

# eDeposit Ireland

## A designated centre for people with disabilities operated by Nua Healthcare Services, Laois

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0005199
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	Karina O'Sullivan
<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>	6

## **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:
14 September 2015 11:30	14 September 2015 18:30
15 September 2015 09:30	15 September 2015 13:30

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 currently 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.

Inspectors 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 regional manager and the person authorised to act on behalf of the provider.

Extensive renovations to the premises ensured that it will meet the needs of the

residents in a comfortable and homely way.

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 also in place to assess the social care needs of the residents and to ensure that residents will have opportunities to participate in activities appropriate to their interests and preferences.

Inspectors saw that all proposed staff had received their mandatory training. The health and safety of residents and staff will be promoted and the person in charge discussed the proposed fire procedures that when implemented will be sufficiently robust. Adequate fire equipment will be 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:**

Inspectors were satisfied that the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

Inspectors 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 will be on display in the centre.

The person in charge told inspectors 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.

Residents and relatives will have access to an advocacy service. Inspectors saw that the relevant contact information was already framed and waiting to be hung in the centre.

If required, staff will assist residents to manage their monies. Individual safes will also be provided in each resident's room. Money management plans will be in place for each resident as required. In additional training on budgeting and managing monies will be available to each resident through the day services.

Inspectors read the policy on managing residents' finances and were satisfied that the practice outlined was safe and transparent. Appropriate records will be maintained. In addition to daily checking, weekly checks will also be carried out to ensure that balances

are correct. Auditors from the organisation's finance department will complete random audits as an additional safeguard.

**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 were 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 if required and will include information such as 'all about me', 'special people in my life' and 'how I communicate'. Assistive devices such as iPads, tablets and iPods will also be available. Internet access will be provided in the centre and through the day services.

The person in charge and regional manager discussed various strategies that may be used depending on the needs of the residents including pictorial sequencing and social stories. Plans were already in place through the parent organisation to ensure that, if required, staff will receive training in Lámh (a manual sign system used to support communication). Residents will have access to the services of a speech and language therapist if necessary. Staff also discussed using phone or computer software programs to assist residents with specific communication needs.

**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:**

From the information available inspectors were 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 phones, 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 want this.

**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 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 his 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.

Written agreements 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. Inspectors read a sample contract of care and noted that it met the requirements of the Regulations.

**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 were satisfied that, when implemented, the care and support as described by the person in charge and regional manager will consistently and sufficiently reflect the residents' assessed needs and wishes.

Inspectors 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 monthly care plan reviews to monitor progress against agreed goals. Three monthly and annual reviews will also be carried out. Daily records will be maintained of how the residents spend their day.

Inspectors 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 discussed how residents will be supported in transition between services. A staff member or relative will accompany residents who have 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:**

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

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

**Findings:**

Inspectors found that the centre will be suitable and safe for the proposed number of residents.

The centre is a three storey house, located in a rural setting and has had extensive renovations which were nearing completion at the time of inspection.

There will be an open plan kitchen cum dining room with a separate utility room located on the ground floor. Two sitting rooms will also be located on the ground floor with a separate office for staff. All files etc. will be securely stored there.

Each of the six residents will have their own large en suite bedroom. One bedroom is located on the ground floor and five bedrooms are located on the first floor. There is a separate bathroom on the ground floor.

The third floor will have a large recreation room and a separate relaxation room for residents. A bedroom for staff when on sleepovers will also be located on the third floor. There is a separate toilet and wash hand basin located on this floor in addition to ample storage.

There are extensive garden areas to the front, side and rear of the building which were being landscaped at the time of inspection. The director of operations and person in charge discussed plans to have appropriate garden equipment and furniture in place.

There is a large workshop/shed to the side of the main house which may be used at a later stage.

The centre will be secured with appropriate fencing and gates with adequate space being made available for parking.

**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 were 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. Plans were in place to carry out an intensive environmental audit once the building work is completed to identify any additional risks which may be present and to put the necessary control measures in place. The health and safety officer will also carry out weekly house checks. The person in charge told inspectors that where action was required the person responsible for completion will be identified and a timescale set out for completion.

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. Plans were in place to ensure that all proposed staff will have centre specific fire training prior to opening the centre. Daily checks of means of escape and the fire alarm system will be carried out. There will be a weekly fire alarm test and check of fire doors etc.

Personal evacuation plans will be developed for each resident who requires one and these will include any particular arrangements that a resident may require such as a pictorial step by step guide to evacuation.

Inspectors saw that weekly assessments will also be carried out on the vehicles used to transport residents. This will include checking oil levels, tyres, lights, wipers etc. Daily checks will be completed on the general condition of the car.

Inspectors read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required. An emergency bag containing emergency contact details, torches and high visibility jackets will also be 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.

Plans were in place to ensure that all proposed staff will also have attended infection control training. Appropriate hand hygiene systems will be in place.

**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:**

Inspectors were 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. An eLearning programme had also been developed to ensure that all staff had access to this training. The person in charge and regional manager outlined the procedures they will follow should there be an allegation of abuse.

Inspectors were satisfied that residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Specific courses will be available as necessary through the day services.

Inspectors were 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 the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. The person in charge told inspectors that a behaviour support plan will be developed for any resident who requires it.

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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.</p> <p>Plans were in place to maintain a detailed log of all incidents occurring in the centre. The person in charge outlined plans to analyse these including any reported near misses. He discussed how any necessary corrective actions will be outlined including a named person responsible for completing them.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> Inspectors were 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.</p> <p>Social events are currently held in different centres within the parent organisation and this will continue for the new residents. Inspectors saw that this included BBQs, football matches and various other fun activities.</p> <p>The person in charge and regional manager outlined how they will support residents to pursue a variety of interests including music, cooking, swimming and sport. Care plans and daily records will document the type and range of activities that they will be involved in.</p> <p>Inspectors also saw that various training programmes and educational activities will be available through the organisation's day services. The person in charge discussed plans</p>

to facilitate residents to continue with any training course they are already undertaking and to encourage participation in new educational experiences. Programmes provided will include computer courses, cookery, self care, social skills, woodworking and horticulture in addition to various social programmes. Transport will be provided by the centre if needed.

The person in charge discussed sourcing various activities through the local community such as the drama group and GAA events depending on the wishes of the new residents.

The organisation had already developed links with local businesses to provide employment opportunities for residents through it's outreach programme. This service will also be available to residents in this centre and is accessed through a referral process.

**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:**

Inspectors were satisfied that residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

Inspectors were 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. Residents will also have access to those specialists previously mentioned under Outcome 8.

Inspectors were satisfied that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded on a monthly basis or more frequently if required. The menu choices will be on display.

The person in charge acknowledged that when residents are busy attending various activities during the day, the evening meal is an opportunity for a positive social event with residents. Unless residents object, the plan will be for residents and staff to sit down together for this meal. Photographs will be taken of various meal choices and these will serve as a reminder for residents. The person in charge also discussed how healthy eating options will be encouraged and residents will be actively involved in

planning their menus. Inspectors saw that a policy was in place on the monitoring and documentation of nutritional intake.

Health monitoring documentation will also be completed and this will include regular checks of blood pressure, pulse and temperature.

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

Inspectors 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.

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.

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

The person in charge said he had secured the services of a pharmacy to supply the medication and provide additional training and guidance for staff and residents.

Monthly audits will be undertaken to ensure compliance with the centre's policy and that all required documentation is correctly completed.

Self administration of medication by individual residents will be facilitated following appropriate assessments.

**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 were satisfied that the statement of purpose met the requirements of the Regulations. Minor amendments were required and these were addressed prior to the end of inspection.

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:**

Inspectors were 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 quality department has been set up in the organisation and two auditors have been employed by the provider as part of the organisation's quality assurance programme. 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 carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. Inspectors previously spoke with the Director of Operations who outlined the plans to have this report available to residents in an appropriate format.

The person in charge and other staff members had responsibility for carrying out regular audits in the centre. For example the person in charge will carry out weekly hygiene and health and safety audits. Results of these audits will be used to improve practices.

Inspectors were 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. He was knowledgeable about the requirements of the Regulations and Standards. He will be supported in his role by the regional manager and a deputy team leader.

Plans were also in place to carry out a resident satisfaction survey and a relative satisfaction survey on a yearly basis.

**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. The regional manager will deputise for the person in charge supported locally by the deputy team leader.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found no evidence to suggest that sufficient resources will not be provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was undergoing major renovations to ensure that it will meet the needs of residents. Staff spoken with confirmed that adequate resources will be provided to meet the needs of the residents.

Inspectors were told that transport will be available within the centre to bring residents to their day services, home visits, medical appointments and to social outings.

**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, inspectors were 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.

Inspectors 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.

Inspectors saw that there was an induction in place. In addition, additional site specific training and induction have been set up for staff when the centre is ready to open.

Supervisory meetings are to be held with each staff member on a monthly basis. A competency review will also be carried out on a yearly basis. This will include both self assessment and assessment by the line manager. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

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 epilepsy, communication skills, first aid and the management of behaviour that challenges. The person in charge and regional manager confirmed that additional training will be provided to staff if required to meet the needs of the residents.

It was not expected that volunteers will be involved with the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

**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.

Written operational policies were in place to inform practice and provide guidance to staff.

Inspectors 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.

Inspectors 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