## Health Information and Quality Authority Regulation Directorate

### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003749</td>
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<tr>
<td>Centre county:</td>
<td>Laois</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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 3 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
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<tr>
<td>18 September 2014 09:30</td>
<td>18 September 2014 15:00</td>
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<tr>
<td>23 September 2014 09:30</td>
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<td>24 September 2014 09:30</td>
<td>24 September 2014 01:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This was an inspection of a nominated designated centre from Muiriosa Foundation (hereafter called the provider). The purpose of this inspection was to inform a decision to register a designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 (hereafter called the Regulations).
There were three residents residing in the designated centre at the time of inspection. As part of this announced registration inspection the inspector met with members of management, the person in charge, social care staff, residents and also reviewed information submitted to the Authority by families. In addition, the inspector met with members of the personnel department (on a separate day) at the providers head office to inspect staff files and training records. The inspector observed practice and reviewed documentation. Overall the inspector found that there was a very good standard of care provided in the designated centre.

All areas that were inspected are discussed in detail in the main body of the report.
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:
Overall the inspector was satisfied that resident's rights, dignity and consultation needs were met to a good standard. The inspector noted residents had access to appropriate services and residents rights, privacy and dignity were respected. The inspector found that choice and consultation was afforded to each resident and there was a system in place to deal with resident and family complaints.

The inspector found that residents were consulted with regarding many aspects of their care. For example, the inspector found that residents were supported by a professional staff team in areas such as person centred planning, provision of information, social activities, centre/house issues and food/menus. The inspector noted evidence of meaningful consultation with residents on inspection with staff engaging appropriately with residents at all times. The inspector found minutes of house meeting and continual engagement with residents via their personal plans and progress notes.

The inspector found resident's rooms were individually decorated and contained residents personal possessions. The inspector found a professional and respectful system for managing resident's personal possessions. In addition, the inspector found an appropriate system in place regarding the management and safeguarding of residents finances.

The inspector found appropriate policy and procedure regarding complaints that was displayed in a prominent place. Family members highlighted that they knew how to make a complaint. The inspector found there were nominated individuals to deal with and review complaints. The inspector found a number of compliments by family on the
The person in charge and social care staff demonstrated a good knowledge of this system.

**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:**
Overall the inspector found that resident's communication needs were facilitated and supported. There were effective and supportive interventions provided to ensure each resident's communication needs were met.

The inspector found that residents had 'communication passports' that were appropriately reviewed and up to date. These documents gave specific direction as to individual's specific communication needs and requirements. The inspector noted staff communicating with residents in a very professionally supportive and respectful manner throughout the inspection. Staff were very familiar with residents assessed needs and communicative abilities and limitations. The inspector found the use of assistive technology and pictorial aids in place with some residents. The inspector noted a strong staff knowledge and awareness of resident's needs, wishes and preferences. For example, staff member's ability to read residents non-verbal communication, e.g., behaviours and/or sounds to express themselves. The inspector found residents had good access to communication media, such as, television, radio, newspapers and magazines. The inspector noted a communication board in the house that highlighted appropriate and accessible information to residents.

**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:
The inspector was satisfied that residents were supported to develop and maintain links to their families and wider community.

The inspector found that residents were residing in the designated centre for just under one year, having moved out of a campus based setting. Staff members informed the inspector that community integration was a paramount consideration within the designated centre. The inspector found various examples of appropriate links to the community, such as, residents utilising services like library, hairdressers, beauticians, pharmacy, shops, cafes and pubs. The inspector noted continual efforts on the part of staff to ensure residents maintained links with their surrounding community.

Regarding family and personal relationships, the inspector noted efforts on the part of the staff to create and maintain resident’s relationships with their loved ones. For example, one resident visited her family home for the first time in a number of years and this was a very positive experience for all concerned. The inspector noted another resident who elected to have a significant birthday celebration in the designated centre which was also very successful. The inspector heard of another resident with family abroad who was working towards using technology to maintain communication with this family member.

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:
Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. There was a suitable mix of residents and the inspector found that each resident had a tenancy agreement and written contract in place.
The inspector found transparent criteria regarding the conditions of resident's tenancy and the contract for provision of services. These clearly outlined the services residents could expect to receive inclusive of fees charged. The inspector noted consultation had taken place with residents and their families and next of kin also signed these agreements.

**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:**

Overall the inspector found that resident's wellbeing and welfare was maintained by a high standard of care. There were appropriate arrangements in place to meet each resident's assessed needs and these were clearly outlined in residents individualised personal plans.

The inspector found that residents partook in social outings that reflected their needs, interest and capacities. Residents had good opportunities to achieve goals that were continually reviewed and updated by staff and the person in charge. The inspector noted art therapy happened once per week in the designated centre and observed same on the inspection. The residents appeared to enjoy this activity very much. Staff members informed the inspector of the continual pursuit of age appropriate social activities for residents. For example, trips out, local festivals, music in a local nursing home, concerts, shopping, and arts exhibitions. The inspector found good evidence of residents social care needs being met and reviewed.

The inspector noted comprehensive personal plans that included involvement from relevant professionals where required. For example, physiotherapy, speech and language therapy (SALT), occupational therapy (OT) and psychiatry involvement were noted on resident's plans who required same. The inspector found that all residents had good access to a multi-disciplinary team and received the required intervention.
where/when required. The inspector reviewed a number of personal plans and noted they were completed with the maximum participation of each resident and presented in accessible formats. For example, the inspector reviewed personal plans containing mainly a visual and pictorial format for increased accessibility residents.

**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:**
Overall the inspector was satisfied that the location, design and layout of the centre was suitable to its stated purpose and met residents individual and collective needs in both a comfortable and homely way.

The designated centre comprised of a 4 bedroom detached bungalow on a large site in a quiet country location. The inspector found that the designated centre was warm, bright and clean throughout. The inspector was satisfied that the premises was accessible and supportive to the residents mobility needs. The inspector found that the centre was appropriately equipped and maintained to a good standard. The designated centre was large and homely and each resident had suitable room and space along with comfortable living areas. Kitchen, bathroom and laundry facilities were suitable and appropriate to residents needs. The inspector noted wheelchair access points at the front and rear of the premises and handrails were also in situ to support residents. Residents highlighted to the inspector that they were very happy in their home.

**Judgment:**
Compliant

### Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

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

Findings:
The inspector found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and good systems were operating regarding the management of risk.

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 carried out where issues were identified. For example, the inspector read a number of appropriate risk assessments pertaining to residents at risk of falls, residents who smoked, and residents being left alone to promote independence.

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. For example, daily, weekly and monthly checks carried out by the person in charge and staff. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

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 to evacuate the centre. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The inspector found that there were appropriate infection control systems in place with appropriate spill cleaning kits and infectious substance bins available. The inspector noted staff continually washing their hands when preparing meals and administering resident's medications. The inspector found that overall there was a good risk aware culture present in the designated centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach
to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

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

**Findings:**
The inspector found that the provider had measures in place to protect residents from harm and the risk of abuse.

The person in charge and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found policies on protecting vulnerable adults were in place. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff had been provided with training in the protection of vulnerable adults. The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. The inspector checked resident finances in the designated centre which corresponded with the last recorded account entries. The inspector found staff were knowledgeable in terms of behaviours that challenge/of concern and were appropriately equipped to manage same. Any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place. There was a restrictive practice register in place and this was continually reviewed by the person in charge. The inspector found these practices were appropriately managed and reviewed and were applied in accordance with evidence-based practice.

**Judgment:**
Compliant

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

**Theme:**
Safe Services

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

**Findings:**
The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief
Inspector.

The person in charge and her deputy were fully aware of her regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events on display in the designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

**Judgment:**
Compliant

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**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:**
Overall the inspector was satisfied that residents had good experiences and that staff ensured residents were engaged in activities suitable to their preferences, wishes and capacities.

All residents were retired and therefore did not attend day services. The residents activated from the designated centre and had their own transport in situ. The residents were observed to enjoy a good quality of life with a variety of activities available to them. The inspector noted that staff were passionate in their advocacy for residents and were continually exploring ways for residents to be more involved in community life. For example, residents were encouraged to participate in social activities and use local services in the surrounding community. The inspector saw evidence in residents personal plans that staff were continually setting new goals and objectives with residents to improve their general welfare and development.

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

Findings:
Overall, the inspector was satisfied that all residents were supported on an individual basis to achieve best possible health.

The inspector found that residents had appropriate access to General Practitioner (GP), Psychiatry, Physiotherapist, Dentist, Speech and Language (SALT), Dietician and Chiropodist. The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were reviewed and monitored and any required medical or clinical intervention was sought/provided. Health plans were well documented in the residents' files and appropriately kept under review. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector found that staff were continually working to meet residents physical and mental health needs. The inspector viewed residents appointments calendar which corresponded with progress notes documenting all clinical/medical interventions with residents.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Choice was facilitated through knowledge of residents likes and dislikes, the rotation of menus and residents meetings. Pictorial menus were used to assist some residents to choose their meals. Residents were involved in the shopping for their home on a weekly basis. The inspector noted appropriate assessment regarding food, nutrition and hydration. The inspector found malnutrition universal screening tools (MUST) assessments operating in the designated centre with all staff displaying a good awareness of same. The inspector observed residents who required support at meal times receiving same in a dignified and respectful manner.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was viewed by the inspector in the designated centre. The person in charge was a qualified nurse and managed all controlled medications. The inspector found that the person in charge had good local systems in place to ensure medication practices, recording and storage was professional and adhered to regulatory requirements.

Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication is provided on the blister pack to ensure that staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately in secure locked cabinets. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hours. The inspector observed medications administered appropriately and found staff to be professionally knowledgeable in the area of medication management.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents.

**Judgment:**
Compliant

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**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:**
Over the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.

The person in charge was a qualified nurse who works full-time in the designated centre and is supported by a team of social care workers and care assistants. The person in charge stated that while she has undertaken some 'in service' management training and had a lot of experience managing nursing students, she will undertake an appropriate management qualification to ensure she is compliant with the Regulations. The person in charge reports directly to a clinical nurse manager (CNM) and stated she is very well supported in her role by the CNM and Area Director. The person in charge stated structured management meetings occurred with her line manager and there were also additional monthly person in charge meetings for peer learning. The person in charge stated she has daily contact with her CNM and is performance managed in her role. The inspector was satisfied that good lines of communication and support existed between the person in charge and the provider's management structure. The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations.

The person in charge ensured resident’s family members were welcome in the designated centre by maintaining ongoing communication with resident’s families. The inspector was informed that family members were encouraged to participate in resident’s lives and residents were promoted to maintain links with their families. Family questionnaires returned to the Authority were positive and complimentary to the staff and management of the designated centre. The person in charge presented as competent and capable throughout the inspection process. The inspector also met with the Area Director who is a nominated person participating in the management of the designated centre. The inspector was satisfied that the Area Director had good oversight and governance arrangements in place regarding the professional operational management of this designated centre.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems. The inspector was satisfied that the person in charge was appropriately engaged with the governance, operational management and
administration of the designated centre and meets regulatory requirements in this regard. The inspector reviewed staff supervision arrangements and noted the person in charge had a newly adopted system in place regarding the supervision and performance appraisal of staff. The inspector found that the person in charge knew her staff team very well. The residents presented as very happy and comfortable at all times with both the person in charge and staff on duty.

**Judgment:**
Compliant

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**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that a deputy person in charge assumed local responsibility for the designated centre in the case of the person in charge's absence. This person was a qualified social care worker and presented as highly competent and capable over the course of inspection. In addition, the CNM and Area Director assumed overall governance and management responsibility for periods of prolonged absence of the person in charge. The inspector found appropriate arrangements in place to ensure the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Overall the inspector found that the designated centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector found that the designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of residents. Residents were provided with a good standard of care that was supported by the provision of appropriate resources throughout the designated centre. The residents, families, staff and person in charge were satisfied with the levels of resourcing available in the designated centre.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Overall the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had professional practices regarding recruitment, training and managing volunteers in place.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office. The inspector was satisfied that the majority of staff files that were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet
regulatory requirements. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector viewed correspondence and evidence of supervision with a volunteer who worked in the designated centre. The person in charge had safe systems in place to ensure volunteers were supported in a professional manner in conjunction with the volunteer manager.

**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 found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated. The inspector noted that all policies reviewed met with the requirements of the Regulations. The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files and records and other information, relating to residents and staff, were maintained in a secure and professional manner.

The inspector found a directory of residents was maintained by the person in charge and up-to-date. The inspector was satisfied that the required records and documentation relating to the designated centre were maintained in a manner that ensured completeness and accuracy. The inspector read the residents’ guide and found that it provided some detail in relation to the required areas.
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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority