### Centre name:
A designated centre for people with disabilities operated by Muiriosa Foundation

### Centre ID:
OSV-0003750

### Centre county:
Kildare

### Email address:
annamarie.fenlon@muiriosa.ie

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Muiriosa Foundation

### Provider Nominee:
Brendan Broderick

### Lead inspector:
Gary Kiernan

### Support inspector(s):
None

### 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 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: 08 September 2014 09:00
To: 08 September 2014 16:30
09 September 2014 09:30
09 September 2014 14:30

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

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Summary of findings from this inspection
This monitoring inspection of a designated centre operated by Muiriosa was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The inspection was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Prior to the inspection the person in charge forwarded the centre’s operational policy to the inspector. This informative document described the care needs of the
residents and the standardized approaches used to respond to these needs. The inspector was mindful of this document throughout the inspection and ensured that the inspection was carried out in accordance with the approaches described and at a pace which suited the needs of the residents.

Three residents live in this designated centre which is operated from a large, detached domestic house on its own grounds.

The inspector found that residents received a high standard of care and support. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

The was a clearly defined system of governance and management. The inspector found the service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place to monitor the quality and safety of care.

Residents were treated with respect and were encouraged and supported to lead independent lives. Residents were consulted about their care needs and had a say in the operation of the centre. There was an effective system of individualised assessment and care planning to meet resident’s individual needs. This system was underpinned by close links with the behavioural support team and multi disciplinary assessment. The health care needs of residents were met. Residents were supported to participate in education and employment.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect resident from the risk of abuse.

These matters are discussed further in the report and in the action plan at the end of the report.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that residents’ rights and dignity were promoted. Residents were consulted about the operation of the centre.

Residents’ meetings were held each Friday and the inspector read a sample of the minutes which demonstrated that residents were consulted about their daily routines and how they liked to spend their free time. The inspector found that where issues were raised they were addressed by the staff. For example, proactive steps were taken to reduce noise in the centre further to the matter being raised by one of the residents. Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required.

Residents were consulted about how the centre was planned and run in a number of different ways. Residents told the inspector they planned the meals and shopping and a detailed menu planning folder was held in the kitchen. Residents described how they used this folder to plans meals for the week ahead and the inspector observed the residents preparing meals during the inspection.

Residents’ religious, civil and political rights were respected. Some residents chose to go to religious services and this was supported and facilitated by the staff. Staff members displayed a positive and supportive attitude regarding support for residents' religious beliefs. The person in charge had taken steps to ensure that all residents were registered to vote. Residents had decided not to vote in the most recent elections.

Residents were supported and encouraged to have control over their own finances and there was a policy and procedures in place to protect residents who required assistance
in this area. Two of the residents had their own banking account and staff provided skills training in this area and the inspector noted that the residents autonomy was promoted. An assessment was carried out to assess residents’ need for assistance with managing of finances. The inspector noted that one resident who required support with managing money did not have a bank account. In this case money was held in a central account managed by the organisation. The resident could freely access these funds and there was a system of audit and checks in place to protect the interests of the resident. The inspector also noted that skills training was on-going with this resident in order to facilitate a move towards greater autonomy in this area.

Staff members interacted with residents in a very respectful manner. Residents said that their privacy was respected. Residents said no one entered their rooms without permission and they had lockable space as required.

The inspector reviewed the systems and documentation in place for the management of complaints. An easy-to-read complaints procedure was displayed in the centre which encouraged residents to raise any issues which they might have. The complaints officer and an appeals process was identified. There was an extensive complaints policy in place. The policy, while detailed, did not identify an independent person for the review of complaints process. The inspector was informed that this matter was currently being addressed at the organisational level.

**Judgment:**
Compliant

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**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:**
Residents were supported and assisted to communicate in accordance with residents’ needs and preferences.
Residents’ communication needs were identified in the personal planning documentation and supports were indentified in consultation with the behavioural support team. Staff were aware of the communication needs of all residents and the recommendations of the behavioural support team as set out in residents' positive behavioural support plans. The inspector observed staff and residents communicating freely. There was an informative operational policy and behavioural support policy in place which guided staff on the positive behaviour support procedures used in the centre and to proactively respond to residents’ need for support and a calming and supportive environment. The
inspector found that these policies were effectively implemented in the centre.

Some residents required assistance with reading and writing and the inspector saw that efforts had been made to modify their personal plans, using pectoral formats, in accordance with their needs. Easy to read versions of a range of documents, including the residents’ guide, the tenancy agreement and the complaints procedure, were in place to facilitate communication.

Residents had access to television, radio, social media and internet. All residents had their own mobile phones and were provided with support and skills training to use them, where required.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. The inspector noted that a number of the residents had been supported to renew relationships with family members and friends. Care plans were in place to support this process and residents told the inspector about their families and showed the inspector pictures of their visits with them.

Residents participated in their community in a number of different ways, for example, residents described their participation in local groups such as hill walking, horse riding and yoga. Residents were encouraged to participate in their community and went to many local events such as the county show.

**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 admissions process was appropriately managed and contracts of care were in place.

There had been a recent admission to the centre and the inspector found that this had been very well managed. Prior to the admission there was a consultation process with the existing residents, risk assessments were carried out and a plan was developed with the behaviour support team. The inspector found that this process facilitated a smooth transition for all involved. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a tenancy agreement and there was also contract of care in place to deal with the service to be provided to the resident. All residents were charged the same weekly rate as per their tenancy agreement.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that residents’ wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident’s assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents’ lives. Residents’ individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations. The inspector found that there was multi-disciplinary input in the care of residents as provided by nursing staff, social care workers, the psychologist, the psychiatrist and the behavioural support therapist as required.

Residents’ personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. All care plans were based on detailed assessments and the plans were updated in response to any changes in the resident’s condition. Resident’s files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships.

Residents described busy daily routines which involved attending day care services and work based activities. Residents said that staff members supported them to pursue work based activities and their own hobbies and interests such as knitting, walking, art and shopping. The arrangements for meeting these needs were also set out in the care plans.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The premises was well maintained, comfortable and homely and met the needs of
residents to a high standard.

The centre was located a short drive from a town centre. A range of local amenities were available close by. The premises consisted of a large, detached two storey house set in on a large site with well maintained gardens and patio areas.

There were four bedrooms one of which was allocated for staff. A kitchen, laundry area, large open plan seating and dining area, exercise room and art studio were provided. The rooms were of a suitable size and layout to meet the needs of the residents.

A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents’ preferences. Residents had personalised their rooms with their own furniture, pictures and personal belongings. Two of the bedrooms had full en suite facilities. Additional bath and shower facilities were proved on the ground and first floor.

A satisfactory standard of hygiene was noted and there was appropriate heating, lighting and ventilation. A separate laundry area was provided and suitably equipped to meet the needs do the residents.

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:
There were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy had been developed.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were routinely carried out where issues were identified. For example, the inspector read a number or risk assessments which related to residents carrying out activities independently, such as staying at home for short periods without staff. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

A safety statement and risk register was in place which set out the risks in the centre.
and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. Systems were in place for health and safety audits to be carried out on a routine basis.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this regular fire drills were carried out and documented. Good documentation was maintained in relation to each drill including the total time taken to evacuate the centre. The inspector found that residents were aware of the fire evacuation procedures and were able to describe the procedures involved. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

**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 provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. There was a policy on the protection of vulnerable adults in place. The policy provided sufficient detail to guide staff in the event of any suspicion of abuse of allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents stated that they felt safe and secure in the centre.

The inspector observed staff interacting with residents in a respectful, warm and caring manner. Staff had been provided with training in the management of behaviours that
challenge and there was evidence of a high standard of practice in this area. The inspector saw that staff in centre worked very closely with the behaviour support team and had access to the team 7 days each week. The inspector reviewed a number of positive behaviour plans which had been drawn up for some residents. The inspector found that the plans were of a high standards and contained detailed guidance to help support the resident having regard to evidence based practice. Behaviour monitoring charts were extensively used and this information was used to inform and update reactive strategies and informed responses to residents’ behaviour.

A restraint free environment was promoted and not forms of physical restraint or restrictive practices were in use. The inspector reviewed the records of a resident who had been prescribed “as required” PRN medication. The inspector found that there were strict procedures in place to manage the administrations of this medication. There was also an administration protocol in place which clearly described the circumstances in which this medication was to be used.

As highlighted under outcome 1 systems and procedures were in place to ensure that residents were protected from the risk of financial abuse.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training
and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

**Theme:**
Health and Development

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

**Findings:**
Systems and practices were in place to promote residents quality of life and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment some of which was provided through Muiriosa day service. Residents attended day services or had roles assisting in the day service. Art classes were provided and yoga and horse riding were also provided. Residents were also supported to do voluntary work in the community such as working in an animal shelter.

Residents stated that they had busy social schedules. Residents described going on holidays and also for weekend trips away. Regular shopping trips and visits to local restaurant and coffee shops were also important to the residents as well as frequent visits to see family members.

**Judgment:**
Compliant

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**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 found that effective systems were in place to support residents’ health care needs.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector that they were happy with their GPs and could see them whenever they wished. The inspector reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to
the allied health professionals such as the speech and language therapist (SALT), dentist, optician, physiotherapist and occupational therapist.

Nursing assessments were carried out for each resident and covered areas such as nutrition, falls and skin integrity. A comprehensive assessment of activities of daily living was also carried out and care plans were drawn up based on the results of these assessments.

As described under outcome 5 residents received a high degree of support from the behavioural support team and there were detailed records maintained of consultation with this team. The inspector found that this system resulted in consistent and supportive care for residents and promoted a calming environment in which the residents could attain their personal development goals.

Measures were in place to adequately meet residents’ food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident’s social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as take away and pizza.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Staff had received training and monthly audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents’ prescriptions was carried out. The inspector reviewed the
records of a medication error and found evidence of good practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence.

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:**
There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review. Some matters were not sufficiently described in this document; however the person in charge addressed these matters at the time of inspection.

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:**
There was an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations in full. The person in charge had the required experience and had a number of qualifications which were relevant to the role. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was readily available to them. The person in charge was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place and the inspector was shown a sample of these. The person in charge stated that this system was operating effectively and provided a framework for continued professional development.

There were systems in place for monitoring the quality and safety of care. The person in charge and her deputy carried out detailed audits of areas such as health and safety, medication management and care planning documentation on a weekly and monthly basis. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge.

**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. The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**
Compliant

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<th align="left">Outcome 16: Use of Resources</th>
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<td align="left"><em>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</em></td>
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**Theme:**
Use of Resources

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

**Findings:**
The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents’ wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. Two cars were provided and available for use by the residents when they needed them.

**Judgment:**
Compliant

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<th align="left">Outcome 17: Workforce</th>
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<td align="left"><em>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.</em></td>
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**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management, infection control and behaviours that challenge.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff and the person in charge had developed a guide to help staff understand these documents. There was one volunteer attending the centre at the time of inspection and the inspector found that a suitable induction programme had been put in place for this person in addition to an An Garda Síochána vetting checks. A written agreement was also in place for volunteering.

**Judgment:**
Compliant

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**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 and the required policies were in place.

The inspector read the residents’ guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.
Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

**Judgment:**
Compliant

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**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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