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A designated centre for people with disabilities operated by Muiriosa Foundation, Offaly

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0003804
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Heather Hogan
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	1

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: 29 January 2015 09:45 To: 29 January 2015 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of this designated centre which is operated by Muiríosa Foundation. The centre is a bungalow that currently offers individualised support to one resident, with the capacity to cater for two residents in the future. The staff team consist of social care workers and a staff nurse and are managed by the person in charge who holds the role of Clinical Nurse Manager. The inspector found that the service on offer to the resident was lead by the needs and preferences of the resident, as documented in their care and support plans. One to two staff were available to support the resident at different times throughout the day, which ensured adequate resources for the resident's social activation and experiencing new opportunities. The current resident was supported to return to her family home each

weekend, and the centre was closed during this time. If this arrangement changed, or if in the future a second resident transitioned into the centre, the centre could offer support on a 24/7 basis if the necessary resources were provided.

The inspector found evidence of a high level of compliance with the Regulations and Standards in all eighteen outcomes inspected, and determined that the current resident received a tailored support service that was empowering her to live her life as fully as possible. Families did not request to speak with the inspector or complete questionnaires about their experience, but the inspector saw evidence of positive feedback from family members in minutes of meetings and other documentation on-site. Staff were observed to know the resident well, and knew the individual communication needs.

The inspector found the premises were suitable to the residents needs, and had been adapted as needed. For example, high-low bed, bath hoist and removable ramps for external doorways. The centre was homely and welcoming, and was decorated and cleaned to a good standard.

The positive findings from this inspection are outlined within the body of the report, under the relevant outcome heading. As no areas for improvement were identified by the inspector, there are no actions to be addressed.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents were consulted with and took part in the running of the centre as far as possible. The current resident was present at house meetings, and family members were involved in planning the service and care provided. This was evidenced through records of minutes.

The inspector found that there was a keyworker system in place. The role of the key worker was to ensure the resident was reaching for goals, and that their needs and rights were being met. There was access to an external advocate should a resident require additional support in this area. This had not been availed of in this location as staff and families were active advocates for the resident.

Residents were supported to value and protect their belongings and possessions in the centre. There was a policy in place with regards to protecting residents' finances and belongings. The inspector saw a resident's file had a photographic inventory list of their possessions which was kept up to date. There was a transparent system in place in relation to residents' finances. Accounts were securely kept, and well managed. Money assessment were completed to determine the level of support required when managing finances. Residents' families were involved in ensuring the accounts were in order and well maintained. Any fees and rent charged was clearly outlined in the contracts of care, along with a statement of payment on file.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and the resident, and through communicating in a manner as outlined in the resident's care

plan. For example, the use of touch, eye gaze and short direct sentences. Each resident would have their own bedroom. The inspector saw the current resident's room and found it had been decorated to suit her own tastes and interests. There were photographs of family members and important people. There was a spare bedroom which was vacant at present, but would be used for another resident in the future.

There was a complaints policy in place as required by the Regulations. In practice, the inspector was satisfied that residents and their relatives were informed of how to make a complaint. There was a photographic display outlining the person in charge as the contact point for complaints. The inspector reviewed the complaint log and found there to be no complaints. The inspector saw minutes of meetings held with family members, which noted their satisfaction with the services offered.

The staffing available in the centre ensured that the current resident was supported to make choices as much as possible, in a manner suitable to her communication skills. Overall, the inspector was satisfied that residents' rights, privacy and dignity were promoted, and that residents and their representatives were consulted and involved in their care and the running of the designated centre in so far as possible.

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 at all times, in a manner suitable to their abilities and wishes. Staff were aware of the individual communication needs of the resident living in this designated centre. There was clear guidance in the care planning and "person centred support plan" documentation to ensure all staff understood both verbal and non-verbal cues for this resident. Referral had been made to the Speech and Language department for an updated assessment, along with the occupational therapist who would explore the sensory needs of the resident. A referral had also been submitted to the psychology department in relation to supporting behaviours of concern which were possibly communication such as hand biting and head banging. Evidence of these referrals were available to the inspector and kept in the resident's file. Staff were trialling different communication tools while waiting for these formal assessments to be carried out. The inspector observed interactions between staff and the resident using both objects of reference, visual display boards, sensory boards and photographs. The resident enjoyed using a tablet device to look at photographs and listen to music. Staff were observed to

interact with the resident in the manner which was outlined in the resident's documentation. There were also care plans in place to support communication, the vision and hearing of the resident, along with a care plan to support the resident at times when displaying behaviour of concern.

The designated centre was equipped with telephone and internet access, televisions and radio.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that relationships between residents and their families or friends were actively being supported and encouraged in the designated centre. The current resident spent each weekend at home with their family from Friday until Monday. This was supported by the staff in the centre who provided transport. The inspector found that one of the resident's goals was to build on this relationship with the family, and to invite family members into the centre to spend time together in her own home. The inspector also found that the resident was supported to attend a day service centre a few times a week for lunch to socialise, and build on friendships with peers.

The current resident has lived in this centre for just over one year, and had moved from a campus residential setting. The inspector found that the resident was supported and promoted to take part in the local community and was being encouraged to continue to sample new community experiences. For example, using the local hairdressers, availing of health care through the primary care team, taking part in the weekly shopping and meeting the neighbours. One of the resident's goals was to invite some of the neighbours into her home for tea. This was being planned and supported as part of the person centred support planning process.

The inspector found evidence that family members were consulted and involved in setting goals for residents, and attended meetings and had regular contact with the staff in relation to the care and support of residents. This was well documented in the resident's files.

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 was satisfied that there was transparent criteria for admissions into this designated centre, and at present there was one vacancy, which would be filled at some stage over the three year registration period. During the inspection, the inspector requested the person in charge amend the statement of purpose to further clarify the specific criteria for admission into this centre. This amended Statement of purpose was submitted to the inspector prior to report writing. This local criteria was supported by the organisational policy for admissions, transfers and discharges for Muiríosa Foundation.

The inspector viewed documentation in relation to the most recent admission, and found that this had been done in a planned, and safe manner. For example, there was records of meetings with the resident, her family, social worker and person in charge to determine the success of the move, and what actions were needed to ensure all supports were being offered.

The inspector reviewed a resident's files and found that there was a signed written agreement in place which clearly outlined the terms and conditions of residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to 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 determined that residents' social care needs were being assessed, planned out and met in the designated centre. There was a clear assessment of need completed for the current resident, which outlined the support required in all aspects of life. Care plans along with the person centred plans, were updated annually or more often if changes occurred. The inspector found that the assessments and plans included the personal, emotional and social supports that the resident required to ensure they were participating in their lives and communities to the best of their abilities and interests. The person centred support plan outlined numerous goals that the resident was currently being supported with. These goals included both short term, and longer term aims, and were encouraging ongoing relationships and community involvement. There was also a focus on sensory activities, which the resident was interested in continuing and/ or sampling.

The inspector determined that residents had opportunities to participate in meaningful activities suitable to their age, preferences and abilities. The current resident had an individualised program of activities and social interactions and outings based on the resident's sensory needs and interests.

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 design and layout of the centre met the needs of the current resident, and would meet the needs of future residents as outlined in the Statement of Purpose. The building had been rented on a long term lease for five years.

This designated centre is a bungalow, which comprises of a large kitchen area, a living room, hallway, separate utility room, large bathroom, two bedrooms, and a third large bedroom which has an en-suite shower and toilet. The inspector found that the centre was warm, bright and nicely decorated, and kept to a very good standard. The centre

was clean and had sufficient equipment to assist the resident with daily living. There was an open fire in the living room which offered a very homely feel.

The inspector observed that the centre had been adapted and was suitable to the resident's needs. For example,

- the kitchen and living room had enough space for wheelchair access and maneuvering
- the resident was able to use a walker in the garden areas, which she enjoyed doing
- a floor fixed hoist had been installed to ensure the resident could safely use the bath tub
- an appropriate high-low bed and crash mats were installed in the bedroom
- there were removable ramps for each exit point, to assist wheelchairs or walker's from getting over the lip of the door
- the resident's bedroom had double doors out into the back garden, which served as an emergency exit.

The inspector was satisfied that the premises met the requirements as set out in Schedule 6 of the Regulations.

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 fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Staff also carried out daily inspection checks in relation to fire safety. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times of the day, with different staffing levels to ensure that the staff and resident knew the procedure in the event of an evacuation. Personal evacuation plans were documented on the resident's files.

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. There was a clear link between the guidance of the risk management policies, the care planning process, and the day to day delivery of care. For example, the inspector noted the use of a helmet for a resident during certain activities. The hazard associated with this resident's mobility had been risk assessed, reviewed regularly, and documented on the local risk register. There was clear rational behind control measures that were implemented to alleviate or reduce risks in this

centre. The care planning documentation was risk based, to ensure both identified needs along with identified hazards well managed for residents. Environmental risks were managed through the health and Safety Statement, which had been updated and signed by all staff.

Policies in relation to health and safety, including food safety, infection control, risk management and emergency planning were all in place as required by Schedule 5. The inspector was satisfied that there was clear guidance for staff across all these areas to ensure the health and safety of residents, staff and visitors was being promoted at all times.

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 the resident living in the centre was safeguarded and protected from harm in the designated centre.

There was a policy in place on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. An additional policy "Trust in Care" outlined how the organisation responded to allegations or suspicions against a staff member. A comprehensive care plan was in place in relation to supporting this resident to communicate her needs. This care plan, along with staff's knowledge of the resident ensured signs would be easily noted should the resident be acting out of sorts, or appear to be distressed.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment as far as possible. Certain restrictions were in place to support the resident's safety, and these had been prescribed by an allied health care professional, or had the input of the General Practitioner. For example, the use of a lap belt, the wearing of a helmet for certain activities, and the wearing of gloves. the inspector was satisfied that all restrictions were risk assessed, monitored and reviewed on an ongoing basis.

There usage was well documented and monitored, and there was a multidisciplinary team approach to their management. The inspector noted certain positioning straps had been removed for this resident in recent times, as deemed to be overly restrictive.

There was a policy entitled "Listening and responding to individuals who demonstrate behaviours of concern" in place, and this offered clear guidance to staff. On review of a resident's file, the inspector found care planning around supporting behaviours of concern such as hand-biting. Referrals had been submitted to the psychology department, Occupational Therapist and the community Speech and language therapist. Records were being maintained to analysis the frequency and possible cause of this. Again, the inspector found a multidisciplinary approach to supporting this particular need for the resident.

The inspector reviewed practices in relation to the protection of residents' finances as discussed under outcome 1, and found a transparent system in place in the designated centre to safeguard residents' money.

From reviewing the training records, the inspector found that staff had received training in safeguarding and protection. This was updated on a routinely basis.

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 inspector was satisfied that a clear record of all incidents was maintained. Where required these had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted to date as necessary.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that residents were supported to participate socially in activities suitable to their age, interests and needs. The inspector spoke with staff and reviewed documentation and found that residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. The current resident was availing of individualised support run from the centre, which ensured the resident had a sensory focused activity plan for each week, along with community based activities suitable to their interests and preferences. This resident had only lived in the centre for just over a year, and staff had taken the year to get to know the resident's interests and preferences, and sample different activities, outings and events to determine the residents level of enjoyment or interest. The inspector determined that the resident had meaningful activation during the week provided by the staff in the centre and the family.

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 were supported on an individual basis to achieve and enjoy their best possible health.

The inspector found that access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' diverse health care needs. Second opinions, or alternative health care professionals had been sought to better suit the resident's needs were necessary. The inspector found that any identified need in relation to health care, had a clearly documented plan in place to show supports required to meet those needs. Documentation in relation to assessments and care plans for health, emotional and social needs were of a high standard.

The current resident in consultation with the resident's family, was being supported to consider certain health screening programmes through their GP. Clear planning around the management of epilepsy was in place in consultation with the Neurologist and the General Practitioner. The inspector found this was well managed within the centre, and

seizure activity was well monitored and reviewed. The inspector found that the effective management of this health need ensured the resident's social needs were being promoted. Daily plans and activities were planned around the times least likely for the resident to have a seizure.

The inspector found that there was good selection of meals available to the resident in the designated centre. A food diary was kept for the resident and made available to the inspector. Meals were arranged at times suitable to the resident on a particular day. For example, on the day of inspection the resident had slept in, and had breakfast later in the morning. The current resident was encouraged to decide on the meal as outlined in her care plan, and was encouraged to demonstrate her choices daily. The inspector was informed that the residents enjoyed observing the preparation of meals, and participated to her own level. Relevant tools were in place to assess risk of malnutrition if deemed necessary and appropriate action taken. A referral had been made to the community Speech and Language Therapist to re-assess the resident's chew and swallow as this had been previously done in 2011 and was in need of update. All staff were trained in food safety to level one.

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 residents were protected by safe medication management practices in the designated centre. There were medication management policies in place, along with local procedures and protocols relevant to the needs of the resident in this centre. For example, a protocol on how to support the resident to take part in collecting prescriptions and medication. The resident had been supported to maintain her own pharmacist when she transitioned into this centre.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be robust. Medication was stored securely in the staff room, and was administered by both a staff nurse, and social care staff. The inspector found evidence that non-nursing staff had received training in the safe administration of medication, and this was routinely refreshed. Residents' abilities regarding taking responsibilities for their own medication had been risk assessed and documented in their files.

The inspector found clear protocols on the use of emergency medication for seizures.

This was agreed in consultation with the GP, and clearly documented. All staff had received training in the administration of this particular medication, and the inspector observed staff taking with them on outings with the resident, as outlined in the plan. There were written protocols in place for all PRN (as required) medications, and signed by the GP. These outlined maximum dosage in a 24 hour period, and rational for their use. No medication required refrigeration or specific storage.

The inspector reviewed the accident and incident log record, and found one pharmacy medication error. This had been captured through an audit on medication management. This had been a dispensing error, with incorrect medication being put into the blister pack system by the pharmacy. The inspector found that the medication error had been reviewed, risk assessed and investigated. A photographic guide to the contents of the blister pack system was on file to assist staff in identify any future errors. Medication keys were kept securely by staff.

Overall the inspector determined that residents were protected by safe medication management practices in the designated centre.

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 there was a written statement of purpose in place in the designated centre. The inspector was satisfied that this document clearly outlined what services and facilities were on offer to residents in the centre. Through observation, the inspector determined that the statement of purpose was a true reflection of the care and support offered to residents.

The inspector requested the person in charge further specify the admissions criteria for this centre in the statement of purpose, and also ensure that the Statement of Purpose covered the current and future needs of residents. These amendments were completed and submitted to the inspector prior to report writing. The inspector was satisfied that the statement of purpose clearly demonstrated the practices and services in place.

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 there were effective management systems in place in the centre. The inspector found that there was a clear management structure in the designated centre, and organisation. The person in charge reports directly to the area Director, who reports to the regional Director, who had the role of provider nominee. The inspector found that there were clear lines of authority and accountability for the residential staff working in the centre. There was clear communication in place in the centre, with staff meetings planned to happen every two months with the person in charge and staff team. The inspector reviewed minutes of a staff meeting dated November 2014. All identified persons in charge for this area met on a monthly basis with the senior management team, along with anyone with the role of deputising in the absence of the person in charge.

The inspector was satisfied that the person in charge fully met the requirements of the Regulations and provided sufficient leadership. The person in charge worked full time and was a registered nurse. The person in charge could talk with ease about the health and social care support needs of the resident living in the centre.

There was a system of audit and review put in place in the designated centre, with evidence of ongoing audits completed by the person in charge and staff, to capture key areas of care and support. The findings and action plans of both the provider six monthly inspection, and the yearly audit were reviewed by the inspector. These identified areas of improvement across certain outcomes. The inspector evidenced that the action plan generated from these audits had been implemented, and brought about positive changes. The inspector informed the person in charge, area manager and provider nominee at feedback that these audits and the changes made as a result of them, had ensured a high level of compliance with the Regulations and Standards.

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 inspector was satisfied that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and staff deputising in her absence were fully aware of the requirements to notify the Authority of any such absence. The area manager currently deputises in the absence of the person in charge, along with the most senior staff member on duty taking responsibility. The inspector was informed that advertisements were being placed for the role of Clinical Nurse Managers. Once these roles were filled, an appointed deputy would be put in place for this centre.

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 there was a clear allocation of funds in the designated centre. Contributions from residents were clearly outlined in the resident contracts and transparently recorded. The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. A wheelchair accessible vehicle was available in the centre.

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 determined that there was an appropriate number and skill mix of staff in the designated centre. The centre was staffed with social care workers and a staff nurse. The inspector reviewed the staffing roster and found that staffing levels were suitable for the needs of the current resident. The person in charge had flexibility to adjust the staffing rosters should the vacancy be filled and two residents live in the centre full time, and had already considered how this would alter the current staffing. The current roster had two staff on duty for most of the time in the designated centre. This reduced to one staff on duty for sleep over shifts, and for a number of hours over the weekdays. The staffing allocations had been adjusted to suit the needs and routine of the resident. For example, there was always two staff on duty each morning until mid-day as this was the time the resident required the most support with personal care, and support with seizure activity. The inspector determined that the level of staffing at present in the centre was resulting in positive outcomes for the current resident.

The inspector found that there was a wide variety of education and training available to staff in the designated centre to ensure they were skilled to meet the needs of residents. Training records determined that staff working in the centre had up to date training in all the mandatory fields. For example, fire safety, protection, manual handling and medication administration. Other training had been delivered to staff to the benefit of residents. For example, training in the use of oxygen and food safety training. The education and training policy clearly outlined the mandatory and optional training available to staff. The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and performance review in place in the designated centre. Any extra training needs or requests could be discussed through these performance conversations.

Staff files were reviewed on the day following this inspection at the provider's head office in Moore Abbey. The inspector was satisfied that the staff files were reviewed contained the required information as outlined in Schedule 2 of the Regulations. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

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. Documentation in relation to the care and support offered to residents was organised, and ensured the needs of residents were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations.

Staffing records were maintained as required and outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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