<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by North West Parents and Friends Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001935</td>
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<td>Centre county:</td>
<td>Sligo</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>North West Parents and Friends Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Evelyn Carroll</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<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>5</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 1 day(s).

**The inspection took place over the following dates and times**

From: 03 November 2014 16:00  
To: 03 November 2014 20:30

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application for registration of the centre by the provider. The Provider representative/Person in Charge is a joint post and will be referred to as Person in Charge throughout this report. The designated centre is a bungalow style house with parking to the front of the building and a garden to the back.

The designated centre is part of the service provided by the North West Parents and Friends Association (NWPF) in Sligo. The NWPF provides residential, day services and education services to both male and female adults and children, with an intellectual
disability in Counties Sligo and Leitrim. This designated centre provides support and accommodation to both male and female service users who have a mild to moderate intellectual disability on a full-time basis. The inspector met with the staff member and the service users at the centre.

The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records and medication practices. The inspector also reviewed the Authority’s 5 resident and 4 relative questionnaires received. All were complimentary of the service provided and of the staff.

The service users gave their consent to the inspector to enter their home and review documentation with regard to them. The designated centre was clean, tidy, warm, well maintained and was domestic like in nature. There was a clearly defined system of governance and management. 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. Service users told the inspector they were well cared for, had a say in the way they spent their time and enjoyed living in the centre. Staff described how they worked closely with the day service to ensure a seamless service for service users.

The inspector reviewed the seven actions from the previous inspection completed in May 2014. All actions were found to have been completed. The inspector found evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 with minor non compliances in Outcome 18 Records and documentation.

These are discussed further in the report and included in the Action Plan at the end of this 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):
No actions were required from the previous inspection.

Findings:
Service users’ rights and dignity were promoted. Service users were consulted about the operation of the centre. Weekly service users’ meetings were held. Minutes of these showed that service users were consulted about their daily routines including menu planning and activities they wished to partake in. Service users’ religious, civil and political rights were respected. If service users wished to go to Mass this could be facilitated by the staff. If elections were occurring staff discussed candidates and information available with service users.

Service users were supported to have control over their own finances. A policy and procedure was in place to protect service users who required assistance in this area. The residents’ guide had recently being updated to include an easy to read section on resident finances. All service users had their own bank account and staff provided money management skills training. The inspector spoke with residents with regard to their finances and they confirmed that they could buy what they chose and had access to their money as they wished. Staff members interacted with service users in a respectful manner and service users told the inspector that their privacy was respected. Two service users shared a bedroom; both stated that they were happy with this arrangement.

The inspector reviewed the systems and documentation in place for the management of complaints. The complaints policy complied with the regulations. A second person was available to ensure that complaints are appropriately responded to and records maintained. If the complaint was unresolved by the organisation, the complainant could bring their complaint to the HSE complaints officer. The ombudsman was identified as
the independent appeals procedure. An advocacy service was available to the service users.

The staff member was aware of the name on the organisation’s complaints officer and the name of the designated person to report allegations of abuse. When any dissatisfaction with the service was noted, this was discussed by the management team at the quarterly service review meetings. Complaints and informing service users of their rights was a regular item at the weekly meetings. This was confirmed from reviewing the minutes.

**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:**

Service users were supported and assisted to communicate in accordance with their assessed needs and preferences. Communication needs were identified in their personal plans and service users were able to communicate their views and wishes. Some easy to read documentation was available. Communication passports were available for each resident. These provided a valuable tool if service users had to attend or be admitted to the local acute hospital. Service users had access to television and radio in the centre and the internet at the day service.

Behaviour support polices and specialist behaviour support personnel were available to the organisation if they required same. Currently there was no service user who was displaying behaviour that challenged.

**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:
Service users were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Where families were available they were actively involved in their care. Friends and families were free to visit anytime. Service users told the inspector that they enjoyed visits from families who attended regularly. Families were encouraged to participate in the lives of the service users and the inspector saw that they were regularly consulted and kept up to date. Care plans were in place to support and enhance this process and service users told the inspector about their families and showed the inspector photographs of their families. A copy of the minutes of the annual review meetings were given to the family member/significant other with the consent of the service user.

Service users participated in their community by attending local events and places of personal interest to them. Additionally they attended training and education in the community as part of their day service programme. Service users spoken with were happy with the level of participation they had in the community. They told the inspector they enjoyed the weekend activities and were happy to spend their evenings in the house chatting, seeing visitors and watching television.

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):
No actions were required from the previous inspection.
Findings:
The admissions process was appropriately managed and contracts of care were in place. Prior to admission to the service, a consultation process with the existing service users occurs, this was confirmed by relatives in their questionnaires. Risk assessments were completed and a transitional plan was developed with the multi disciplinary team. The person in charge described how this ensured a smooth transition for all involved. An admission policy was in place. The person in charge was clear that existing service users needs took precedence over a new admission and that any future admissions would only occur having regard to the needs, wishes and safety of the existing service users in the centre and of the service user to be admitted.

Each resident had a contract of care in place outlining the service to be provided and the finances in regard to same. All service users were charged the same weekly living allowance. While the contracts of care were not available in an easy to read version, the residents guide which was available in an easy to read version had been reviewed to include the service to be provided and the fees to be paid for this service. This was used in conjunction with the contract of care to explain the contract. Staff recorded the discussion with regard to agreeing the contract of care in the person centred file.

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

Findings:
Each resident’s personal centred plan (PCP) contained a comprehensive assessment of their health, personal and social care needs. A person-centred approach was promoted that met the health and social care needs of service users. Daily notes were maintained which detailed how the service user spent their day. Service users, relatives and members of the multi disciplinary team were involved in the development of the personal files. The personal file consisted of a folder with photographs of activities undertaken by service users. Work had been completed by the staff since the last inspection to make the person centred plans more accessible. A separate easy to read
booklet detailing significant aspects of the service users’ lives had been developed. Service users told the inspector that they liked this booklet and shared it with their visitors and families.

At the time of the last inspection, the personal plans did not reflect any planning for the future for a change in circumstances and there were no wishes or views of the service users recorded to ensure that their views would inform future planning. The staff team had commenced work in this area and there were regular meetings in place to discuss provision for changing needs of service users, however, there was poor access for service users whose dependency had increased to access appropriate disability services. The only service available was generic elderly care services and this may not meet the specialist needs of dependent disability service users, and issues of consent and choice need to be given due consideration. A flow chart had been added to the contract of care detailing how transition may be managed. Service users confirmed that their plan was reviewed regularly and had a complete review annually or more often if required. They confirmed that they and their significant other were involved in this review.

The Inspector found that there were opportunities for service users to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for service users in day services five days a week and service users partook in various activities at the weekends. The action with regard to the development of a leisure buddy system to assist service users with developing evening leisure activities and providing service users with inclusion in activities in the community had been partially addressed. Leisure buddies had been recruited and staff were in the process of matching buddies with service users.

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

Findings:
The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the service users whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and were free from significant
hazards that could cause injury. Service users showed the inspector their bedrooms. Each was decorated to the resident’s choice, with their own TV, photos, and other personal items of interest to the service user.

There was a kitchen that included all of the equipment needed to store, prepare and cook food. There was a washing machine for residents to use. There were an adequate number of bathrooms/showers to meet the needs of the service users.

There were adequate furnishings, fixtures and fittings and the centre was clean and suitably decorated. Adequate private and communal accommodation was available.

Two service users shared a bedroom and said they were happy with this arrangement at the current time. The staff sleep over room was available to residents to use as a private space should they require same to see visitors in private.

**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:**
Systems and procedures were in place to promote the health and safety of service users, staff and visitors. Satisfactory risk management procedures were in place. Staff had up to date fire safety training and staff were able to explain to the inspector how they would evacuate if the need arose.

Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans for each service user had been developed and service users’ mobility and cognition had been considered with regard to safe evacuation. The inspector spoke with the staff on duty who stated that service users were involved in fire training and she was confident that they could safely evacuate should the need arise. Service users spoken with by the inspector stated if they heard the fire alarm they would vacate immediately and could identify the assembly area. Fire drills at various times including night time had been completed. The inspector reviewed service records and found that the fire alarm had been recently serviced. Fire fighting equipment and emergency lighting records indicated that they were serviced annually. An emergency plan was in place with a place of safety identified should evacuation be deemed necessary. An alternative place of safety was documented should evacuation be deemed necessary certification of compliance with the fire regulations signed by a person
A competent in fire safety was forwarded to the authority and was seen by the inspector as part of the application for registration of this centre.

The person in charge told the inspector that all vehicles used to transport service users were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained. Records were available to support this.

Since the last inspection thermostatic controlled showers and thermostats had been installed and the temperature of the water at point of release was controlled. This ensured that service users were protected and enhanced their privacy and independence.

An up to date health and safety statement was in place. The risk management policy had been revised since the last inspection and was in draft. The PIC stated that risk management training had been scheduled for November 2014 and post this training she wished to review the policy. The inspector reviewed the draft policy and found that it complied with Regulation 26 Health Act 2007, Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Hazards within the centre had been identified and risk assessed.

A system was in place for incident reporting and investigation of same. Accident and incident forms were found to be comprehensively completed. A process was in place for reviewing accidents and incidents. These were reviewed at the quarterly safety review meetings. Evidence of learning from adverse incidents to enhance the safety of the service and ensure positive outcomes for service users was available.

There were appropriate arrangements in place for the prevention and control of infection. The centre was clean and well maintained. Staff had attended training in infection control and hand hygiene. An infection control folder was available detailing guidance and information re public health services and infection control.

Staff training records reviewed supported that staff had received training in safe moving and handling.

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):
No actions were required from the previous inspection.

Findings:
Measures to protect service users being harmed or suffering abuse were in place. Examination of staff files demonstrated that staff had received training in protection of vulnerable adults. While policies and procedures for the prevention, detection and response to allegations of abuse were in place, these had not been reviewed in the previous three years. They gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse.

The staff member on duty was aware of the designated contact person and confirmed that she had read the policy, and of the responsibility to report any allegations or suspicions of abuse. Service users informed inspectors that they felt safe and well cared for by staff and could talk to staff. Service users were complimentary of the staff and said they could talk to them any time. Procedural guidelines on the provision of personal care to service users to include respecting service users privacy and dignity was available. There have been no allegations of abuse reported to date at this service.

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):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.

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

**Findings:**
Service users had opportunities to engage in social activities. External activities were available through the day service and service users participated in range of varied interests such as computer projects, education courses, art, crafts and swimming. Service users also attended local fetes and fairs.

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

**Findings:**
Staff and service users described good access to the local general practitioner and there was evidence available of this in files reviewed. An out of hour’s service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

Service users stated they enjoyed the food and chose what they liked to eat. A weekly meeting was held where the weekly menus was discussed, minutes were available of this meeting, these showed there was good consultation with service users. Service users supported by staff completed the food shopping. There was evidence available that service users had requested that the staff have their dinner prepared in advance of their arrival from day services. This was occurring and service users assisted with serving and clearing up after their meal. Service Care plans contained information about service user’s likes and dislikes.
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):
No actions were required from the previous inspection.

Findings:
A medication management policy was in place to guide practice and included the arrangements for storing and administration of medicines to service users. Medication was administered via blister packs. A further policy was available regarding ordering and prescribing of medication. The inspector reviewed the prescriptions and medication administration records and found that they were clearly written and complied with best practice. Medications were stored appropriately, and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors. Medication management training was provided by the supplying pharmacist.

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:
The statement of purpose (SOP) detailed the aims of the centre and described the facilities and services which were to be provided for service users. The SOP contained all of the information required by Schedule 1 of the Regulations. It was kept under review and last reviewed in October 2014. The inspector found that the SOP was implemented
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 person in charge/provider is a joint post known as the Services Manager (Person in Charge). She is based at the day service facilities and generally works 09:00 hrs to 17:00hrs. She has been working in the service for over 30 years.

The person in charge is responsible for three houses in Co. Sligo and is the provider representative for two houses in Co. Leitrim (one of which is a children’s residential service). She was knowledgeable regarding the requirements of the Regulations and Standards, and had good knowledge of the support needs of each resident. She was in regular contact with staff and staff confirmed that she visited each residential centre regularly.

The inspector found that there was an effective management system in place, clearly defined management structures and the person in charge had the required skills and experience to manage the designated centre. The person in charge outlined the arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss any issues relating to the running of the home and to ensure the welfare of service users was protected. Meetings between care assistants (who supervise each house on a day to day basis) and the person in charge took place regularly and minutes were available of these meetings. Staff spoken with confirmed that the person in charge was supportive and approachable and they would have no hesitation in discussing any aspects of concern with her. There was a good communication process between the day and residential services. Care assistants reported each morning to the registered nurse in day services. An integrated day and residential communication file was in place where all information pertinent to the resident was available to the staff in the centre. This was transported on a daily basis between the home and the day service.
The inspector found that the quality of care and experience of the service users was monitored and developed on an ongoing basis. A system of audits had been put in place across all designated centres within the organisation by members of the management team. The inspector saw evidence that audits had been recently completed. An overall report was available of audits completed within the previous 6 months.

The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had not been completed to date. Staff who spoke with the inspector stated that those involved in the management of the centre were available and supportive.

**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:**
There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the clinical nurse manager 11 (CNM11) would act for the person in charge if required.

**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:
Sufficient resources were provided to meet the needs of residents. The house 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. There was a service owned vehicle which the centre could access.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there was appropriate number of staff in the designated centre. A rota was available detailing staff on duty. A planned and actual roster was maintained. Where staff were on annual leave or absent regular bank staff replaced them.

Regular staff meetings were held where staff from all the residential services met with the person in charge. The person in charge also dropped into the residential house on an ad hoc basis to see staff and service users. Staff were complimentary of the PIC and service users confirmed that they knew the person in charge and seen her regularly. Staff confirmed that the person in charge was freely available by phone out of hours and if she was away a deputising person was put in place. This was communicated to the centre by memo.

The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Staff files which were held centrally were reviewed at the time of the last inspection and all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place. No new staff had been appointed to this
centre since the last inspection.

Staff had attended training in infection control, food safety, protection and safety of vulnerable adults, manual handling, epilepsy management, first aid and fire safety. All staff underwent annual appraisals to review performance and identify training needs.

The centre was in the process of developing a volunteer programme. There was a policy in place to guide practices and supervision arrangements developed. There was evidence of written agreements that set out the roles and responsibilities of volunteers and vetting disclosures had been completed for some of the volunteers, other applications were in process.

**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:**
The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, some of these required review as they had not been reviewed in the past three years.

A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of service users' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the service user including any treatment or intervention was maintained. Service user's files were found to be complete and were kept up to date. Staffing records were maintained as required as outlined under Outcome 17 - Workforce.
Judgment:
Non Compliant - Minor

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
## Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by North West Parents and Friends Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001935</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>3 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>1 December 2014</td>
</tr>
</tbody>
</table>

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some policies required review as they had not been reviewed in the past three years.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Action Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies will continue to be reviewed at QSRM.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/12/2015</td>
</tr>
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</table>