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A designated centre for people with disabilities operated by KARE, promoting inclusion for people with intellectual disabilities, Kildare

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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 KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0001992
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Provider Nominee:	Anne Coffey
Lead inspector:	Louise Renwick
Support inspector(s):	Nuala Ward
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 26 May 2015 11:00 To: 26 May 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 operated by KARE. As part of the inspection, inspectors met with residents and staff, along with the person in charge and the assistant manager. Inspectors also reviewed family questionnaires that had been completed. The centre was located in a mature housing estate near an urban town, and could accommodate 3 residents on a full time basis.

Overall inspectors found a high level of compliance across all 18 outcomes inspected, and determined that residents received a good quality service that was meeting their individual and collective needs. Feedback from family questionnaires expressed satisfaction with the manner in which the centre was run. Residents said that they

were happy living in their home, and that they were supported to achieve their goals. Inspectors spoke with staff and found them to be knowledgeable on the needs of residents, along with the contents of policies and procedures that guided practice in the organisation. Inspectors observed interactions between staff and residents, and found this to be positive, and promoting residents to be as independent as possible. Staff were provided with relevant training on a routine basis, and staff recruitment was found to be carried out in line with best recruitment practices.

Inspectors found that the person in charge was suitably qualified, skilled and experienced to manage this designated centre. The person in charge was also responsible for one other designated centre, but this arrangement was working well, with the person in charge having adequate time to ensure governance in both centres. The inspector found there to be strong management systems in place which were working effectively as evidenced through the high level of compliance with the Regulations and Standards.

The positive findings of this inspection are laid out within the body of the report. No areas of improvement were identified at 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:

Inspectors determined that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings to gather residents' opinions and decisions on the coming week or to discuss any changes in the centre. Residents confirmed with inspectors that there was regular house meetings to discuss any issues with the centre. For example, to decide upon the sharing of household chores and menus for the coming week. Inspectors saw evidence of these meetings also. Residents were supported to understand and be aware of the content of their care and support plans and decisions regarding their care or future goals and visions.

There was a complaints policy in place in the designated centre, which guided staff in supporting residents. There was a easy to read version of the process on display in the designated centre, and residents were aware of how to make a complaint, and who they would go to. Inspectors reviewed the complaints log, and found a low number of complaints, anything that had been raised had been resolved locally.

Inspectors determined that residents' finances, property and possessions were respected and protected in the designated centre. There were policies in place to guide staff which were evident in practice. For example, inspectors reviewed the systems in place for supporting residents to manage their finances and found them to be transparent and closely monitored. Residents had inventory lists in their files to show what property they owned should they ever move on from the designated centre. Residents spoke with inspectors and expressed that they had enough space and storage for their personal belongings.

Inspectors found that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and the safe storage of personal information. Residents had their own bedrooms, decorated with personal items or photographs of the important people in their lives. Residents explained to inspectors that they had choice and control around how to spend their day. For example, deciding what to do in the evening time, or planning their weekly routine.

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:

Inspectors found that residents were supported to communicate freely in the designated centre. There was an organisational policy in place to guide staff in promoting a total communication approach, which was evident in practice in the centre. For example, the use of clear signage, photographic menus and photographic guides of which staff were on duty. Inspector reviewed residents' care and support plans, and found clear plans in relation to supporting residents' individual needs with regards to communication. For example, each resident had a personal profile which gave an overview of their communication style, along with comprehensive communication checklists and care plans. The inspector also found that each plan to address health, social or personal needs began with information on how the resident communicates.

Inspectors found evidence of a referrals process in place should a resident require the input of Speech and Language Therapists (SALT). Inspectors observed staff interacting and communicating with residents in line with the content of their communication plan. For example, repeating words to ensure understanding, and leaning in close to a resident with hearing difficulties. Inspectors found that residents had access to media, television, radio, internet and information on local events.

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:

Inspectors found that residents were encouraged and supported to develop and maintain relationships, and links with the wider community. Each resident had a family communication plan in place, along with clear information in their files of the people who made up their support network. The inspector found evidence that residents were supported to return to their family home to spend time with their relatives, sometimes for day visits or for overnight stays. Residents confirmed this also. Inspectors found evidence of family involvement in the planning process and decision making around future goals and needs. On review of the questionnaires completed as part of this inspection, the inspector found positive comments regarding families being included and involved in residents' lives.

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:

Inspectors reviewed residents' files and found that there were signed written agreement in place which outlined the terms and conditions of residence, what care and support would be delivered, and any costings associated with all aspects of care. For example, the monthly cost of rent and contributions. Inspectors determined that these agreements detailed the services to be offered to residents.

Inspectors found that the admissions criteria for this centre was outlined in the

Statement of Purpose, and supported by the organisational policy in relation to admissions, discharges and transfers.

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:

Inspectors reviewed residents' files, spoke with residents and reviewed family questionnaires and determined that residents' social care needs were being met in the designated centre.

Inspectors found that there was a comprehensive assessment and planning system in place to capture the health, personal and social care needs of residents. For example, each resident had a personal profile, a needs review assessment, and care planning for any identified need or risk. Each resident also had a person centred plan which outlined goals and aspirations and visions for the future. There were systems in place to ensure both the health and social care needs of residents were being adequately assessed, planned, met and reviewed as necessary. On review of these plans, and through conversation with staff and residents inspectors determined that residents were encouraged to be social as much as possible, and take part in their local community in so far as they wished. For example, using local amenities and facilities such as pool halls and restaurants. Goals being worked on were encouraging residents to gain skills to achieve their bigger vision. For example, a resident was seeking volunteering work to walk dogs in order to progress towards a goal of owning her own pet.

Inspectors found that residents were encouraged to take part in some of the daily chores of the home. For example, residents took turns in being supported to prepare and cook the evening meals, and in general household chores. Residents expressed to inspectors that they were happy with their social lives and the opportunities to try new things.

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:

Inspectors found that the design and layout of the designated centre was suitable for its stated purpose, and met the needs of residents. This centre is a bungalow with three resident bedrooms and a staff sleep over room. A large bathroom had been recently renovated and offered a spacious and adapted area. There is a sitting room cum dining room, kitchen and a large back garden with suitable furniture. The inspector found the centre to be clean and decorated to the tastes and interests of the residents living there. For example, there were resident photographs and memorabilia on display showing important events and achievements.

Inspectors determined that the designated centre 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:

Inspectors found that the health and safety of residents, staff and visitors was promoted in the designated centre. Inspectors reviewed policies and procedures and found that the documentation as required by the Regulations were in place. For example, health

and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

Inspectors found 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. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out to ensure that the staff and residents knew the procedure in the event of an evacuation. Residents and staff both confirmed these procedures. Personal evacuation plans were documented on each residents' files.

Inspectors found there to be a risk management policy and accompanying procedures in place which met the requirements of the regulations. For example, these policies detailed the specific risks as required, the process for identifying, assessing and managing risk, emergency planning and dealing with adverse events. In the centre, a local risk register was maintained, which outlined all the risks relating to the building. Each resident had written risk assessments in place also where a risk had been identified. For example, risk of choking. Overall inspectors found an effective system in place which was identifying and managing any risks in the centre.

Inspectors reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was also a checking system in place, with a "closing the loop" committee set up to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary. Inspectors found low incidents had occurred in the centre, with only four minor slips, trips and falls recorded for this year.

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:

There were organisational policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. Inspectors spoke with staff members and found them to

be knowledgeable in the policy and in what they would do in the event of a suspicion of abuse or harm and how to report it. From reviewing the training records, inspectors found that all staff had received training in the safeguarding and protection of residents. Staff confirmed that they had attended this training also.

Residents spoke with inspectors and expressed that they felt safe living in the centre and said they would speak up to staff if they felt they were being treated badly, or had suffered harm. Some residents had completed "Stay Safe" training programmes in the day services, and others had been referred for further training in relationships and sexuality.

Inspectors spoke with the person in charge, and reviewed residents' care plans and found that residents did not require any specific supports in relation to behaviours that were challenging. There was a policy in place to support staff on support behaviours that may prove challenging, should it be needed. The inspector found that residents had access to psychology and psychiatry services were required.

Inspectors reviewed the policy on restrictive practices and found it to be in line with best practice. Inspectors determined that the centre was promoting a restraint free environment, with only minor environmental restraints in place. For example, the locking of one bathroom at night time. Inspectors found appropriate decision making had taken place for this, with risk assessments completed and reviewed regularly.

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:

Inspectors found that a clear record of all incidents were maintained and, where required, notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated centre.

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:

Inspectors found that residents had opportunities for social participation, training and development, were desired. As discussed under outcome 5, the inspector found that residents were encouraged to be social and to try new things. Inspector spoke with staff and residents, and found that some were in employment roles. For example, working in a local hairdresser. The inspector found that any formal training or education that had been undertaken was documented on residents' files. Inspectors found flexibility in the daily routine for residents, should they wish to avail of a day off, or a lie in at home, this was facilitated.

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:

Overall inspectors determined that residents' health care needs were assessed, planned and promoted in the designated centre. The person in charge had additional nursing support and guidance available from an area nurse, and inspectors found evidence of frequent involvement of nursing guidance when necessary.

Inspectors reviewed documentation and found that residents had their own General Practitioner (GP) and had timely access to other allied health care professionals if assessed as necessary. For example, access to psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic

services. Referrals had been sought for residents who required specialist input, and any advice given was implemented into residents' care plans. For example, residents who posed a risk of choking had been assessed by SALT and a clear plan drawn up to address issues.

Inspectors spoke with residents and staff, and reviewed documentation and found that residents were supported to buy, prepare and cook their own meals. Residents were encouraged to make healthy food choices that were nutritional. Inspectors spoke with residents who explained they decided upon the weekly menu at the house meetings, and took turns to be supported to prepare and cook the meal each evening. There was evidence of referral to dietician services for residents who required additional support in managing their weight.

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:

Inspectors determined 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. For example, local guidelines on medication management specific to the residents' needs. The person in charge had support from an area nurse for certain aspects of the medication management cycle. For example, the witnessing of transcribing or advise on medication.

Inspectors reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. Inspectors found evidence staff had received training in the safe administration of medication, and this was updated routinely.

There use of PRN (as required) medications was clearly documented, including rational for use, and the maximum dosage to be given in a 24 hour period. The inspector found that no chemical restraints were in use in the designated centre.

Overall inspectors 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:
Inspectors found there to be a written statement of purpose in place in the designated centre. Inspectors were satisfied that this document clearly outlined what services and facilities were on offer to the resident living 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.

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:
Inspectors determined that there was a clear and effective management structure in the designated centre, as well as in the organisation as a whole. There was a wider management team to support the person in charge, along with the provider nominee.

There was evidenced communication in place across all levels within the organisation, which resulted in clear action plans and positive changes. For example, regular local staff meetings, Person in charge meetings and operational management team meetings which included input from the multidisciplinary team.

Inspectors found there to be a suitably qualified, skilled and experienced person in charge of the designated centre, who worked full time and had a good understanding of her Regulatory responsibilities. The person in charge was found to be involved in the operational management of the designated centre on an ongoing basis. The person in charge held the role of social care leader in the designated centre. Staff and residents were clear on who to go to, and the lines of reporting in place. Inspectors determined the arrangement for the person in charge to be responsible for two designated centres was appropriate.

Inspectors found that the quality of care and experience of residents was monitored and developed on an ongoing basis in the designated centre. For example, there was a system of audits and reviews undertaken throughout the year in areas such as medication management, complaints, health and safety and care planning. Along with this ongoing system of audits, inspectors found that both an unannounced provider inspection, along with an annual review had taken place, as is required by the Regulations. The findings of these were available to residents and families.

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:

Inspectors found 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.

Judgment:

Compliant

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Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
Theme: Use of Resources
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: Inspectors found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. The centre was suitable equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. A vehicle was available in the centre for transport.
Judgment: Compliant

Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i>
Theme: Responsive Workforce
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: Inspectors found that there was an adequate number and skill mix of staff to meet residents' needs in the designated centre, and to help them to achieve their personal plans. The staff team consisted of social care staff, with access to an area nurse if any advice or guidance was required in relation to medication or health care needs as mentioned in previous outcomes. There was a maintained planned and actual roster in place to show inspectors the staffing levels over the course of the week. Residents felt there was enough staff to help them to achieve their daily routines. Inspectors found that there was access to training for all staff working within 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, first aid, manual handling and medication administration. The inspector spoke with the person in charge and staff and reviewed documentation, and found there to be an evidenced system of supervision and performance reviews in place in the designated centre.

Inspectors determined that staff files 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:

Inspectors found that there were systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to the resident was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Information was accessible and residents had accessible version of their plans.

Inspectors found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. Inspectors 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. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. For example, the policy on medication management.

Inspectors reviewed a sample of staffing records on a separate day across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce.

Inspectors found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority