

**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-0003394
<b>Centre county:</b>	Kildare
<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>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From:	To:
25 May 2015 10:00	25 May 2015 18:00
26 May 2015 09:30	26 May 2015 16:00

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**

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. The inspector also reviewed questionnaires submitted by residents and families to the Authority’s Regulation Directorate.

To further inform the registration process, interviews were carried out with the person in charge, the team leader and other staff members. The inspector had interviewed the person authorised to act on behalf of the provider at a recent

inspection. Interviews were also recently carried out with the Director of Operations and the Director of Services at the organisation's head office.

Overall, the inspector was satisfied that residents received a quality service. The inspector found that a committed team of staff provided. There was evidence of a substantial level of compliance, in a range of areas, 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. The health and safety of residents and staff were promoted and protected and fire procedures were robust. The quality of care and experience of the residents was monitored on an ongoing basis. Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated.

Questionnaires returned were very positive about the service provided. One parent wrote that her daughter received constant support and commented that staff are always courteous and efficient.

These matters 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):**

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

**Findings:**

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

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A weekly residents' forum meeting was held and in addition when residents preferred, individual issues were discussed with their key workers. Actions required were completed.

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 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. On reviewing the complaints' logs, the inspector noted that a minimal number of complaints had been received and were managed in accordance with the policy. Staff spoken with were familiar with the policy.

When required, staff assisted residents to manage their monies. One resident outlined how staff helped her to manage her own money. A money management plan had been

agreed. She told the inspector about getting the receipts and signing all transactions with a staff member. The inspector was satisfied that this was a safe and transparent way with appropriate records maintained. Balances checked were correct. Individual locked boxes were also provided for any resident who wished to use one.

**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 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. Easy read versions of some documents had been developed including what is safeguarding and rights.

The inspector saw that some residents benefited from a structured written timetable outlining the day's events.

Communication passports had been developed for all residents and contained very detailed person centred information such as 'all about me', 'things you need to know', 'special people in my life' and 'how I communicate'.

The services of a speech and language therapist were available if needed. The inspector saw where some residents had been referred for review. If necessary, residents then attended a block of sessions for up to 12 weeks. A review was then undertaken and additional plans made if required. One resident told the inspector how much she had benefitted from this and staff confirmed that they assisted the residents with their exercises in between sessions.

**Judgment:**

Compliant

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**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 staff helped residents to maintain contact with their families. Families were encouraged to visit and stay for a meal or a snack with the residents. 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 and home visits were supported. Transport and escort services were provided when required.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible. This is discussed in more detail under Outcome 10.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre.

Written agreements had been provided to relatives 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.

**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 residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations.

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 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.

A monthly action plan was generated to ensure progress towards meeting residents' goals. Timeframes and persons responsible were clearly documented for each action. 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 in accordance with the requirements of the Regulations.

**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 premises which was located in a rural setting, met the needs of the residents who were living in the centre at the time of inspection. The centre was warm and inviting and decorated in accordance with the residents' preferences. This was a semi detached residence.

There were four upstairs bedrooms for residents, three with en suite facilities. There was an additional shower room. Some residents were happy to show the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Some residents had personalised their rooms with their favourite posters and colours. Plans were afoot at the time of inspection to replace the worn carpet in one of the bedrooms.

Downstairs was an extensive open plan area with a kitchen, dining area and sitting room. All areas were comfortably and appropriately furnished. The inspector was initially concerned that because this area was open plan there was insufficient private space available for residents. The person in charge confirmed that this was being addressed by the addition of an external studio room and this was already on order.

To the right of this area is an apartment with a bedroom/sitting room/kitchenette. Access was through a separate front door although if necessary there was a door leading from the main house. This also had a separate room with shower, toilet and wash hand basin.

There was a room set aside upstairs for staff sleepovers and an office. All files etc. were securely stored there.

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

There were extensive garden areas around the house and in addition one of the organisations day services was based there. This provided services such as horticulture and chickens and bee keeping. Residents from other centres attended these services and those spoken with confirmed how much they enjoyed it. Vegetables and flowers were grown and then used by other centres and sold at local markets. The inspector

saw that flower baskets were being prepared for each centre within the organisation as well.

Adequate parking was provided.

**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.

There was a Health and Safety Statement in place. The inspector saw that an unannounced monthly health and safety audit of the premises was carried out. The actions required, timelines and person responsible for completion were documented. For example a minor issue relating to the signing of the statement by staff had been identified at the last audit and this had been completed.

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. An active risk register was also maintained.

Suitable arrangements were in place for the safe disposal of general and clinical waste.

The inspector found that adequate fire precautions had been put in place. The inspector viewed evidence that fire equipment was serviced regularly, as were the fire alarm and emergency lighting.

The inspector saw that fire drills were carried out on a regular basis. The inspector also noted that staff and some residents attended the fire safety training. Staff spoken with were knowledgeable on the procedure to follow in the event of a fire. Residents also told the inspector about the evacuation procedure and assembly point.

The inspector read the emergency plan and saw 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, high visibility jackets and emergency contact numbers was available to take with residents should it be required.

All 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):**

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 viewed the attendance records and saw that all staff had received training on the prevention, detection and response to abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and team leader were clear about the measures they would take if they received information about suspected abuse of a resident.

The inspector was satisfied that there was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included regular access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. In addition the inspector saw that each episode of behaviour that challenged was reviewed and analysed by the behaviour team to identify any additional triggers or possible interventions.

A restraint free environment was promoted and although some restrictive practices had been reported to the Authority and were observed during the inspection, the inspector saw that they were used as a last resort and following risk assessment and the usage

was guided by a robust policy.

**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:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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

Residents were supported by staff to pursue a variety of interests including shopping and horse riding. The inspector also saw that residents did not always wish to attend and their choice was respected. Daily planners were also on display for each resident. Care plans and daily records documented the type and range of activities that they were

involved in.

The inspector also saw that various training programmes and educational activities were available for the residents as appropriate. Several of the residents attended the day services and undertook activities such as cookery, computer skills, life skills and personal care courses. One resident was attending a course in the local college and had plans to continue to do an additional course next year.

The inspector saw that several of the residents were actively involved in the outreach employment programme organised by the company. Work opportunities included employment in a local bicycle shop, café, beauty salon and equestrian centre. Residents told the inspector how much they enjoyed this and one resident told the inspector how she felt part of the team in work.

**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 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 to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required and nutritional assessments were undertaken. Access to a dietician was on referral and the inspector saw that several residents were due to attend the following month. Staff volunteered more appropriate choices when healthy eating was encouraged.

**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):**

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

**Findings:**

The inspector was satisfied that each resident was protected by the designated centres' policies and 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 guided by the centre's policy. Staff had received training and plans were in place to ensure that staff repeated this training annually. Written evidence was available that regular reviews of residents' prescriptions were carried out.

The inspector noted that significant changes had been introduced to strengthen the procedures around medication to be administered as and when required (PRN) and the return of unused or out of date medication to pharmacy. The policy was also amended to guide the new practice.

Monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. The inspector saw that following an audit action required was completed including checking that the date of birth was accurately recorded.

There were no residents on medications that required strict controls but staff spoken with were aware of the best practice in relation to their storage, administration and checking.

A fridge was available should there be medication that required storage at low temperatures but was not required at the time of inspection. A temperature monitoring procedure was in place and staff were familiar with the acceptable temperature ranges should the fridge be 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):**

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

**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):**

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

**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 were in place that support and promote the delivery of safe, quality care services.

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. The person in charge of the centre was suitably qualified and experienced. 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 she 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 had responsibility for four other centres in the locality.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service and the staff reported that they felt supported in their roles.

The Director of Services and the Director of Operations previously 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. 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.

Evidence was available that frequent in house audits, both announced and unannounced were completed on areas such as documentation, hygiene, health and safety and medication. In addition a regular periodic service review was carried out by the behavioural team identified that this was because the staff member was unsure about the procedure and additional supports were provided. The inspector noted that this review included checking staff knowledge and understanding of the behaviour support plans and the implementation of those plans.

Residents had also been consulted throughout the organisation through resident satisfaction questionnaires and plans were in place to ensure that individual centre results were available.

**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 provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.



Appropriate deputising arrangements were in place. The regional manager from another centre within the organisation provided this cover supported by the team leader. The inspector had previously interviewed this person and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**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 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 to their home, the various activities and day services.

**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 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 examined a sample of staff files at a recent inspection in another centre run by the same provider and found that they met the requirements of the Regulations. The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, occupational first aid and epilepsy care. Certificates of attendance were in the staff files and a training matrix was maintained. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs. In addition, yearly appraisals were carried out.

There were no volunteers in the service at this time.

**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 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 provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which 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