<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiríosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003805</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>Muiríosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Heather Hogan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<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>1</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.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
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<tr>
<td>10 February 2015 10:50</td>
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<tr>
<td>11 February 2015 10:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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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 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<tr>
<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 16: Use of Resources</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 was the first inspection of this designated centre operated by Muiríosa Foundation which is based in the Laois/Offaly region. This centre provides day and respite support for one resident who lives at home with family full time. The centre offers an individualised support program which is operated from the centre midweek, with support from a small familiar staff team. There is a plan in place to begin overnight respite breaks for this resident in the near future, as a continuation of the day supports. As part of the inspection, the inspector visited the designated centre and met the resident and spoke with relatives and staff members. The inspector observed some practices and reviewed documentation such as assessments,
personal plans, risk assessments and policies and protocols.

The inspector found the centre was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. The person in charge had strong management systems in place to ensure effective oversight of all aspects of care and support delivered through the day and respite program. The inspector found effective leadership and guidance in place, as evidenced through compliance across all of the areas inspected. There was also ongoing support from the clinical team. For example, the principal psychologist and behavioral therapist. Staff members expressed that they felt supported in their roles. Appropriate staff recruitment and supervision was in place. The inspector found that the staffing level on offer in the designated centre was suitable to the assessed needs of the resident.

Overall, the inspector found that the resident received a good quality service in this designated centre, and was respected through an individualised service which had been created purely to meet the individual’s needs and preferences. There was evidence of compliance in 18 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector spoke with the resident’s family who expressed satisfaction with the supports on offer in the centre. They were assured that the resident was happy attending the centre due to the resident’s eagerness to go to the centre each morning, and the good relationship that had been built up with the staff members.

The findings from this inspection are outlined in the report under the relevant outcome headings. There are no actions as a result of this inspection.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that the resident’s family were consulted with and participated in decisions about the resident’s care and support, and the service provided in this centre. This was evidenced through minutes of meetings held with the family and through the resident’s person centred planning process. The resident’s family confirmed that they are included and involved in all decisions. The inspector also found that there was a process of gathering information through observation in relation to things that the resident wanted to change in the centre. Staff’s knowledge of the resident’s communication methods were contributing to decisions about the centre itself. For example, the resident was observed bringing a large cushion into a certain part of the centre to sit on. This had resulted in staff supporting the resident to purchase a new beanbag for this room.

The inspector found that there was an effective complaints procedure in the centre. The resident’s family were aware of this, and felt that they could raise any issues with the person in charge, and were confident that anything would be addressed. The inspector reviewed the complaints log and found anything that had been raised was recorded, dealt with locally and in line with procedure.

There were practices in place which were in line with the organisational policy for ensuring the resident’s belongings were kept safe. The centre was not managing the resident’s finances, as the resident lived at home.

The inspector found that staff members treated the resident with dignity and respect. On the day of inspection, the resident displayed uneasiness at the presence of the
inspector and person in charge in the centre, as this was not the normal routine. Staff were responsive to the resident’s early signs of distress and ensured support. The resident had been treated with dignity and respect through the development of this individualised service specifically to suit the resident’s needs and preferences. The location and premises had been decided upon by the resident's family, and involved the resident visiting the centre prior to leasing.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that the resident was supported to communicate. Staff could easily discuss the ways in which the resident expressed and received communication. For example, the use of short simple words along with real objects. The resident was being supported through the positive behaviour support team, and at times displayed behaviour such as shouting and pushing. These were recorded and analysed to gain an understanding of the functionality or the communication behind them. The resident’s methods of communication and supports needed were outlined through a complete communication profile, along with guidance in the person centred plan, and behaviour support plan. The inspector was satisfied that the resident was supported in their communication while in the centre.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that where desired, the resident was supported to develop links with the wider community, while in the designated centre. The Statement of purpose outlined this centre as offering a day programme along with weekly respite breaks. The inspector found that the resident's family were kept informed of the resident's well being.

The designated centre is located close to the resident's family home, to ensure a familiar setting and ease of contact if required. The resident's family were involved in choosing the house, to ensure the resident remained linked to the local community. There was a vehicle available in the centre at all times, to ensure easy access to amenities or the locality for the resident.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The inspector found that there was a signed written agreements in place which clearly outlined the terms and conditions of the day and respite service, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to the resident.

Judgment:
Compliant
Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The inspector was satisfied that the resident’s social care needs were assessed, and the resident was supported to meet their individual preferences in this regard. The inspector reviewed the person centred plan for the resident, and found there to be a range of goals currently being worked on by the resident, their family and staff. Family members informed the inspector that the location of the centre was chosen by the resident and their family as it was geographically close to the family home, and the resident’s own community. The resident spent a lot of time in the designated centre, however staff were sampling activities with the resident out in the community on a regular basis. There was a plan in place to prepare the resident for returning to swimming, with trips to the pool happening regularly to make the resident aware of the route. These were all clearly documented in the resident’s file.

The inspector found an individual assessment had been completed in October 2014, with the input of the resident's family. From this assessment, care guidelines covering all aspects of care and support had been written up and implemented.

The inspector reviewed documentation in relation to the transition of the resident into this centre, and found this to be done in a planned and safe manner over a set period of time.

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

Theme:
Effective Services

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

Findings:
The inspector found that the design and layout of the centre was suitable for it’s stated purpose of a respite centre. The inspector spoke with the resident’s parents who were involved in choosing the premises based on the needs of the resident. The centre had adequate bathroom and kitchen facilities and met the requirements of Schedule 6. There was an accessible garden at the back of the centre, which the inspector observed the resident using during inspection.

The person in charge informed the inspector that this rented property had been leased for a period of one year. Should the resident enjoy availing of respite, this lease would be extended.

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 the health and safety of the resident, staff and visitors was promoted in the centre. The inspector reviewed documentation and spoke with staff, and determined that there were systems in place to ensure the fire detection and alarm system, along with the emergency lighting were routinely serviced and checked by a fire professional. The inspector found that the resident had a personal evacuation plan in place, and staff were confident in following this procedure.
The inspector reviewed the risk management policies and procedures and found them to meet the requirements of the Regulations. There was a clear system in place to identify, assess and manage potential hazards in the centre. This was evident through the risk register and from speaking with the person in charge and staff. Family members had also been involved in ensuring the location of the centre and its property and grounds was suitable to the resident from a risk point of view.

The inspector found that there was an up to date insurance policy in place with adequate cover. The inspector also reviewed the safety statement dated July 2014. From speaking with the person in charge, and reviewing documentation the inspector determined that there was a system of oversight and audit in place in relation to health and safety. For example, monthly health and safety checks, weekly vehicle checks and yearly chemical audits. An emergency plan had also been put in place which covered all eventualities, and staff were aware of the content of same.

**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 there were measures in place to safeguard and protect the resident from harm or abuse. Staff had received training in the area of safeguarding and protection in 2014. From speaking with staff, the inspector found that they had an understanding of how the resident would communicate if they had been mistreated or upset by someone. Staff were also clear on how to report any allegations or suspicions of abuse. For example, the reporting of unexplained bruising.

The inspector determined that the resident was provided with support to promote a positive approach to behaviours that challenge. The inspector reviewed documentation and spoke with staff, and found that there was a positive behaviour support plan in place which had been revised in February 2015. This plan guided staff practice in relation to certain things that needed to be in place for the resident. For example, a
predictable routine. Positive behaviour support meetings were held regularly with the clinical psychologist and behaviour support team, the most recent one being held in November 2014. On review of the minutes of these meetings, the inspector found that families had been involved in discussions around the use of any restrictions, and efforts made to reduce same. On review of training records and through speaking with staff, the inspector found that training had been provided in de-escalation techniques with staff. Staff also expressed that they were well supported through the person in charge and the clinical team to raise issues, or request further guidance on any areas of behaviour support. The inspector reviewed a detailed analysis of all behavioural incidents from December 2013 to February 2014, and found that since moving to the centre there had been a decline in incidents of behaviour overall.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

**Findings:**
On review of the accident and incident record, the inspector found that there had been no incidents which required reporting to the Chief Inspector, and the person in charge had sufficient knowledge of what was a notifiable event.

**Judgment:**
Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that the resident had been based in the centre for a year, and was currently receiving a day programme from this location. As evidenced under outcome 8 safeguarding and safety, behavioural incidents had decreased over the previous year. The person in charge had a plan in place to begin skills teaching for the resident across certain areas now that they had settled into the centre. For example, teaching the resident to sit for certain periods of time.

The inspector determined that the resident had access to facilities for occupation and recreation. For example, local amenities such as a swimming pool and sensory gardens.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspector found that the resident was supported to enjoy best possible health while in the centre. As the designated centre offered a day programme and short respite breaks, the resident's family remained the primary care givers, and managed all aspects of health care for the resident.

The inspector reviewed the resident's file, and found there to be sufficient documentation and information regarding the resident's health needs. Efforts had been made to retain copies of referrals and appointments. There was evidence that the person in charge had requested a General Practitioner medical review from the resident's parents. The inspector found that certain aspects of promoting a healthy life had been discussed with the family, and some shared supports were in place. For example, through the day programme staff were supporting the resident with personal hygiene needs such as showering and shaving. The inspector was satisfied that there was evidenced communication between the person in charge and the resident's family to ensure continuity of support in relation to the resident's health needs.

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:**
As this centre provides day and respite services, the resident's family held responsibility for managing any medicinal needs of the resident. Along with the overarching policy on medication management, the inspector found there to be a clear local procedure to ensure safe medication practices while the resident was on respite stay. For example, there was secure storage arrangements, signed prescription records and clear documentation regarding the medications to be administered. No medication was stored or disposed of from the centre, as the resident brought only what was needed for the duration of the stay. The inspector found that staff had been trained in the safe administration of medication. There was a system in place for the recording of medication errors should they occur.

**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 was satisfied that there was a written statement of purpose in place in the designated centre. The inspector was satisfied that this document clearly outlined what services and facilities were on offer to the resident availing of respite in the centre.

The inspector requested the person in charge amend some details within the statement of purpose. These amendments were completed and sent to the inspector at the time of report writing. The inspector was satisfied that the statement of purpose clearly
demonstrated the practices and services in place.

**Judgment:**
Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found that there was a clear management structure in the designated centre and organisation. The person in charge reports directly to the area director, who reports to the regional director, who was currently acting as provider nominee. Staff and family members were fully aware of this management structure.

The inspector found that there were clear lines of authority and accountability for the residential staff working in the centre. There was clear communication in place in the centre, with staff meetings held regularly with the person in charge and clinical team. This was evident through the review of clear documentation, and from discussions with staff. There was a documented system of supervision and appraisals in place in the centre. Staff spoke with the inspector and verified that these were held routinely as outlined in the documentation.

The inspector was satisfied that the person in charge met the requirements of the Regulations. The person in charge was suitably qualified and experienced in his role. The person in charge worked full time, and was supported by the principal psychologist who held the role of project lead for this centre. The inspector determined that the person in charge and the lines of authority for this centre were well known to the resident's family and staff. On speaking with the resident's family, the inspector was informed that the person in charge was accessible to them, and they could go to the person in charge or the area director if needed.

The inspector was satisfied that there were effective management systems in place. There was a system of audit and review put in place in the designated centre, with evidence of ongoing monthly audits completed by the person in charge. The provider had carried out and documented the six monthly unannounced inspection as required by the Regulations. A complete yearly audit had also been carried out. The inspector was
provided with the findings and action plans generated for these two reviews, and found
the person in charge had addressed any actions. For example, there was now a
completed communication profile for the resident which had been identified through
these internal reviews.

**Judgment:**
Compliant

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors were satisfied that there were suitable arrangements in place for the
management of the designated centre in the absence of the person in charge. A
member of the clinical team was identified as the person responsible to manage the
centre for any absences. The provider was aware of the responsibilities to notify the
Chief Inspector of planned and emergency absences.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the centre was adequately resourced with staffing and
transport to sufficiently meet residents' assessed needs. This was carried out in line with
the Statement of Purpose. This centre provided day and occasional respite support for
one resident. The building was leased in the resident's name, and the rent and utilities paid for by Muiriosa Foundation Ltd. The centre was found to be suitably furnished, heated and maintained.

Any contributions from the resident towards respite stays in the centre were clearly outlined in the resident's contract.

**Judgment:**
Compliant

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**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

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

**Findings:**
The inspector found that the numbers of staff were suitable to the needs of the resident in this centre. On opening the centre, the resident had been provided with two staff on duty at one time. This had reduced to one staff. The inspector found that this change had been based on a multidisciplinary review, and was working well. There were currently two staff employed to work in the centre along with the person in charge. Staff had been recruited to work in this centre based on particular criteria which was evidenced to be in the resident's best interests. For example, male staff with a calm reassuring demeanor. The resident's family were satisfied that the current staffing was meeting the resident's needs, and found it a positive thing that the resident had learned the names of the staff members and was eager to see them each morning. The inspector found there to be a safe and robust recruitment process in place, and all staff documentation as required by Schedule 2 of the Regulations was in order.

The inspector found that there was access to ongoing training and education for staff in the centre. Staff had been provided with the mandatory training, such as safe medication, fire safety, protection of vulnerable adults and de-escalation techniques. There was clear training records available to the inspector to review. Staff informed the inspector of ongoing guidance and support from the person in charge and the clinical team in relation to any training they needed to better support the resident. For example, autism awareness, or behaviour analysis.

The inspector determined that there was documented supervision and appraisal systems
in place. Staff felt well supervised and supported in their role by both the person in charge and the clinical team members.

**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 reviewed the operating policies and procedures and outlined in Schedule 5 of the Regulations and found them to all be in place, and sufficient in guiding practice.

The inspector reviewed the resident's files, and found there to be sufficient documentation in the designated centre in order to be compliant with the requirements of the Regulations as outlined in Schedule 3. There was ongoing communication between the person in charge and the resident's family to ensure the documentation was updated were necessary. Records available in the designated centre as required under the Schedules of the Regulations were accurate and up to date.

The inspector reviewed the insurance policy and found that the centre was adequately insured against accidents or injuries to residents, staff and visitors.

**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:**

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority