<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by G.A.L.R.O. Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003553</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Laois</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>G.A.L.R.O. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Joe Sheahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the</td>
<td>4</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on the</td>
<td>0</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
</tr>
</tbody>
</table>
**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:
12 October 2015 10:30  12 October 2015 18:00
13 October 2015 09:30  13 October 2015 15:30

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

Summary of findings from this inspection
As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed questionnaires submitted to the Authority’s Regulation Directorate. These questionnaires indicated that relatives were satisfied with the service provided and all praised the dedication of the staff.

As part of the registration process, an interview was carried out with the person in charge and the area manager both of whom had previously been interviewed for
their roles in another centre. The person authorised to act on behalf of the provider was also previously interviewed for this role.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Improvements required from the previous inspection had been completed.

The inspector was satisfied that residents' social and health needs were met. Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in evidence. Appropriate provisions were also in place for the protection and safeguarding of residents against the risk of abuse.

The inspector was satisfied that there were appropriate staff numbers and skill mix to ensure the safe delivery of services and all staff were supervised on an appropriate basis and recruited, selected and vetted in accordance with best recruitment practice. The staff team received support from a suitable person in charge.

Further information is included under the various outcomes in the body of the report. No actions were required from 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A residents' forum meeting was held on a monthly basis. Initially this was held on a weekly basis but residents indicated that monthly was more appropriate. In addition when residents preferred, individual issues were discussed with their key workers. Actions required were completed.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. On reviewing the complaints' logs, the inspector noted that a minimal number of complaints had been received and had been resolved at local level. Staff spoken with were familiar with the policy.

When required, staff assisted residents to manage their monies. The inspector was satisfied that this was managed in a safe and transparent way with appropriate records maintained in accordance with individual money management plans. Balances checked were correct.

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

**Findings:**
The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents’ needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents’ communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful.

The inspector saw that some residents benefited from a structured written or pictorial timetable outlining the day's events.

Staff had received training on communication from the speech and language therapist and this included basic Lámh training (a manual sign system used to support communication), the use of visual schedules and the Picture Exchange Communication System (PECS). Staff commented how this helped them better communicate with residents.

Internet access was available both in the centre and through the local library. The inspector saw that one resident was comfortable using emails. The inspector also saw residents using computer tablets during the inspection.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
The inspector was satisfied that staff helped residents to maintain contact with their families.

Families were encouraged to visit and stay for a meal or a snack with the residents. The inspector saw where one parent stayed and cooked a meal for all the residents. In addition, several family members brought in home baking which was enjoyed by the residents.

The inspector saw where regular frequent contact was maintained between the staff and the relatives when residents so wished.

The inspector saw that staff facilitated visits with family members outside of the centre and home visits were supported. Transport and escort services were provided when required.

The inspector was satisfied that residents were encouraged to develop links with the wider community as far as possible. This is discussed in more detail under Outcome 10.

**Judgment:**
Compliant

---

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Written agreements had been provided to relatives outlining the support, care and welfare of the residents along with the services to be provided. The inspector saw that this was being updated at the time of inspection to provide greater transparency around the residents' contributions towards the housekeeping costs.

**Judgment:**
Compliant
Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The inspector found that residents’ wellbeing and welfare was promoted through a high standard of evidence based care and support.

On reviewing a sample of personal plans the inspector found that the residents’ care needs were identified and plans were put in place with the residents to address those needs. The inspector saw that the person in charge had already identified areas where the existing documentation could be improved. She described how she was streamlining the information so as to avoid duplication and to ensure that all staff knew where to access the information.

Daily records were maintained of how the residents spent their day. Two key workers were assigned to each resident and the inspector saw evidence that goals were described and plans put in place to meet those. This had been identified as an area for improvement at the previous inspection.

The personal plans contained important information about the residents’ life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers. This had also been identified as an action required from the previous inspection.

The inspector confirmed that three monthly reviews were completed with involvement of the resident or their representative, the key worker and the team leader. In addition annual reviews were completed in accordance with the requirements of the Regulations.

There was evidence that residents were supported in transition between services. A hospital passport had been developed to ensure that relevant information was available should a resident be admitted to a general hospital. This contained information such as medications, previous history, likes and dislikes and other important information.
There was an extensive range of activities available to the residents. One resident attended day services. Other activities included trips to the library, shops, cinema and outings to the local parks and gardens.

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

**Findings:**
The centre, a large two storey house, was located in a quiet area. The inspector found that it met the needs of the residents who were living in the centre at the time of inspection. The centre was warm and inviting and decorated in accordance with the residents’ preferences.

There was a large open plan hall area leading to a kitchen cum dining room. There was a utility room off the kitchen. Laundry facilities were available in the utility room and residents could attend to their own laundry if they wished.

There were two large sitting rooms and a sunroom which provided ample communal space for the residents. There was a downstairs toilet and wash hand basin.

Upstairs there were four bedrooms set aside for residents and two of these had en suite shower and toilet facilities. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents’ preferences. Some residents had personalised their rooms with their favourite posters. An additional bathroom was available which had both a bath and a walk in shower.

A room was set aside upstairs for a staff office and this also served as a sleepover room for staff. It had an en suite shower and toilet.

The person in charge and area manager discussed plans underway to renovate the upstairs area around the stairs to ensure that it was safe but comfortable for the residents.

There was a well maintained garden area to the rear of the building and residents and staff had been busy over the summer months growing vegetable in the vegetable plot.
they had prepared. There was a shed in the garden which was used for storage. Suitable arrangements were in place for the safe disposal of general waste.

Ample parking was available at the front of the building and the grounds were secured by electronic gates.

**Judgment:**
Compliant

---

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted.

There was a Health and Safety Statement in place. The risk management policy had been updated since the previous inspection and met the requirements of the Regulations.

The inspector found that adequate fire precautions had been put in place. The inspector viewed evidence that fire equipment was serviced regularly, as were the fire alarm and emergency lighting. Daily checks of the fire escape routes were carried out and weekly checks were completed on areas such as the fire alarm system, extinguishers and the carbon monoxide alarm.

The inspector saw that fire drills were carried out on a monthly basis at different times of the day and night. The inspector also noted that staff attended the fire safety training. Staff spoken with were knowledgeable on the procedure to follow in the event of a fire.

The inspector saw there had been a fire safety promotion month in August this year which included additional posters on display regarding fire safety and individual key working sessions with each resident's key worker.

A similar event was held in July focusing on health and safety within the centre. Visual cues on accident prevention and hazards were on display.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified
should evacuation be required.

An emergency box continuing equipment such as torches, high visibility jackets, a first aid kit and emergency contact numbers was available to take with residents should it be required.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector viewed the attendance records and saw that all staff had received training on the prevention, detection and response to abuse. This had been identified as an area for improvement at the previous inspection. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and area manager were clear about the measures they would take if they received information about suspected abuse of a resident.

The inspector was satisfied that there was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included regular access to specialist input by the psychology and psychiatry services. Residents had detailed positive behaviour support plans in place where necessary. The inspector read where possible triggers were identified and intervention strategies listed.

In addition the inspector saw that each episode of behaviour that challenged was reviewed and analysed by the psychology team to identify any additional triggers or
A restraint free environment was promoted and although some restrictive practices had been reported to the Authority, the inspector saw that they were used as a last resort and following risk assessment and the usage was guided by a robust policy.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

### Outcome 10. General Welfare and Development

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests including shopping, attending the cinema, music and visiting the equestrian centre. The inspector also saw
that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

The inspector also saw that various training programmes and educational activities were available for the residents as appropriate. One resident attended the day services and undertook activities such as gardening. Some residents were working in a part time voluntary capacity in local businesses. Residents were also involved in local groups such as the tidy towns.

Some residents were undertaking on line training courses in computer studies. The person in charge discussed ongoing efforts to provide appropriate educational courses for the residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required. Photographs had been taken of various meal choices and these served as a reminder for residents. The inspector saw where residents had been referred to the dietetic services for advice on their weight management. Staff volunteered more appropriate choices when healthy eating was encouraged.
Judgment:
Compliant

**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by the centre’s policy. Staff had received training and were knowledgeable about the procedures to follow.

There were no drugs that required strict controls in use in the centre at the time of inspection but staff were aware of the storage, checking and administration procedures should they be required.

The inspector noted that the medication policy had been updated since the previous inspection and now provided sufficient guidance to staff around medications to be administered as and when required (PRN).

Support and advice were available for the supplying pharmacy. The inspector saw that the pharmacist had visited the centre to provide training to staff when a new recording and supply system was introduced. The pharmacy staff were also assisting with carrying out three monthly reviews and written evidence was available that these were completed.

Monthly audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*
Theme: Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems were in place that support and promote the delivery of safe, quality care services.

Evidence was available that the provider, who visited the centre on a regular basis, produced a report on the safety and quality of care and support provided in the centre on a six monthly basis. The service was reviewed against the 18 Outcomes used by the Authority in its reporting style. In addition, a yearly review was also carried out. The inspector read where the provider, person in charge and area manager met to discuss the results and agree an action plan to address any areas for improvement.

The inspector saw where frequent audits were also completed in the centre on areas such as documentation, infection control, key working and medication. The inspector saw that the results of these were used to improve practice. For example the inspector saw where following the audit of key working, it was agreed that a second key worker would be assigned to each resident and the inspector saw that this was now in place.
The inspector also saw that resident and parent feedback surveys were completed on a yearly basis. The inspector read the results and saw that the comments by parents were very positive including that staff were 'a pleasure to deal with'.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She worked full time as person in charge for two centres and was well known to the residents.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place. The team leader from another service provides this cover supported locally by the area manager and the lead staff member. The inspector interviewed this person during the inspection and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**Judgment:**
Compliant
### Outcome 16: Use of Resources
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Staff confirmed that transport was available to bring residents to their home, the various activities and the day service.

**Judgment:**
Compliant

### Outcome 17: Workforce
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that they met the requirements of the Regulations. Previous action relating to this had been addressed.
The area manager discussed how she had recently reviewed the staff files and was working closely with the human resource department to ensure that all requirements were met.

The inspector reviewed the staff rosters and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files and a training matrix was maintained.

Annual appraisals were carried out with each staff member and the person in charge said that the results of these were used to plan additional training if required.

There were no volunteers in the service at this time.

**Judgment:**
Compliant

---

### Outcome 18: Records and documentation

The records listed in Part 6 of the *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013* are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013*.

### Theme:

Use of Information

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

No actions were required from the previous inspection.

### Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.
The inspector read the residents’ guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

**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:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority