

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004867
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	2

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:
26 August 2015 09:00	26 August 2015 15:30
27 August 2015 10:00	27 August 2015 13:00

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.

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

This centre provides community based residential respite support to adults with an intellectual disability on a planned basis, the length of stay varies from one to several nights. The house can provide respite support to a maximum of three residents at any one time. There are 28 people entitled to use this service and eight to ten people use the service on a regular basis. All of the users live at home with their families and also attend day care services with the organisation, all are well known to staff in the service. Day service staff provide support to users and sleepover in the respite house. Service users spoken with confirmed that they liked using the respite service and looked forward to their stays in the house.

Overall, the inspector found that residents 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 work.

The centre was comfortable, homely, appropriately furnished and well maintained.

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

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 in how the centre was planned and run. Service users spoken with confirmed that they were consulted regarding the staff they would prefer to support them while staying in the respite house, regarding the foods they would like to eat and also regarding their preferred activities. Staff confirmed that they spoke with all residents to seek their views regarding all daily activities. The inspector observed staff consulting with the resident/service users during the inspection.

Residents had access to advocacy services. Residents and their families had been given a copy of the complaints procedure. An easy read version of the complaints process was displayed in the centre. Residents attended group advocacy meetings on a weekly basis in the day services and some residents attended the national advocacy conference.

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 complaints policy in place, which included details of the designated complaints officer, the appeals process and details of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records were maintained.

There was a complaints log book available to record complaints, comments or suggestions. The person in charge advised the inspector that no complaints had been received to date.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with the resident/service users in a respectful manner. All residents had single

bedrooms. Residents could have a key to their bedroom if they so wished. There was a visiting policy in place and residents could receive visitors at any time. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. The inspector observed that the resident and other service users were relaxed and happy in the company of staff.

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. All residents attended the local day services and their communication needs were well known to staff. Details of each residents communication needs were clearly and individually set out in the residents files "How I communicate" and "How you can help me to communicate".

Residents had access to information. Televisions, radio, music systems, telephone and the internet were available in the house. Residents had access to and visited the local library. Some residents used I-Pads to enhance communication.

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

Residents had many links with the local community including local radio stations and day services and were kept well informed regarding 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):

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.

All residents lived at home with their family and availed of the respite service on a planned basis.

Relatives indicated in the returned questionnaires that they were satisfied with communication and were always kept up to date regarding their relatives well being. The person in charge confirmed that she and other staff were in regular contact with family members.

Residents had many links with the local community. All residents attended the local day services which provided a variety of training and educational programmes. Some residents partook in work experience programmes in local shops and restaurant's. Some residents were involved with the local radio station, bookery and woodwork workshop. Residents were well known in the local community and some had also been involved in a recent community floral competition. Residents were supported to go on day trips in the local area, go on shopping trips and dine out in local restaurants. Residents attended a variety of activities in the community such as attending the cinema, music events, concerts, bowling, swimming and horse riding.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The admissions policy clearly set out the criteria for admissions, the inspector found this to be in line with the statement of purpose.

There was a signed service agreement in place for each resident. The inspector noted that the agreement set out the services to be provided and the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests while on respite. Arrangements were in place to meet each resident's assessed needs and these were set out in individualised booklets called "This book is all about me". Individualised personal plans had also been documented for each resident. The booklets and personal plans were detailed and informative and had been drawn up in consultation with the residents, their family, support and key workers. The person in charge told the inspector that while plans were formally reviewed on an annual basis she stated that an update was always obtained from family and support staff prior to a resident availing of respite.

The files included details of the individual people and things that were important to each resident such as family members, friends, religious preferences, leisure activities and food preferences. It also included details of what each resident liked and disliked while availing of respite. Files included person centred information on areas that each resident required assistance with such as dressing, personal care, bedtime routine, mobility, medication, cooking and eating. Files also contained timetables for each residents daily schedule.

Money management competency assessments were completed to ensure that residents

had access to and could manage their own money.

Arrangements were in place to support residents to maintain their daily schedule such as attending day services, religious ceremonies, planned activities, go shopping and part time work experience.

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 house which was two storey was found to be well maintained both internally and externally. The house was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety.

There was a large sitting room and a large bright kitchen cum dining room. The rooms were comfortably and appropriately furnished.

All bedrooms were for single occupancy; they were bright and well furnished. There were three bedrooms available for residents use. One bedroom was located on the ground floor and had a fully accessible en suite shower room. Two bedrooms were located on the first floor, one had en suite shower facilities. There was a separate bathroom with shower and jacuzzi bath on the first floor. There was an additional toilet on the ground floor.

The inspector found the kitchen to be well equipped and maintained in a clean condition. The worktops, cooker and sink were height adjustable to facilitate and support residents with varying needs.

There was a separate well equipped utility/laundry room. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office and bedroom for staff.

Residents had access to a large garden and patio area at the rear of the building. The garden could be accessed directly from the dining area.

Adequate assistive equipment for provided for residents including a hoist and specialised beds.

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 recently updated risk management policy and risk register which included the risks specifically mentioned in the Regulations.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2014 and a new fire alarm system had recently been installed and commissioned. Systems were in place for regular testing of the fire alarm, daily and monthly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. The procedures to be followed in the event of fire were displayed. Regular fire drills and emergency evacuation practices took place involving residents and staff. New fire doors had been fitted throughout the house.

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 emergency plan included guidance for staff as to what their roles might be in the event of range of other types of emergencies.

The house was found to be maintained in a clean and hygienic condition throughout. There was an infection prevention and control policy in place and guiding practice in areas such as hand hygiene, laundry, cleaning, food safety, waste management and management of outbreaks of infection. Staff had recently received 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.

The inspector reviewed the 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. All staff had received up to date training in relation to adult protection. There was an easy read version of the policy available to residents. The designated officer had recently held a safeguarding information session with all users of the day services.

The inspector reviewed the 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. The person in charge stated that there were no residents who displayed significant behaviours that challenged and that there were normally no restrictive practices in place. All staff had received training on managing actual potential aggression (MAPA).

The inspector was satisfied that money kept for safekeeping on behalf of residents was stored securely and managed in a transparent manner. All transactions were clearly

recorded, signed by a staff member and the resident or their family. Receipts were kept for all purchased items. Residents had a lockable storage unit in their bedrooms and could choose to lock their own bedroom if they wished.

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 was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All incidents to date had been notified 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):

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

Findings:

The inspector was satisfied that residents had opportunities for new experiences, social participation, training and employment while availing of respite services. There was a policy on access to education, training and development, one of the domains that featured in the personal plan related to learning, growth and new experiences and the areas that each resident was working on such as attending rehabilitative training and literacy programmes were detailed in the booklet "This book is all about me".

Residents were supported to attend their regular day services and work experience during their respite stays in the centre. Some residents were supported to attend the Vocational Educational Centre (VEC adult education centre), vocational training programmes, family resource centre and a variety of educational classes in the community including computers, jewellery making, knitting and crochet.

Residents spoken with confirmed that they were supported to engage in a range of social activities both internal and external to the centre. Residents told the inspector about how they had enjoyed attending a musical in Dublin and about going to see their favourite music artists when availing of respite services.

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 while availing of respite services.

All residents lived at home with their families and had access to General Practitioner (GP) services of their choice. They were supported to attend their own GP and there was an out-of-hours GP service available.

Families/GP's arranged appointments with allied health professionals and residents were supported to attend appointments while availing of respite services. Residents health care/medical needs were clearly set out in "This book is all about me" and care plans were documented for specific healthcare issues such as epilepsy and diabetes. Staff had recently attended training on epilepsy awareness and rescue medication, diabetes, blood glucose monitoring and insulin training. A hospital transfer information sheet was documented for each resident containing all relevant information including a copy of the medications prescribed to ensure residents needs were met if they required hospitalisation during their respite stay.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat while availing of respite. 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. The needs of residents with special dietary needs were met. Fresh fruit was readily available. Residents spoken to told the inspector that they enjoyed their meals and were supported to have foods that they liked. The daily menu was planned in consultation with each resident and the inspector observed this taking place.

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 safe medication practices were in place.

There was a comprehensive medication policy dated January 2015 in place.

The inspector reviewed some prescription/administration charts and noted that all medications were individually prescribed prior to the resident being admitted for respite. Systems were in place for recording/checking all medications when a respite resident was admitted to and leaving the centre.

The prescription/administration charts contained all the information required to enable staff to safely administer medications.

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

Systems were in place for the safe storage of medications.

Systems were in place to record medication errors and staff were familiar with them. All staff had attended medication management training which included a clinical competency assessment.

Medication management audits were carried out regularly. The inspector reviewed the results of the last audit which was carried out in April 2015. All issues identified had been addressed. Six monthly audits were also carried out by the regional manager in relation to administration of PRN (as required) medications and misadministration of medications/missing medications.

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 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice. The person in charge undertook to submit the updated version following the inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the post of the person in charge was full time. The person in charge worked in the role for 30 hours a week and the PPIM who was also the regional manager worked in the role for 9 hours a week. The persons in charge had the appropriate experience for the role. They were both on call out of hours and at weekends. The person in charge was in the post since January 2014. She was a

qualified nurse and had been working in the services for the past twenty years. She had responsibility for coordinating respite services in the West Clare area as well as overseeing the running of other residential houses. 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 respite house regularly. 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 in January 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 actions highlighted had 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 and meet the needs of residents.

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. The person in charge explained that staffing levels varied from day to day depending on the number and needs of residents

staying in the house. There was always at minimum one staff member on duty from 17.00 who slept over and finished at 10.00 the following morning. The person in charge advised that residents were consulted regarding what staff member they would prefer to support them while availing of respite. All staff worked in the day services and were known to residents over many years. The staffing roster reviewed included the times that staff were on duty. Staff confirmed that staffing levels were flexible and determined by the number and needs of residents.

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

The inspector reviewed a number of staff files, they contained 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. Recent training included epilepsy awareness and rescue medication, hand hygiene, wheelchair clamping, food safety, mediation management, managing actual and potential aggression, relationships and sexuality awareness training, diabetes and occupational first aid.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

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

All records as requested during the inspection were made readily available to the

inspector. 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