

**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 Muiriosa Foundation |
| Centre ID: | OSV-0002717 |
| Centre county: | Kildare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Muiriosa Foundation |
| Provider Nominee: | Margaret Melia |
| Lead inspector: | Conor Brady |
| Support inspector(s): | |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 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: 09 December 2014 08:30 To: 09 December 2014 17:30

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 inspection was the third inspection of this Muiriosa Foundation designated centre this year. The designated centre was inspected against all outcomes and the inspector particularly focused on a number of areas that featured as non-compliances in previous inspections of this designated centre. These areas were inspected in conjunction with action plans submitted to the Authority by this provider.

As part of this inspection the inspector met with the person in charge, provider nominee, management, staff members and residents over a one day inspection. The inspector had previously received feedback from families of residents in this

designated centre. In addition, the inspector met with members of the personnel department and management at the providers head office to inspect staff files and training records (on a previous inspection date). The inspector examined the action plan submitted by the provider to the Authority (following the previous inspection) over the course of this inspection to monitor whether previously identified failings had been appropriately addressed.

The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical/clinical information, behavioural support plans, accident and incident records, medication records, meeting minutes, policies and procedures, governance and management documentation, staff training records, residents financial documentation and records and staff files. In addition, the inspector completed a full and thorough inspection of the premises. Two residents resided in this designated centre which was a detached bungalow within a housing estate.

Overall, the inspector found that based on the evidence gathered on this inspection this designated centre was compliant across the areas inspected against and the provider had addressed previous failings identified by the Authority. All of these areas are discussed in more detail in the main body 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):

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

Findings:

Overall the inspector was satisfied that residents were consulted with and participated in decisions about their care in so far as possible. The inspector found that resident's privacy and dignity was maintained and choice and control was afforded to residents as much as possible.

The inspector found staff advocacy was highly required as residents in this designated centre communicated non verbally. The inspector found systems in place to ensure residents pursued endeavours and activities in line with their own needs, wishes and preferences. For example, one resident attending day services and another resident having an individualised service. The inspector found resident's privacy and dignity was maintained within the designated centre with each resident having their own room decorated to their own tastes. The inspector found complaints procedures needed some amendment but this issue was addressed by the provider nominee and issued to the Authority following inspection. The inspector found the person in charge and staff knew the residents very well and informed the inspector that residents rights, dignity and consultation was very important and treated as such within the designated centre. Residents presented as very comfortable and content on inspection.

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 resident's communication needs were being met in the designated centre. Residents communicated non verbally in this designated centre and the inspector found staff advocated residents needs, wishes and preferences

The inspector found communication plans in place for residents. There were clear and comprehensive plans in place to direct staff and offer guidance into how residents communicate non verbally. The inspector found communication plans were up to date, accurate and appropriately reviewed. The inspector noted residents had access to appropriate communication media such as television, radio, telephone, newspaper/magazines and a computer in the designated 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:

Overall the inspector found that residents were promoted with appropriate opportunities to develop and maintain family and personal relationships within the designated centre.

The inspector found that residents had appropriate contact facilitated with their families, including visits, overnight stays and on-going phone contact. The inspector noted residents were well linked with their surrounding community through attending the village church, GAA club and public house. Residents had a variety of activities such as swimming, bowling, cinema and dining out. The inspector viewed photographs and progress notes showing residents participating in these community based activities.

| |
|---------------------------------------|
| |
| <p>Judgment: Compliant</p> |

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:
Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. The inspector found that each resident had a tenancy agreement and written contract in place. The inspector found transparent criteria regarding the conditions of resident's tenancy and the contract for provision of services. These clearly outlined the services residents could expect to receive, inclusive of fees charged. The inspector noted consultation had taken place with residents and their families and next of kin also signed these agreements. The inspector found that fee's that were charged in provision of services contracts correlated with balances in residents financial accounts.

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):
No actions were required from the previous inspection.

Findings:

Overall the inspector found that resident's wellbeing and welfare was maintained by a good standard of care. There were appropriate arrangements in place to meet resident's assessed needs and these were clearly outlined in residents' individualised personal plans.

The inspector found that residents partook in social outings that reflected their needs, interests and capacities. Residents had good opportunities to achieve goals that were being continually reviewed and updated by staff and the person in charge. The inspector noted bocce, pottery, bowling, swimming, golf, going to the pub and dining out as activities that were regularly evident in resident's lives. The inspector found good evidence of residents social care needs and community involvement being met and reviewed. The inspector was shown a recent 'Out and About' feature from the local newspaper which featured the residents in their local pub.

The inspector noted updated personal plans that included involvement from relevant professionals where required. For example, psychiatry, psychology, podiatry and chiropody involvement were noted on resident's plans who required same. The inspector found that all residents had good access to a multi-disciplinary team and received the required intervention where/when required. The inspector reviewed personal plans and noted they were completed with the participation of each resident and families were consulted. The inspector noted resident's plans contained a lot of photographs that made the plans more accessible to residents. Overall the inspector found that both residents social care needs were being met in the designated centre.

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:

Overall the inspector was satisfied that the designated centre met the requirements of the Regulations in terms of the location, design and layout of the designated centre.

The designated centre comprised of a detached four bedroom bungalow in a quiet rural housing estate. This residence was well decorated and clean throughout. The inspector found the residents had their own bedrooms that well individually decorated and private. The centre was decorated for the Christmas holidays and residents appeared very

content in their surroundings. One room in the designated centre was unoccupied and the person in charge was considering altering this room to become a relaxation room for one of the residents who sometimes displayed behaviours of concern.

The inspector found that the designated centre provided:

- Appropriate private and communal space.
- Rooms of a suitable size.
- Suitable storage.
- Appropriate ventilation, heating and lighting.
- Appropriate baths, showers and facilities.
- Suitable arrangements for waste disposal.
- Appropriate laundry facilities.

The inspector found the designated centre was homely and very well equipped to meet the resident's needs. The inspector was satisfied that the premises were safe, suitable and maintained to a good standard.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place, implemented and systems were operating regarding the management of risk.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were aware of risk management procedures in the centre. Risk assessments were carried out where issues were identified. For example, the inspector read appropriate risk assessments pertaining to behaviours of concern such as self injurious behaviours.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read accident and incident records and saw evidence of action learning. For example, the person in charge correlating incidents with unfamiliar staff and addressing this issue appropriately. The

inspector found operating systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff and evacuations with each resident having an individual fire evacuation procedure. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

The inspector found that overall there was a good risk aware culture present in the designated centre in discussing same with staff. Staff demonstrated a good understanding of a balanced and rationale approach to risk management. For example, discussing the importance of ensuring residents are safe but also ensuring residents have appropriate opportunities to participate in activities

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:

The inspector found that the provider had measures in place to protect residents from harm and the risk of abuse.

The person in charge and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found policies on protecting vulnerable adults were in place. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed (on a previous inspection) and all staff had been provided with training in the protection of vulnerable adults.

The inspector checked resident finances in the designated centre which corresponded

with the last recorded account entries.

The inspector found staff were knowledgeable in terms of behaviours that challenge/of concern and were appropriately equipped to manage same. The inspector found that practices regarding behaviours of concern were appropriately managed and reviewed and were applied in accordance with evidence-based practice. For example, the on-going review of all restrictive practices within the designated centre.

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 was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge and staff were fully aware of their regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events in the designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

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:

Overall the inspector was satisfied that residents had good experiences and that staff ensured residents were engaged in activities suitable to their preferences, wishes and capacities.

The inspector saw considerable evidence of activities that residents pursued according to their respective interests and preferences. The inspector noted residents had very good opportunities to pursue new experiences. For example, one resident who had an individualised service was continually engaging in the local community doing pottery, golf, supporting local GAA, and going for drinks/socialising. Both residents presented as enjoying a good quality service. Staff presented as very aware of residents needs, wishes and preferences and these were reflected in resident's personal planning objectives.

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:

Overall, the inspector was satisfied that all residents were supported on an individual basis to achieve best possible health.

The inspector found that residents had appropriate access to allied health services. For example, General Practitioner (GP), Psychiatry, Psychology, Dentist, and Chiropodist. The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were reviewed and monitored and any required medical or clinical intervention was sought/provided.

The inspector found residents appointments were regularly checked, facilitated and recorded. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector viewed resident's appointments calendar which corresponded with progress notes documenting all clinical/medical interventions with residents. For example, residents recent GP appointments. The inspector found health auditing was informing practice. For example, a recent audit found a resident required a dental check up.

Regarding food and nutrition, the inspector found appropriate knowledge of food and

nutrition was evident. Choice was facilitated through knowledge of resident's likes and dislikes and the rotation of menus. Pictorial menus were available for residents and all food modifications were appropriately recorded in residents care plans. For example, a resident with chewing difficulties who required his food to be chopped.

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 found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was reviewed by the inspector in the designated centre. The person in charge had good local systems in place to ensure medication practices, recording, documentation and storage adhered to regulatory requirements.

Medications were dispensed from the local pharmacy in blister packs to promote ease of administration. A clear description of each medication was available so staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately in secure locked cabinets in resident's rooms. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hour period.

Since the previous inspection the inspector found medications had been moved from the staff office to secure medication safes in resident's rooms and the person in charge stated this was working well. In addition, the person in charge had implemented a more comprehensive review system regarding the administration of 'as required' PRN 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):

No actions were required from the previous inspection.

Findings:

The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found some minor changes required to the statement of purpose to reflect residents dependency levels and the facilitation of the pursuit of religious interests. The provider dealt with this appropriately over the course of inspection and submitted an updated statement of purpose to the Authority following inspection. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents.

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:

Over the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.

The person in charge had appropriate qualifications in social care and management. The person in charge reports directly to a local manager and stated contact was daily with her line manager. The person in charge stated structured management meetings occurred within the organisation on a monthly basis with additional opportunities for shared/peer learning. The inspector was satisfied that good lines of communication and

support existed between the person in charge and the provider's management structure. The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations. The person in charge had undergone five inspections by the Authority this year (2014) and stated that she felt this had equipped her well in gaining knowledge and understanding of the regulatory process.

The person in charge presented as competent and capable throughout the inspection process. The inspector was satisfied that good oversight and governance arrangements were in place regarding the operational management of this designated centre. Residents presented as very comfortable with the person in charge at all times and clearly knew her very well.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems in place. The inspector was satisfied that the person in charge was appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard. The inspector reviewed staff supervision arrangements/performance conversations regarding the supervision and performance appraisal of staff in addition to regular meetings occurring within the designated centre.

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 was satisfied that there were arrangements in place regarding the absence of the person in charge. The inspector found that a deputy person in charge assumed local responsibility for the designated centre in the case of the person in charge's absence. The inspector found there was a period of 25 days whereby this person assumed responsibility for the designated centre.

The inspector found appropriate arrangements in place to ensure the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

| |
|-------------------------------|
| |
| Judgment: Compliant |

| |
|--|
| Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i> |
| Theme: Use of Resources |
| Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection. |
| Findings: Overall the inspector found that the designated centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that the designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of residents. The inspector found based on evidence available on this inspection, that residents were provided with a good standard of care that was supported by the provision of appropriate resources throughout the designated centre. |
| Judgment: Compliant |

| |
|---|
| Outcome 17: Workforce <i>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.</i> |
| Theme: Responsive Workforce |
| Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented. |
| Findings: Overall the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had professional practices regarding recruitment, training and managing volunteers in place. |

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office (at a previous inspection). The inspector was satisfied that the majority of staff files that were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet regulatory requirements. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector reviewed local records of staff appraisal and training maintained by the person in charge and found these to be in compliance with the Regulations. The inspector found that all staff including the person in charge now featured on the planned and actual staff rota as was an action from the previous inspection.

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 and the required policies were in place.

The inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated appropriately. The inspector noted that all policies reviewed met with the requirements of the Regulations. For example, the providers Schedule 5 policies were in the designated centre and accessible to staff. The inspector found some amendments were required to the complaints policy and protocols. The provider addressed this issue and

forwarded a copy of the amended policy to the Authority following inspection.

The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files, records and other information, relating to residents and staff, were maintained in a secure and professional manner. For example, resident's information was locked in secure filing cabinets in the staff office. The inspector found that residents' documentation was maintained to a good standard. The inspector found an up to date residents directory which categorized times when residents were not residing in the designated centre.

Overall the inspector noted records and documentation were maintained and implemented within the designated centre.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority