<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001990</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>KARE, PROMOTING INCLUSION FOR PEOPLE WITH INTELLECTUAL DISABILITIES</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Coffey</td>
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<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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
From: 12 May 2015 10:00  
To: 12 May 2015 17:30

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
This was the first inspection of this designated centre operated by KARE. As part of the inspection, the inspector met with residents and staff, along with the person in charge and the assistant manager. The inspector also reviewed family questionnaires that had been completed. The centre comprised of a semi-detached two storey house located in a mature housing estate, and could accommodate 4 residents on a full time basis.

Overall the inspector found a high level of compliance across all 18 outcomes inspected, and determined that residents received a good quality service, which was ensuring residents lead the lives of their choice. Feedback from family questionnaires...
expressed satisfaction with the manner in which the centre was run, and showed that they felt residents' needs were met in the designated centre. Residents expressed satisfaction with their home, and the supports offered to them to ensure their goals and aspirations were achieved. The inspector spoke with staff who demonstrated a good understanding of the support needs of residents, the policies, procedures and planning documentation. Staff expressed to the inspector that they enjoyed working in the centre, and were supported to access training and education. Staff recruitment was found to be carried out in line with best recruitment practices.

The inspector found that the person in charge was suitably qualified, skilled and experienced to manage this designated centre. Staff felt there was strong leadership in place from the person in charge who had begun as manager in this centre in March 2015. The inspector found there to be strong management systems in place which were working effectively as evidenced through the high level of compliance with the Regulations and Standards.

The positive findings of this inspection are laid out within the body of the report. No areas of improvement were identified at this inspection.
## 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 living in this centre were consulted with and participated in the decisions about their care and the running of the centre. Residents were consulted with and involved in relation to their care and support plans, and had accessible versions of these available to them. Residents told the inspector that there was a house meeting each week to discuss the coming week ahead. For example, to choose the weekly menu, decide upon who would do the cooking and household chores, and discuss anything that was bothering the house mates. The inspector saw evidence of these meetings also.

The inspector found that residents had access to external advocacy services if required, with information displayed in the designated centre. No residents was availing of this service at present. Residents were familiar with how to make a complaint, and felt they could bring up anything that they were not happy with. The inspector saw evidence of this in the local complaint log and found that any complaint had been appropriately resolved at local level. There was a process in place for when local complaints needed to be escalated and dealt with in a more formal manner. The relative questionnaires outlined that families also were aware of who to go to if they wished to raise any concerns about the designated centre.

The inspector found that residents' privacy and dignity was respected in the designated centre. For example, staff waited for residents to return to the centre to ensure they were happy to show the inspector their bedrooms. Personal information was also kept secure.
Residents were encouraged to protect and value their own finances and personal property. For example, skills teaching being carried out with a resident to support him to manage his own finances, residents had adequate storage in their rooms and an inventory of all their possessions, as required by the centre's policies and procedures. The management of residents' finances for those who required support, were found to be transparent and protective of residents.

The inspector found that the centre was operated in such a way that maximised residents' capacity to exercise personal independence and choice in their daily lives. For example, residents were responsible for preparing and cooking meals, carrying out own chores and supports were in place to provide skills teaching around aspects of daily living such as using the washing machine. Residents showed the inspector their daily and weekly routine, as chosen by them. The inspector observed residents directing their evening on the day of inspection, with staff available to accommodate their requests.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that residents' communication needs were met in the designated centre. The inspector found there to be a policy in place to support staff to promote a total communication approach in the centre. Residents in this centre communicated verbally and did not need any specialist supportive interventions in relation to their communication. Each resident had a personal profile in place along with communication checklists to outline any supports that residents may need in this regard. Residents also showed the inspector their daily and weekly plans which were pictorial and photographic and assisted them to understand their daily routines and choices available to them. Speech and language therapy could be accessed through referral if required.

The inspector found that residents had access to television, radio and internet in the centre, and information on local events.

**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. For example, the inspector saw evidence of regular contact and visits to family and friends in residents' files, and residents spoke with the inspector about their relationships. For residents who needed support in developing or maintaining relationships there were plans in place to address this, with regular case meetings regarding how to support this. Each resident had a family communication plan on their file. Family questionnaires expressed that they were included in residents' lives and aware of their plans and goals.

Some residents told the inspector that they had been friends since attending school, and enjoyed living with each other. Residents who were from other communities, were supported to spend time in the areas where they grew up, by spending time there during the week as part of their routine.

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 each resident had a written agreement in place which outlined the services and facilities on offer, and any costings or fees associated with it. Residents spoke with the inspector and were aware of the amount of rent and contributions that they paid and what these covered.
The inspector found there to be no vacancies in the designated centre. There was an organisational policy in place on the admissions, transfer and discharge of residents, and this was also available in the Statement of purpose. Residents expressed that they liked living with their peers, and felt safe in the centre.

**Judgment:**
Compliant

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### Outcome 05: Social Care Needs

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

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**Theme:**
Effective Services

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

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

**Findings:**

The inspector reviewed residents' files, spoke with residents and reviewed family questionnaires and determined that residents' social care needs were being met in the designated centre. The inspector found that there was an assessment and planning system in place to capture the health, personal and social care needs of residents. For example, each resident had a personal profile, a needs review assessment, and care planning for any identified need or risk.

Residents' social needs were addressed through a person centred planning process, with clear goals and aspirations identified and worked on. The inspector found that residents were fully aware of their plans, and had accessible versions. Residents showed these to the inspector during the inspection, and discussed their goals and aspirations and how they were being supported to achieve them. On review of these plans, and through conversation with staff and residents the inspector determined that residents were encouraged to be social as much as possible, and take part in their local community. The centre was operated with the aim of "Think local, Act personal" with no resident attending a formal day service facility, but instead being supported to achieve their daily plans from their homes. Residents expressed to the inspector that they got on with their peers living in the centre, and were happy with their social lives and the opportunities to try new things. Some residents had known each other since primary school, and interactions observed were familiar and positive between peers.
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 designated centre was suitable for its stated purpose, and met the needs of residents. The centre was a two storey semi-detached house in a quiet estate.

The centre was well maintained, decorated to the taste of residents and provided a very comfortable homely environment for residents to live in. The centre was well kept. There was an accessible garden, and the centre was located close to the local amenities, town centre and public transport. Residents told the inspector that they were very happy with their home, with some having lived there for a long period of time. Residents helped to keep the place tidy and clean, and shared cooking duties between them. The inspector determined that the designated centre met the requirements as set out in Schedule 6 of the Regulations.

Judgment: Compliant

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

Theme: Effective Services

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

Findings:
The inspector found that there 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. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector found there to be a risk management policy and accompanying procedures in place which met the requirements of the regulations. For example, these policies detailed the specific risks as required, the process for identifying, assessing and managing risk, emergency planning and dealing with adverse events. In the centre, a local risk register was maintained, which outlined all the risks relating to the building. Each resident had written risk assessments in place also where a risk had been identified. For example, risk of skin breakdown or risks associated with accessing the community. Overall the inspector found an effective system in place which was identifying and managing any risks in the centre.

The inspector determined that there were adequate fire detection and alarm systems and fire fighting equipment and emergency lighting in place. These were found to be routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine checks were well maintained. Residents told the inspector that drills were carried out routinely, and could demonstrate to the inspector the plan for evacuation along with the assembly point. Personal evacuation plans were documented on each residents’ files. Staff discussed residents' needs and supports in the event of an evacuation. 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 reviewed the accidents and incidents log 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 low incidents had occurred in the centre, with only minor slips, trips and falls recorded.

**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 residents living in the centre was safeguarded and protected from harm in the designated centre.

There were policies in place on the prevention, detection and response to abuse, which offered guidelines for staff on how to identify and report suspicions or allegations of harm or abuse. Staff were familiar with the content of these policies. The inspector noted that these policies had been reviewed and updated to reflect changes to national policy. The inspector spoke with staff members and found them to be clear on how to deal with an allegation and report same. The inspector spoke with some residents, who said they would speak up to staff if they felt they were being treated badly, or had suffered harm or talk to a family member. From reviewing the training records, the inspector found that all staff had received training in safeguarding and protection of residents. Staff confirmed that they had attended this training.

From discussion with staff and the review of the residents' care plan, the inspector found that residents did not need any particular supports in relation to behaviour that may be deemed as challenging. However, there was a policy in place which offered clear guidance to staff on the provision of behavioural support should it be needed. The inspector also determined that the centre was promoting a restraint free environment as much as possible, with no restraints in use at the time of inspection. There was also a policy in place on restrictive practices to guide staff in this regard.

**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 that a clear record of all incidents were maintained and if required had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated centre.

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 determined that residents were supported to participate socially in activities suitable to their age, interests and wishes. In this designated centre, residents were supported with day activities and their routines from their home, with additional day staff to assist with this. The inspector spoke with residents and staff and reviewed documentation and found that residents was provided with suitable activation in line with their own goals and preferences as outlined in their person centred plans. The inspector found that some residents were in paid employment roles. For example, working in a local hotel. On the day of inspection, residents each had a different day planned with support from staff were required. For example, one resident was volunteering in the local church in the morning, and had other activities planned for the afternoon. Residents were supported to access any community based activities suitable to their interests and preferences. Each resident had a record of any formal training or education completed on their files along with documents such as literacy assessments.
The inspector determined that residents had meaningful activation during the week supported by the staff in the centre if needed.

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

**Findings:**
The inspector determined that residents’ health care needs were assessed, planned and promoted in the designated centre. The person in charge and staff had nursing support available if required from an area nurse. For example, to assist with the use of risk screening tools for malnutrition.

The inspector found residents' needs were assessed using a needs review, and subsequent care plans were in place to address any identified need or risk. For example, the management of constipation. The inspector reviewed documentation and found that residents had their own General Practitioner (GP) and timely access to other allied health care professionals if assessed as necessary. For example, access to psychiatry, speech and language therapy (SALT), occupational therapy (OT), physiotherapy, chiropody and dietetic services. Referrals had been sought for residents who required specialist input, and any advice given was implemented into residents' care plans. For example, referral to a dietician following a high BMI (body mass index) score.

The inspector spoke with residents and staff, and reviewed documentation and found that residents were supported to buy, prepare and cook their own meals. Residents were encouraged to make healthy food choices that were nutritional. The inspector spoke with residents who explained they decided upon the weekly menu at the house meetings, and took turns to cook each evening. This was observed on inspection. There was evidence of referral to dietitian services for residents who required additional support in managing their weight, and some residents were members of a community weight loss group.

**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 residents were protected by safe medication management practices in the designated centre. There was a medication management policy and local procedures in place to ensure all parts of the medication management cycle had been included. For example, local guidelines on the ordering and disposal of residents’ medication.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. There was an area nurse who supported the staff in the centre, and who was responsible for the transcribing and updating of the prescription records. The inspector found evidence staff had received training in the safe administration of medication, and this was routinely refreshed.

The prescription records included guidance on the use of PRN (as required) medication. For example, the maximum dosage to be administered in a 24 hours period and the rational for their use. There was no chemical restraint in use in this centre, with no psychotropic medication being administered to support residents with behavioural issues.

Overall the inspector determined that residents were protected by safe medication management practices in 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 determined that this document clearly demonstrated the services and facilities on offer to residents living in the centre. Over the course of the inspection, the inspector found that the care and support offered to residents was a true reflection of the Statement of Purpose.

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 were effective management systems in place in the designated centre and the wider organisation to monitor and develop the experience of residents. For example, there was a system of audits in place in the centre which covered certain regulatory areas to ensure the care and support of residents was monitored and improved upon. Such as premises, care planning and medication management. The provider had also carried out an unannounced inspection as is required by the Regulations along with an annual review. The inspector found clear action plans to address any issues identified through the audit and review system.
The inspector found there to be a suitably qualified, skilled and experienced person in charge of the designated centre, who worked full time and had a good understanding of her regulatory responsibilities. The person in charge was responsible for two designated centres and divided her time between both. The inspector determined that the person in charge was involved in the operational management of the designated centre on an ongoing basis. There was an evidenced system of staff meetings and staff performance appraisals available in the centre as discussed under outcome 17. The person in charge was supported in her role by an assistant manager, and the wider management team. There were clear lines of reporting and accountability in the designated centre and the wider organisation. Staff, residents and family members were fully aware of the management structure and the different roles and responsibilities held by each person.

**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 arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and assistant manager were fully aware of the requirements to notify the Authority of any such absence.

**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. The centre was suitably equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. Residents told the inspector that they felt there was enough staff to help them to achieve their goals.

**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:**
The inspector found that there was appropriate number of staff in the designated centre to meet the assessed needs of residents, and to deliver a safe service. Residents in this location enjoyed a day programme that was operated from their home, with staff coming in to the centre during the day to facilitate their daily routines and social activation. A sleep over staff was available each evening in the centre also. The staff team consisted of social care staff, with access to an area nurse if any advice or guidance was required in relation to medication or health care needs. There was a maintained planned and actual roster in place to show the inspector the staffing levels over the course of the week. Residents felt there was enough staff to help them to achieve their daily routines.
The inspector found a well organised system of staff training in place, to ensure training and education was available to staff in areas necessary for their role. The inspector spoke with staff and reviewed training records and found that staff had all received training in the mandatory fields as outlined in the regulations. This training was found to be updated and refreshed routinely, and in line with the centre's own policies.

There was an evidenced system of appraisal and performance management in place in the designated centre as mentioned under outcome 14, and staff discussed this with the inspector. Staff felt there was clear leadership in place from the person in charge and the assistant manager and felt supported in their roles.

**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 documentation in the designated centre and in relation to the care and support offered to residents was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Information was accessible and residents showed the inspector accessible version of their plans that they kept in their rooms.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff as required by Schedule 5 of the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed. For example, how to deal with a complaint or allegation.
The inspector reviewed a sample of staffing records on a separate day across all 14 designated centres operated by KARE and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**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