

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Centre ID:	OSV-0003422
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES
Provider Nominee:	Anne Coffey
Lead inspector:	Conor Brady
Support inspector(s):	None
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.

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

From:	To:
06 May 2015 09:30	06 May 2015 17:30
07 May 2015 09:00	07 May 2015 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The organisation inspected is called KARE (hereafter called the provider) which is an organisation providing services for people with intellectual disabilities. This was an announced inspection of a designated centre operated by KARE in the Kildare area. The purpose of this inspection was to inform a registration decision and monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards). This was the first inspection of this designated centre.

As part of this inspection, the inspector met with the person in charge, persons participating in management, social care staff and all residents who resided in the centre. The inspector also reviewed information provided by resident's families as part of the inspection process. The inspector observed practice and reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and rosters. Six residents resided in this designated centre which comprised of two houses situated a short distance away from each other in a private residential estate.

Overall, the inspector found a high level of compliance in this designated centre, with compliance found in all 18 outcomes inspected against the Regulations and Standards. The inspector found that this centre was managed by a professional and competent person in charge and a supportive operational governance and management structure. Residents were observed to enjoy a high standard of care and presented as happy and well cared for within the designated centre throughout this inspection. Residents spoke with the inspector and stated the service they received was good and highlighted they were happy with the standard of care they received. The inspector observed professional staff who knew residents well and were found to be providing a service that was person centred and individualised in accordance with residents' assessed needs. The physical premises in both locations was found to be clean, homely and well maintained. The findings of this inspection are outlined in the body of the report. There were no actions that needed to be addressed following 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 residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private. The inspector found that each resident was enabled to exercise choice and control over his/her life in accordance with individual preferences and to maximise their independence. The complaints of each resident, their family, advocate or representative, were listened to and acted upon and found there was an effective complaints procedure.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were strongly promoted and some residents were accommodated to live very independently in this designated centre. For example, residents were provided with a 'needs based' approach to service provision and where residents did not fit the 'traditional' service model, individualised and tailored services were in place for these residents. Residents' finances and personal possessions were protected by organisational policy and practice. Residents were found to have choice in all aspects of their lives such as the activities they participated in, their friendships, their community involvement, the food they ate and the employment/jobs they had. One resident wanted to move out of the designated centre and the inspector saw evidence of engagement by the person in charge and provider with this resident in this regard. Overall, there was a strong culture of consultation, choice and rights promotion within this designated centre.

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 found that residents were able to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs are met.

There were residents with varying communication support needs. For example, some residents communicated verbally and clearly articulated to the inspector how they communicated within the designated centre. These residents spoke of how accessible staff and the person in charge were and that they knew who to go to if they needed support. Other residents had communication assessments in place and detailed information in personal plans regarding communication needs. The inspector found that these plans were reviewed and found completed action plans in place ensuring communication support needs were met. Staff demonstrated good knowledge of residents communication support needs and showed the inspector specific communication aids regarding some residents. For example, visual aids, pictorial exchange communication and social stories.

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 residents were supported to develop and maintain personal relationships and links with the wider community.

Families were encouraged to get involved in the lives of residents. Families were invited to attend team meetings and be actively involved in the care planning and provision of care to residents. The inspector found family communication care plans in place and clear records maintained around family involvement. Residents showed the inspector pictures of family members in the designated centre. Residents were observed to be integrated into the wider community with residents describing how they used local community transport, shopped locally and one resident described how she worked in a local hotel, while another resident described that he played music in a local nursing home. Personal plans highlighted that residents enjoyed high levels of community involvement in this designated centre. Family feedback questionnaires reviewed were complimentary of the service received by their loved ones.

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 clear criteria and protocol regarding the admission and discharge to the residential service in line with the statement of purpose and function. The inspector found that each resident had an agreed written contract which deals with the support, care and welfare of the resident and included details of the services to be provided for the resident and the fees to be charged. Each resident also had a tenancy agreement in place that highlighted matters pertaining to rent supplement and financial contributions made by residents.

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:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan, that reflected resident's needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident.

The inspector reviewed a number of personal plans which contained up to date care plans for all aspects of service provision and care for residents. Residents had clearly defined person centred plans that outlined goals and objectives for residents. For example, residents who wanted to volunteer in the community, attend local classes and go to concerts. The inspector found that goals/objectives were clearly defined in terms of persons responsible for providing support and the timeframes they were to be achieved. The inspector found that the person in charge had a clear system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident.

In discussing social care needs with residents the inspector found that residents enjoyed going to music events/outings, equestrian activities, going to rugby matches and eating meals out. The inspector found that residents had busy schedules and high levels of social activities in their lives. Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

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 was satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be bright, clean and well maintained. The inspector found that residents were comfortable in their environments in both locations and was informed by residents that they were satisfied with same. Two residents resided in semi-independent arrangement's attached to/within the designated centre.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wish

Only one resident highlighted dissatisfaction with living arrangements and this was based on him seeking new housemates as opposed to any issue with the premises. Overall residents were found to have suitable homes that were well designed, decorated and maintained.

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 risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to the risk of residents choking, self injurious behaviour and road safety. The inspector observed controls in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was,

- Health and Safety Policy
- Safety Statement 2014
- Health and Safety Checklists
- Health and Safety Report 2015
- Emergency Response and Evacuation Plan

The inspector was satisfied that the person in charge had good systems in place to identify, assess and manage risks within the designated centre.

The inspector reviewed the accidents and incidents log (electronic) for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was also a checking system in place, with a "closing the loop" committee set up to ensure all adverse events were reviewed, and appropriate actions had been taken, if necessary. The inspector found a number of low/medium incidents had occurred in the centre, and found all incidents recorded appropriately. There was a clear system for reporting health and safety incidents, issues of concern and medication management incidents/errors on the organisation intranet system. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained.

There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each residents' files. There was an emergency pack in an easy location for staff to take in the event of the emergency plan needing to be implemented. A comprehensive emergency plan was drawn up, which highlighted alternative accommodation arrangements in the event of an evacuation, along with other useful information and contact details.

The inspector found a series of checking systems in place regarding health and safety and auditing of a high standard was observed in this area. For example, health and safety framework audit and audit of safe and suitable premises. The person in charge maintained daily/weekly/monthly checks and audits regarding equipment, evacuation, premises, medications, finances, maintenance and records and documentation. Overall, the inspector was satisfied that there was clear guidance for staff across different areas of health and safety to ensure the health and safety of residents, staff and visitors was being promoted at all times.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. Staff highlighted these procedures to the inspector and showed the electronic reporting system for an issue of concern on the organisational intranet. The inspector was informed of the designated liaison person and reviewed a recent notification that was investigated through the appropriate process in accordance with organisational policy and regulatory

requirement. The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support the resident's safety and protect residents property. For example, the use of locks on doors and cupboards with clothes (which some residents would damage otherwise). All restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored, and there was clear rationale for the use of any restriction within the designated centre.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances and found financial balances to be correct and correlated with records in terms of the safe management of resident's finances. Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

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:

The inspector found a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had a good understanding of notifications and the incidents and instances requiring same.

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 was satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspector spoke with residents, staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. The inspector found that some residents attended day services while others chose not to and were supported from their homes. Some residents spoke to the inspector about their lives and the activities they enjoyed such as shopping, going for coffee/lunch, working, horse riding and computers. The inspector was satisfied that residents were encouraged to pursue interests and lead busy, fulfilled and meaningful lives.

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:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, psychology, psychiatry and chiropody. Residents had

access to specialist services and hospital appointments when and where required. The inspector saw evidence of the close monitoring of weight loss and referral for specialist assessment regarding same. The inspector saw evidence of speech and language assessment when appropriate for residents. Residents healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a high standard.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with residents who clearly highlighted that they had choice regarding what they ate and when they ate. Residents were found to participate in shopping and preparation of food and meals in the designated centre. Residents informed the inspector that they were happy with the food in the designated centre. The inspector observed menu choices, healthy eating information and residents having the freedom to choose food and access food as they wished.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. The person in charge demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found,

- There was a clear policy for medication management.
- The were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription, transcribing and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and

secure.

- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There were no controlled medications in the designated centre.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- Residents' were found to all have their own local community pharmacist available.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Overall the inspector found the person in charge and staff professionally knowledgeable and competent regarding the safe medication management practices within the designated centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector found that this document clearly outlined the services and facilities that were on offer to the residents living in the centre. The statement of purpose accurately reflected the service provided in the designated centre.

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:

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had over 20 years experience with the organisation in a variety of roles/locations and had considerable experience in the management of residential services for people with intellectual disabilities. The person in charge had appropriate qualifications in social care and demonstrated a good understanding of the Regulations and Standards. The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, complaints and records and documentation. The inspector found evidence of unannounced visits and high quality audits and action plans devised by the providers management team. For example, work was seen in area's of improving the premises, implementing care planning and risk management. These audits included detailed analysis of regulatory requirements and a percentile rating of work completed and work outstanding. A brief annual review was also available on inspection. The quality of management and auditing was found to be of a very high standard in this designated centre.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The residents informed the inspector they would go to the person in charge with any problems they had and the inspector could observe that the residents had a rapport and relationship with the person in charge which demonstrated her availability to them. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very

much an operational manager who was 'hands on' within the designated centre. This was evident in the levels of compliance across all outcomes inspected and clearly demonstrated the effective monitoring of care. The inspector found a relaxed, homely atmosphere whereby residents needs were put first and this ethos was supported by management.

The inspector found there were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection. It was evident to the inspector as highlighted in the designated centres statement of purpose that governance and management systems were clear, supportive and accessible. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place and well maintained.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge. The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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 resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspector found that this was evidenced through the positive outcomes for residents such as their quality of life, levels of activity in their lives, positive feedback from families and direct feedback from residents themselves. Residents homes were well maintained, funded, staffed and transport was available to residents as required. The inspector found that the designated centre was well resourced to meet the needs of all residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and were recruited, selected and vetted in accordance with best recruitment practice.

The inspector found that,

- Schedule 2 requirements were met regarding the person in charge and staff (There was a review of same conducted at the providers head office)
- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Performance management, staff learning outcomes and action plans were completed and updated with staff by the person in charge.
- There was an appropriate system in place regarding the use volunteers in the organisation.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that 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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented 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.

The inspector found that the staff and person in charge were providing information to residents through accessible means and the residents informed the inspector they were satisfied with this. The inspector found that residents information, personal plans and files were maintained to a high standard and kept secure and safe. Residents had access to their information and documentation and one resident showed her person centred plan to the inspector and described her experience of this process. The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre.

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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