month and the deputising arrangements for this absence, in line with the requirements and timeframes.

**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:**

The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. The centre was suitably equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. Residents told the inspector that they felt there was enough staff to help them to achieve their goals. As mentioned under outcome 17 staffing hours had been adapted to suit the changing needs of residents since the previous inspection.

**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:**

The inspector found that there was appropriate number of staff in the designated centre to meet the assessed needs of residents, and to deliver a safe service. The centre was staffed with social care workers with access to an area staff nurse for guidance or health care advice. The inspector reviewed the staffing roster for the centre and spoke with residents and reviewed family questionnaires. Residents and family members felt that the centre had enough staff to meet residents' needs and ensure a good quality of life. The inspector spoke with the person in charge and reviewed questionnaires, and found that the number of staff had been adapted to meet some changing needs of residents. This was a positive finding.

The inspector was satisfied that the staff files reviewed contained the required information as outlined in Schedule 2 of the Regulations. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector found that there was access to training for all staff working within the designated centre to ensure they were skilled to meet the needs of residents. Training records determined that staff working in the centre had up to date training in all the mandatory fields. For example, fire safety, first aid and manual handling. The inspector



spoke with the person in charge and staff and reviewed documentation, and found there to be an evidenced system of supervision and performance reviews in place in the designated centre.

**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. Documentation in relation to the care and support offered to the resident was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. For example, how to deal with a complaint or allegation and the contents of the medication policy.

The inspector reviewed a sample of staffing records on a separate day across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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Health Information and Quality Authority