

**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 Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003377
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
18 March 2015 10:00	18 March 2015 17:30
19 March 2015 09:30	19 March 2015 15:30

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**

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

As part of the registration process, an interview was carried out with the person in charge and the team leader. The inspector had interviewed the person authorised to act on behalf of the provider at a recent inspection.

Overall, the inspector was satisfied that residents received a quality service. There

was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was satisfied that residents' social and health needs were met. Medication practices appeared safe and residents had access to a range of health care professionals.

The inspector reviewed a sample of staff files and was satisfied that recruitment practices and procedures were robust. The inspector saw that all staff had received their mandatory training. The inspector found that the residents were comfortable and person centred care was provided. Residents spoke fondly of the staff.

The health and safety of residents and staff were promoted and protected and fire procedures were robust. Actions previously identified relating to the risk management policy and hazard identification had been addressed.

These are discussed further in the report. No actions were required from 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected.

Residents were consulted with regarding decisions about their care and about the running of the centre including activities. The inspector saw that a weekly resident's forum meeting was held and this was chaired by a resident. Each resident was given an opportunity to discuss any issues that they wanted and where necessary action was then taken by the staff. For example the inspector saw that residents had made suggestions regarding what they would like on the menu and this was incorporated into the weekly menu options.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints' policy and procedure which had recently been updated and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. Staff spoken with were familiar with the policy.

Staff supported residents to manage their own monies and a money management plan was in place for each resident. A policy was in place to guide this practice.

<b>Judgment:</b> 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 was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Step by step guides were also available in both words and pictures to assist residents with task analysis. Easy read versions of some documents had also been developed.

A document entitled 'a communication passport' was in place for any resident who required it. This was person centred and written in the first person. It outlined areas such as 'my family', 'how I communicate' and 'things I like and dislike'.

Internet access was provided through the day services and residents had access to phones as required.

**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 was satisfied that staff helped residents to maintain contact with their families. Families were encouraged to visit and the inspector saw where regular frequent contact was maintained between the staff and the relatives when residents so wished.

The inspector saw that staff facilitated visits with family members outside of the centre. Transport and support services were provided when required.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible. Some of the residents were members of the local archery and bowling clubs.

Visits were also facilitated between centres and the inspector saw that some residents had gone to another centre one afternoon during the inspection for games and other activities.

**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 the admissions policy and found it to match the admission criteria and procedures as set out in the statement of purpose. There were policies and procedures in place to guide the admissions process.

Written agreements had been provided to outlining the support, care and welfare of the residents along with the services to be provided. An easy read version was also available for residents who required it.

**Judgment:**

Compliant

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**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:**

The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal care plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker. Daily records were also maintained of the how the residents spent their day. Key workers were assigned and the inspector saw evidence that goals and aspirations were described and plans put in place to meet those. The inspector saw evidence that three monthly reviews were completed with involvement of the resident or their representative the key worker and the team leader. In addition annual reviews were completed.

The person in charge and team leader outlined plans in place to improve the personal plans further. They described how following audit it was evident that in some cases the plan of care was disjointed. At the time of inspection they were reviewing the personal plans to ensure that the relevant information was available to all staff.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express pain etc.

One resident told the inspector he was moving to a different house in an area he knew better. He was excited about this and described how he had already visited the house, met with some staff and picked out his own room. A transition plan was in place but he felt that he was ready to move earlier than originally agreed and staff accommodated this for him. Plans were in place to have his final meal as a resident in this centre on the



night of the inspection and this meal was to include a black forest gateau which was his favourite.

There was an extensive range of activities available to the residents both in the centre and out in the community. Transport was available within the centre. A daily plan was devised for each resident, some in pictorial format, and the inspector saw that this included trips to the shops, community activities, swimming and bowling. Staff confirmed that this changed depending on the wishes of the residents each day.

Some residents described how they went to the local park most evenings to play football and much they enjoyed this.

**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 centre was suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

There was an apartment to the rear of the house which was accessible through the house or garden. One resident lived here. It had a kitchenette, sitting room and en suite bedroom. There were six single bedrooms in the house, three of which had en suite facilities. There was an additional two bathrooms and a separate toilet and wash hand basin. The house had previously been extended and there were two staircases leading to separate upstairs sections. The stairs did not present any difficulty for the current residents.

There was a staff office which was also used for staff sleepovers and this had en suite facilities. All files etc. were securely stored there.

There was an accessible kitchen cum dining room which allowed the residents to prepare their own meals or snacks if appropriate. There were two sitting rooms which were comfortably furnished.

Laundry facilities were available in the utility room and residents could attend to their own laundry if they wished.

There was small enclosed garden area which was accessible from the main house and the apartment. In addition there was a garden area to the front of the house and the inspector saw that plans were in place for the residents to attend to this after the winter break. Parking was available.

The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

**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 was satisfied that the health and safety of residents, visitors and staff was promoted.

There was a Health and Safety Statement in place. A weekly health and safety check was completed which included a review of the housekeeping, emergency exits, electrical safety furniture and fittings. Action plans were put in place if required and timescales outlined for completion. In addition the inspector saw that an unannounced monthly health and safety audit of the premises was carried out. Again, the actions required, timelines and person responsible for completion were documented.

Risk assessments were also carried out on the use of the vehicles to transport residents. This included checking the oil and water, the lights, tyres, tax and insurance.

Previous action relating to the risk management policy had been completed and the inspector saw that this now met the requirements of the Regulations. An active risk register was also maintained.

The inspector read the emergency plan and noted that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required. An emergency bag containing equipment such as torches and blankets was available to take with residents should it be required.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly. In addition daily checks of fire exits were carried out to ensure they were free from obstructions.

Residents spoken with confirmed that fire drills were carried out very often both during the day and evening. They told the inspector the procedure they were to follow if the alarm was activated.

Staff files reviewed indicated that staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

**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 was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and reminders in pictorial format on issues such as the right to privacy were on display in areas throughout the centre. Topics were also included in residents' meetings with their key workers.

There was a policy in place guiding the management of behaviours that challenge and staff had attended training. Residents had detailed positive behaviour support plans in place where necessary. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. A health relapse plan had been developed for a resident should it be required which outlined early identifiers, possible triggers and appropriate interventions to be introduced at an early stage. Residents also had access to a range of specialists including behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists.

A restraint free environment was promoted and there were no restrictive practices in use at the time of inspection.

**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 practice in relation to notifications required by the Regulations was satisfactory. The person in charge was fully aware of her requirement to notify the Chief Inspector regarding certain incidents and accidents within specified time frames as set out in the Regulations.

Some issues relating to the submission of the notifications had already been identified by the organisation and this was being addressed at the time of inspection.

**Judgment:**

Compliant

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**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 the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests, including bowling, boccia (a target ball sport belonging to the same family as bowls) and swimming. The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

The inspector saw that various training programmes and work opportunities were available for the residents as appropriate. An outreach manager was employed by the organisation and he assisted residents to find suitable employment through the outreach programme. Residents were employed in the local golf club, furniture stores and garden centres while another resident ran his own market stall.

Staff discussed the various options available to residents such as access to lifelong learning courses provided by the organisation and courses available through the day services. These included cookery, computers and media studies.

**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 was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and those specialists previously mentioned under Outcome 8. There was a range of allied health professionals such as physiotherapists, speech and language therapists (SALT), chiropodists, opticians and dental services available should any resident require access. The inspector saw that a resident had a scheduled visit to a dietician while another had an appointment with the dentist.

Health assessment and action plan documentation had recently been introduced as a quality improvement initiative and this included regular checks of blood pressure, pulse and temperature, cholesterol levels and other health indicators.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a regular basis. The menu choices were on display. Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life.

**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 each resident was protected by the centre's procedures for medication management.

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place. The inspector saw that the procedure for the return of unused medication had recently been reviewed and the policy had been updated to reflect this change in practice.

Monthly audits were completed and any required action was attended to. A full check was carried out when the medications were delivered from the pharmacy including ensuring that the supply received matched the prescriptions. Support and advice was also available from the supplying pharmacy.

The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. Staff spoken with were knowledgeable about the medications in use.

**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 the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector previously met with the Director of Services and the Director of Operations who outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. Resident satisfaction surveys were completed as part of this work and the results were presented to staff and residents. Visual aids were used to assist residents' understanding. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities.

Staff confirmed that the person in charge was present regularly in the centre and was in contact with staff at least twice daily. It was clear that she was well known to the residents. She had a very good knowledge of the health and support needs of the residents. She was person in charge for one other centre in the locality and was also regional manager with responsibility for an additional centre.

She was supported in her role by a team leader who worked full time in the centre. The inspector interviewed this person and found she too demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. All information requested by the inspector was readily available.

The person in charge told the inspector that she received regular support from her line manager. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

**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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place.

**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 sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents on family visits, day services, the various activities and to social occasions

**Judgment:**

Compliant

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**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 was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced and extensive work undertaken by the human resource department to ensure that they were complete. There was a policy in place to guide practice.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there were adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, epilepsy and medication administration.

Staff spoken with confirmed that there was a range of training available to them. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. In addition there were regular 'five minute trainings' (FMTs) on issues and policies to ensure staff had up to date knowledge.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs. Yearly appraisals were also carried out. The inspector noted that the overall organisation which had several centres in the locality made efforts to promote staff retention. This included prizes for employee

of the month with an overall yearly prize. Full attendance was also rewarded.

There were no volunteers in the service at the time of 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 was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it met the requirements of the Regulations. The directory of residents was up to date.

**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:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority