

**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 G.A.L.R.O. Limited
<b>Centre ID:</b>	OSV-0004976
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	G.A.L.R.O. Limited
<b>Provider Nominee:</b>	Joe Sheahan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	5

## **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:
30 June 2015 10:00	30 June 2015 17:30
01 July 2015 09:30	01 July 2015 14:30

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**

There are presently no residents living in this centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. Separate interviews were carried out with the person in charge, the area manager and the deputy team leader. The person nominated on behalf of the provider was on annual leave at the time of inspection and was interviewed in the following days.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care will be provided. Plans were in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences.

The inspector saw that all proposed staff had received their mandatory training and staff files were complete. The person in charge discussed the proposed fire procedures and the inspector was satisfied that if implemented they are sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted and an emergency plan was in place.

These are discussed further in the body of 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 was satisfied that the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

The inspector reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It contained details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained. An easy read version of the complaints procedure was on display in the centre.

The person in charge told the inspector that a weekly residents' meeting will be held. This will include discussions on items such as the menu for the coming week and planned group activities. The inspector saw that each of the resident's bedrooms had been decorated to a minimal level and the person in charge explained that new residents will be given their choice of colour schemes and bed linens etc.

Residents and relatives will have access to an advocacy service. In addition a Right's Committee is currently available throughout the organisation. This committee was set up with the primary aim of monitoring services to ensure the rights' of residents are maintained and to advocate on behalf of service users.

**Judgment:**

Compliant

--

<b>Outcome 02: Communication</b> <i>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.</i>
--

<b>Theme:</b> Individualised Supports and Care
---

<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
<b>Findings:</b> The inspector was satisfied that residents will be supported and assisted to communicate in accordance with residents' needs and preferences.  Residents’ communication needs will be identified in the personal planning documentation and supports put in place where needed. A communication passport will be developed identifying likes and dislikes and detailed person centred information.  The person in charge and area manager discussed various strategies that may be used depending on the needs of the residents including pictorial sequencing and social stories. Residents will also have access to the services of a speech and language therapist if required.

<b>Judgment:</b> Compliant
-------------------------------

<b>Outcome 03: Family and personal relationships and links with the community</b> <i>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.</i>
---

<b>Theme:</b> Individualised Supports and Care
---

<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
<b>Findings:</b> From the information available the inspector was satisfied that families and friends will be encouraged to get involved in the lives of the residents.  The person in charge outlined how staff will facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and family invitations to events in the centre.

Regular frequent contact will also be maintained between the staff and the relatives if residents so wish.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process.

The person in charge outlined her proposed plans for admitting new residents including the supports that will be available during the transition period. This included prospective resident's attending for a meal, staying over for one night, meeting the staff and looking around the premises etc.

The inspector read the written agreements which will be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

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

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

**Findings:**

The inspector was satisfied that the care and support as described by the person in charge and area manager will consistently and sufficiently reflect the residents' assessed needs and wishes.

The inspector reviewed a sample of the proposed documentation and found that it was comprehensive and if completed will identify resident's care needs and proposed plans to address those needs. Each resident will be assigned a key worker and there will be scheduled weekly meetings as well as reviews on a monthly, three monthly and annual basis. Daily records will be maintained of how the residents spend their day. The inspector saw that the personal plans will contain important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

The person in charge told the inspector that residents' goals and aspirations will be described and plans put in place to meet them. She explained how some goals may be routine while others will be special such as staying in a hotel or attending a match.

The person in charge discussed how residents will be supported in transition between services. A staff member or relative will accompany residents who had to attend hospital or appointments. A document called 'my hospital passport' will be developed for each resident. This will contain useful information such as personal details about the resident, aids and assistive devices used, communication needs and medications etc.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**



The inspector found that the centre was suitable and safe for the proposed number of residents. The centre, a two storey house, had extensive renovations which were nearing completion and was warm, homely and well maintained.

Each of the five residents will have their own bedroom, one of which had en suite facilities. There was another bathroom upstairs and a wet room with a wheelchair accessible toilet downstairs. There was also another toilet and wash hand basin downstairs.

There was a separate kitchen cum dining room. There was a utility room off the kitchen. Residents could attend to their own laundry if they wished.

There were two sitting rooms which were comfortably furnished. One of these had a conservatory area off it.

The inspector was satisfied that residents will have access to assistive equipment where required. All files etc. will be securely stored in the staff office upstairs. Staff sleepover and en suite facilities were also provided here. There were several storage areas both upstairs and downstairs.

There is a secure patio area to the rear along with a grassed garden area to the side. This area had a trampoline embedded at ground level and the area manager told the inspector that a pod swing was also on order. The area manager discussed plans to provide additional hedging or trees to ensure residents have more privacy when using this area. Secure access may be available to the river bank once plans are finalised.

There was a large shed to the side of the building. Adequate parking was available. Suitable arrangements will be in place for the disposal of general and clinical waste when required.

**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 will be promoted.

There was a Health and Safety Statement in place. The risk management policy met the requirements of the Regulations. The health and safety officer will carry out weekly house checks. The person in charge told the inspector that where action was required the person responsible for completion will be identified and a timescale set out for completion.

A named staff member will act as fire warden for the centre and he will also run frequent refresher courses for staff. The person in charge discussed plans to carry out regular fire drills and systems were in place to ensure that the fire equipment including the fire alarm system will be serviced regularly. Daily checks of escape routes will be carried out. All proposed staff had attended fire training and plans were in place to carry out house specific training prior to opening the centre.

Personal evacuation plans will be developed for each resident and these will include any particular arrangements that a resident may require such as a pictorial step by step guide to evacuation. The inspector saw that risk assessments will also carried out on the vehicles to transport residents.

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 box containing equipment such as a wind up torch and a high visibility jacket was available to take with residents should it be required.

All proposed staff had attended training in moving and handling and a matrix was maintained centrally by the organisation to identify when refresher courses were due.

**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 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 proposed staff had received training. The person in charge, deputy team leader and area manager outlined the procedures they will follow should there be an allegation of abuse.

The inspector was satisfied that residents will be provided with emotional, behavioural and therapeutic support that will promote a positive approach to behaviour that challenges. 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 access to psychology services as required. The person in charge told the inspector that each resident who required it would have behaviour support plans in place.

A restraint free environment will be promoted and staff spoken with were aware of the significance of using restrictive practices and there was a policy in place to guide usage.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The person in charge discussed plans to maintain a detailed log of all incidents occurring in the centre. She outlined plans to analyse these including any reported near misses. She discussed how any necessary corrective actions will be outlined including a named person responsible for completing them.

**Judgment:**

Compliant

## **Outcome 10. General Welfare and Development**

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

### **Theme:**

Health and Development

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

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

### **Findings:**

The inspector was satisfied that if the plans discussed are implemented, the general welfare and development needs of residents will be promoted and residents will be afforded opportunities for new experiences, social participation, education, training and employment.

Social events are currently held in different centres within the parent organisation and this will continue for the new residents. The inspector saw that this included BBQ and various other fun activities. The staff spoken with also discussed plans to have an open day to celebrate the opening of the centre.

The person in charge and area manager outlined how they will support residents to pursue a variety of interests including visits to the sensory room, dining out and swimming. The organisation already had membership of some local leisure centres. Care plans and daily records will document the type and range of activities that they will be involved in.

The inspector also saw that various training programmes and educational activities will be available. The organisation had also developed links with local businesses to provide opportunities for residents to be part of the workplace. This includes local shops, offices and equestrian centres.

The person in charge and area manager discussed plans to facilitate activity sampling. This will allow residents to experience new activities to see if they like them. Other interests such as being part of the Special Olympics and local committees such as the tidy towns will also be promoted.

Religious and political practices will be facilitated depending on residents' wishes.

### **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 will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals.

A global health assessment will be completed for each resident including assessment of oral hygiene, continence, eyesight and requirements for flu vaccinations. Health monitoring documentation will also be completed and this will include regular checks of blood pressure, pulse and temperature.

The person in charge confirmed that residents' weights and nutritional assessments will be recorded regularly. She also discussed plans to access the services of a dietician as required. Daily records will be maintained to ensure that residents' food and fluid intake is satisfactory. Healthy eating options will be encouraged and residents will be actively involved in planning their menus. Residents will also be encouraged to take part in the shopping, preparing and cooking of food. The person in charge had already prepared some step by step guides in pictorial format for preparing some meals.

**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 found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear

guidance to nursing staff on areas such as medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors. Minor amendments were being made at the time of inspection.

The person in charge explained that staff will keep a register of controlled drugs and that two staff will sign and date the register at the time of administration and that the stock balance will be checked and signed for by two staff at the change of each shift. Documentation was currently being sourced for these records.

The inspector saw that all proposed staff had undertaken a medication management programme which included practical competency assessments. Safe storage facilities were provided.

The person in charge said she had secured the services of a pharmacy to supply the medication if that was the residents' choice. They will also provide additional training and guidance for staff and residents on medication management.

**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 that will be provided in the centre and will be kept under review by the person in charge. It will be available to 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):**

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 will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

A robust auditing system had been introduced within the organisation and will apply to this new centre. Arrangements were in place for the person nominated on behalf of the provider to visit the centre unannounced on a six monthly basis. The inspector read the proposed audit template which reflected the 18 outcomes relating to the Regulations. The area manager confirmed that a report will be prepared and shared with staff and residents.

The person in charge and other staff members will have responsibility for carrying out regular audits in the centre. This will include areas such as infection control, hygiene and fire safety.

In addition a residents' feedback survey will be completed annually and any required actions will be completed.

The person in charge also told the inspector of her intention to carry out a parents' survey on an annual basis.

The inspector was satisfied that 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 also person in charge for one other centre in the locality. She was knowledgeable about the requirements of the Regulations and Standards. She is supported in her role by the area manager and a deputy team leader.

**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 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):**

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

**Findings:**

The inspector found that sufficient resources will be provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard and had a fully equipped kitchen. Staff spoken with confirmed that adequate resources will be provided to meet the needs of the residents. The inspector saw that transport will be available within the centre to bring residents to their family visits and to social outings.

No evidence was available that there will be inadequate resources.

**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:**

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be 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 recruitment policy was in place to guide this practice.

The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. The inspector noted that to ensure continuity of care a relief panel will also be available from which absences will be covered.

The inspector saw that there was an induction and appraisal system in place. A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as autism, first aid and the management of behaviour that challenges. The person in charge and area manager confirmed that additional training will be provided to staff if required to meet the needs of the residents.

**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 found that there were systems in place to maintain complete and accurate records.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

Although not yet required the person in charge had access to an appropriate template for the directory of residents. Adequate insurance cover was in place.

**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