**Centre name:** A designated centre for people with disabilities operated by Lorrequer House  
**Centre ID:** OSV-0003783  
**Centre county:** Dublin 14  
**Type of centre:** Health Act 2004 Section 39 Assistance  
**Registered provider:** Lorrequer House  
**Provider Nominee:** Teresa Quinn  
**Lead inspector:** Linda Moore  
**Support inspector(s):** Liam Strahan;  
**Type of inspection:** Announced  
**Number of residents on the date of inspection:** 6  
**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.
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 1 day(s).

The inspection took place over the following dates and times
From: 29 October 2014 09:45
To: 29 October 2014 18:30

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 was an announced inspection which took place over one day and was for the purpose of informing an application for registration. The provider had applied for registration for six places. This report sets out the findings of the inspection.

Overall, inspectors found that the provider met the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 2013. There was one area for improvement.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.
Overall, the inspectors found that residents received a good quality service in the centre whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and residents’ communication support needs were met very effectively.

The centre was clean and had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in telling inspectors about their home. Residents were actively involved in planning their day. Collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. All actions identified at the previous inspection in March 2014 were addressed.

There was one area for improvement in that fire compliance was not submitted in line with the Regulations.
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that resident’s rights, dignity and consultation were well maintained. There was evidence that residents have opportunity to contribute in how the centre is planned and run.

Residents gave numerous examples of how they were involved in the running of the centre for example, preparing their own lunches and assisting to keep their bedrooms clean.

Residents told inspectors about their involvement with their local community including trips to the supermarket, visiting neighbours houses, going to the cinema and local pubs for a meal and a drink.

While there were no complaints recorded, a complaints log was in place if required, which included space for any responsive action undertaken as a result of a complaint. The complaints procedure was displayed and was given to residents and their family on admission in an accessible format. The person in charge was knowledgeable of her role within the procedure. Residents expressed familiarity with whom they could make a complaint to, and they described how the staff were available if needed. Regular meetings were held with an external advocate.

Residents showed inspectors their personal plans and life story books, which they keep in their own rooms. Being based on picture formats they were user friendly and informed residents on issues such as rights, diet and their goals. Residents displayed familiarity with, and understanding of, the contents.
During inspection staff were seen to treat residents with dignity and respect, facilitating individual routines and practice in a manner maximising residents’ independence. Care plans showed that staff facilitated residents to exercise civil, political and religious rights. Residents were supported to access mass in the local church.

There were opportunities for residents to participate in activities that are meaningful and purposeful and reflected their interests and capacities. Activities are planned for the residents with the residents. Residents said they enjoyed bowling, crazy golf and trips to the cinema. One resident was seen to be facilitated with part-time employment, which the resident spoke positively about with inspectors.

There is a policy protecting residents’ property and monies which was seen to be implemented in practice. Residents retain control over their property and where monies are held by the centre there is transparent procedures around this to protect both residents and staff. Fees were described within the contract of care and it was clear as to what services were included for this charge.

The provider had developed a policy to provide guidance to staff on the care of residents’ property and finances, as required by the Regulations. This had been an improvement since the previous inspection and was reflected in practice. Inspectors found that resident’s finances were managed in accordance with the policy. Balances were checked and were correct; all entries were signed by two staff members and/or the resident if applicable.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspector found that the person in charge and staff responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, advice on healthy eating and daily support needs were in written and pictorial form for residents. Menu choices were available in picture format to support residents making a choice.

Inspectors reviewed minutes of the weekly residents’ meetings which showed that
residents have input into their menu and house activities, as well as the opportunity to express any issues, shopping needs or individual activities that they would like to plan for that week. The activities were seen to be meaningful, purposeful, appropriate to residents’ needs and affirming individual talents. Staff were also seen to be engaging residents to choose colour schemes for upcoming paint works in their bedrooms. Staff were aware of the communication needs of residents and these were clearly described in the communication passport on file for each resident.

Residents told inspectors that they had access to magazines, radio, TV, and telephone. Internet access was also available. This was used to order the necessities for the house each week and resident’s specific wishes were also included.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community and that family were encouraged and welcomed to be involved in the lives of residents. As this centre was developed by families for residents, their involvement is paramount to the running of the service. One relative cuts the lawn and maintains the exterior of the building.

Inspectors met with one relative and evidenced good rapport and communication between family members and staff. Residents told the inspector that family members and friends could visit at any time and some residents said that they visited their family home regularly. While residents visit their families, they often request to return to the centre and prefer to spend Christmas in the centre.

Inspectors saw that there were records maintained in residents’ files that the family were very involved in the residents’ personal care plan and goal setting.

Inspectors received completed questionnaires from some family members which were complementary of the service and opportunities being provided.

Both residents and staff confirmed that if they wished to meet a visitor in private, they could use the kitchen or sitting room.
The residents appeared to know people in the local area and said how they would go for a walk and stop off to chat with some neighbours. Residents and staff told inspectors how neighbours visited the centre for the monthly party and for other special occasions.

Residents told inspectors that teenagers from the local school visited the centre twice per week and showed inspectors the art work they had completed for Halloween.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors reviewed and found that the admissions policy set out the arrangements and guided practice regarding admitting new residents to the centre. This was demonstrated in the practice for the most recent admission. The recent admission process considered the wishes, needs and the safety of all residents in the centre.

All residents were provided with a contract of care since the previous inspection. This contract was signed, set out the services to be provided and the fees to be paid. Details of additional charges were also included.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
In general, inspectors found that residents were supported to be involved in the development of their personal plans. Inspectors found that the care and support was provided to residents to meet their assessed needs and wishes.

Personal plans were reviewed three monthly and there was evidence that goals developed by residents were being achieved. All residents and family members and where invited by the resident, members of the day service were involved in the reviews. Residents had an accessible version that they kept in their bedrooms and discussed these with inspectors.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents’ interests. Individualised risk assessments were in place to ensure continued safety of residents. For example, one resident required support to access the utility room and the risk assessment identified the hazards of this and the control measure included the need to be assisted by staff or use a laundry basket. Residents who required assistance in the shower were supported and grab rails were fitted to reduce the risk of injury to residents. Residents signed their personal plans where they could.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the centre was clean, warm, well maintained and homely. Each resident had their own bedroom and there was sufficient communal space in the house.
There were appropriate numbers of bathrooms, showers and toilets in the house to meet the residents needs. There were plans to repaint and carpet the bedrooms with the residents involvement.

Inspectors observed pictures throughout the house as a visual aid to remind residents of what was in a room or in a press in the kitchen.

Inspectors were invited by some residents to visit their bedrooms which were well kept and of suitable size to meet their individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and various other belongings.

The house was appropriately decorated for Halloween which was being celebrated on the week of the inspection.

The entrance to the centre was sufficiently accessible for all residents who lived there. The centre was being kept in a clean and tidy manner, and residents told inspectors about how they contributed to keeping the house clean. Inspectors saw invoices of regular maintenance in the house and the person in charge stated that any maintenance requirements were attended to by the provider promptly.

There was sufficient storage in residents’ bedrooms for their clothes and other personal items.
There was a kitchen/conservatory room and a separate sitting room. Residents had unrestricted access to their kitchen. The utility room was situated off the kitchen. Residents were supported to manage their own laundry where they could.

Residents had access to a back garden which was well maintained and residents took pride in telling inspectors how they grow and eat the potatoes they planted each year.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. These had been improved since the previous inspection. However, there was one area for improvement.
Inspectors read the risk management policies which were developed in line with the Regulations and guided practice. These had been improved since the previous inspection. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a health and safety statement in place which had been reviewed in 2014 and it related to the health and safety of residents, staff and visitors.

The provider and person in charge had developed a risk register to identify and manage the risks in the centre and risks pertaining to residents were maintained in their files. Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted to and reviewed by the person in charge and the provider. Incidents were being discussed at regular staff meetings with a view to learning from them and reducing the risk of recurrence.

Inspectors reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Residents commented that they felt the centre was safe and secure because the door could be locked and there was a staff member in the centre at all times.

Overall fire safety was well managed. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby staff checked fire exits daily and this was documented. Personal evacuation plans were documented in residents files and staff were aware of these plans.

All staff had been trained in manual handling and appropriate practices were observed by the inspector.

Written confirmation from a competent person that all requirements of the statutory fire authority, had not been submitted to the Authority at the time of the inspection. Inspectors read a report from the fire consultant outlining the work to be completed prior to the completion of the fire compliance documentation. The provider stated they were in the process of securing funding for this work.

**Judgment:**
Non Compliant - Moderate

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

There is a policy on and procedures for managing behaviours that challenge. Staff had appropriate skills to respond to and manage this behaviour if it arose and the person in charge was in the process of seeking further training. There were no residents at the time who displayed these behaviours, however the policy would guide practice. There was evidence that the General Practitioner (GP) and Psychiatric services were involved in the care as required. There were no restrictive practices in place in the centre.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. These individualised plans were reviewed by the person in charge to ensure that they met the needs of each resident.

Residents confirmed that they felt safe and described the staff as being very kind and were able to tell the inspector about a number of staff whom they could talk to if they had a concern.

**Judgment:**
Compliant
**Outcome 09: Notification of Incidents**

*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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the person in charge and staff had maintained detailed records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and provider.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

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**Outcome 10. General Welfare and Development**

*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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents’ general welfare and development was being facilitated. All of the residents attended a day service for a period of time during the week which provided a range of activities. Residents told inspectors that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who work there. Residents also told inspectors that they were supported by staff to pursue a variety of interests, including walking, bowling and joining various clubs of interest.

Many of the residents were encouraged to be independent in the house and community as much as possible. Two of the residents travelled unassisted to the day service with
the appropriate supports.

The personal plans were based on outcome goals which included developmental goals and care plans were in place to support residents to be independent with the appropriate supports.

Many of the residents said they had enjoyed the Zumba classes which were facilitated in the house and there were plans to organise these classes in the community.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found that there were appropriate arrangements in place to support residents’ health care issues as they arose. Inspectors reviewed the personal plans and medical folders for three residents and found that they had access to a general practitioner, including an out of hours service. There was evidence that residents accessed other health professionals such as chiropodists, opticians and physiotherapy services. One residents hearing aid was recently replaced. There was evidence that residents with epilepsy had regular medical reviews by their GP. Seizure diaries and care plans were introduced since the previous inspection. Manual handling assessments and plans were documented in all residents files. support plans were developed by staff which were pictorial and could be easily understood by residents.

A hospital passport was developed to provide useful information about residents to hospital staff if required.

Residents appeared to enjoy their evening meal when they returned to the centre. Inspectors were made to feel very welcome at meal time. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available.

Inspectors found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time.

The mealtime experience was an unhurried and social occasion which provided good opportunity for social engagement. Residents, who required their food to be modified,
for example minced moist, were served this food as prescribed. Residents are encouraged to eat healthy. One resident enjoys making their own bread with a family member.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors were satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. There was a medication policy which guided practice. This had been revised since the previous inspection.

Inspectors read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. The pharmacist was involved in medication safety and provided support and advice as required. Information pertaining to each resident’s medication was available in the residents files.

All staff had completed medication management training since the previous inspection.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and the provider and there were systems were in place to minimise the risk of future incidents.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

**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):
No actions were required from the previous inspection.

Findings:
Inspectors found that the statement of purpose met the needs of the regulations. It reflected the centre’s aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met. The admissions procedure was also outlined, and again was seen to be implemented in practice.

The contents of the statement of purpose were also available to residents in an accessible format via the Residents’ Guide.

The person in charge was aware of the need to keep this document up to date.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider had established a management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included the attendance of the chair person of the board at the staff meetings. The provider visited the centre regularly and was very knowledgeable about the service. The provider reported to the Board of directors, the minutes were reviewed by inspectors.

The provider and the chair person of the board had undertaken a number of
unannounced audits and reviews of the safety and quality of the service since the previous inspection. There was a regular review of risk management arrangements and incidents and accidents. Inspectors read the results of the audits undertaken and the areas for improvement identified.

Inspectors found that the person in charge at the centre was appropriately qualified and had continued her professional development. She had sufficient experience in supervision and management of the delivery of a community based group home. She was reasonably knowledgeable about the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident. Additional administrative hours were allocated to the person in charge since the previous inspection to carry out her functions as required by the regulations.

**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements were in place through the availability of another experienced staff member to cover any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**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 that sufficient resources had been provided to meet the needs of residents. There were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. The provider had ensured that sufficient assistive equipment had been provided. One resident with complex needs had been provided with a specialised chair and the bed was replaced which supported him to be as comfortable as possible.

The centre was suitably furnished and well equipped.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that there was a very committed and caring staff team who work well to ensure that the needs of residents are met. Staff were known to attend functions in the house when they were not on duty and also invited their own families. One relative described the service as a haven of love and support for residents. The care was described as high quality care and a wonderful place.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Four staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Training records were improved since the previous inspection, they now outlined the planned and actual training for all staff. Actual training provided in 2014 included areas such as medication management, first aid, fire safety, epilepsy and warfarin use.

The person in charge had identified areas of training which were required such as dementia and behaviour that challenges. There was evidence that this training was being arranged. There was no date confirmed at the time of the inspection.

The volunteer was vetted and the role was clearly defined.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that records were accurate and up to date and maintained securely but easily retrievable.

Inspectors were satisfied that the records listed in Schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. These had been revised since the previous inspection and were being used to guide practice.

An up to date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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