Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by An Breacadh Nua</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002056</td>
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<tr>
<td>Centre county:</td>
<td>Wexford</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>An Breacadh Nua</td>
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<tr>
<td>Provider Nominee:</td>
<td>Gerard Heaney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or wellbeing of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

<table>
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<th>From:</th>
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<tr>
<td>13 October 2015 11:00</td>
<td>13 October 2015 17:00</td>
</tr>
<tr>
<td>14 October 2015 09:30</td>
<td>14 October 2015 15:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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**Summary of findings from this inspection**

This was an announced registration inspection following application to the Health Information and Quality Authority (the Authority) by Ard Aoibhinn services to register the centre for adults with an intellectual disability. Ard Aoibhinn services is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The
The inspector also reviewed questionnaires submitted by residents and families to the Authority’s Regulation Directorate. The inspector also reviewed progress on the action plans generated from the inspection of April 2014 and found that these action plans were complete.

The majority of feedback from residents and relatives was very positive and complementary of the service provided and dedication of the provider, person in charge and staff. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents told the inspector that they were happy living in the centre and that they had plenty to do every day.

In summary, the person in charge and provider work full time in the service and were seen to be very involved in the day-to-day running of the centre and staff and residents reported them to be easily accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and greatly encouraged as observed by the inspector.

Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated. These matters are discussed further in the report. No actions were required from 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):
No actions were required from the previous inspection.

### Findings:
Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector noted examples of how residents were involved in the running of the centre for example, deciding on their own meals and assisting to keep their bedrooms clean and help with other household chores. There were regular residents’ meetings which enabled residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had given feedback on specific items that concerned them such as menu planning, activities and goals.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Residents’ capacity to exercise choice in their daily lives and routines was respected and facilitated. Residents’ religious rights were respected. If they wished to go to Mass this could be facilitated by the staff. Residents were supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, pubs cafés, shopping, restaurants and hairdressing facilities. Staff told an inspector that residents were facilitated to vote if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the centre itself, attending activation
therapies such as baking, art and computer work. Residents also engaged in activities in the community such as attending the hairdresser, beautician and bowling. One resident told the inspector that he went to the local pub one evening per week.

The inspectors saw that there were transparent systems in place to safeguard residents’ finances. Each resident had their own bank account and had control over their money when going out. It was all documented in a book which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to frequent checks by staff and audit by the person in charge. The inspector saw that residents had easy access to personal money and generally could spend it in accordance with their wishes.

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 no complaints had been received recently. Residents and staff spoken with were familiar with the policy.

There was a property list in the sample of each resident’s personal plan viewed by inspectors. There was adequate space in the residents’ rooms for clothes and personal possessions. The laundry and facilities were appropriately set up for residents to manage their own laundry if they wished.

**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 as social stories when appropriate. Easy read versions of some documents had been developed including the contract of care and statement of purpose.
A computer was available within the centre for residents’ use and appropriate internet access was provided. One resident had her own ipad. Some residents were undertaking computer courses and all had access to either a mobile phone or a landline as appropriate. Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty.

**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 observed 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 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. Relatives also confirmed this to the inspector. Transport and escort services were provided when required. The inspector saw that residents were encouraged to develop links with the wider community as far as possible for example through social outings. There was a policy on visitors available and there was a sign in book for visitors in the house.

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

Findings:
There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre. The person in charge said that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre.

Written agreements had been provided to residents and relatives outlining the support, care and welfare of the residents along with the services to be provided. An easy read version was also available for 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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes.

Inspectors reviewed a selection of personal plans which were very comprehensive, personalised, detailed and reflected resident’s specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and on going monitoring of residents needs including residents’ interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that nurses and other healthcare staff who worked with the residents fulfilled the role of individual residents’ key workers in relation to individual
These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents’ personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. The inspector noted that there was a list of people residents would like to attend their planning meetings identified in each resident’s person-centred plan. This identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Residents were supported to be part of their community with a focus on community inclusion. A number of the residents supported by their key workers had completed a training programme on community inclusion. Resident who took part received a FETAC level 1 award and the key worker supporting them received FETAC level 5 award. These awards were presented at a graduation ceremony.

The inspector was informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, meals out, shopping trips, swimming, library visits, attending mass and any festivals or events locally. Apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom the inspector spoke with described the many and varied activities they enjoyed and spoke of the day trips out and attending the social night on Monday nights. The person in charge said that residents are encouraged and supported to participate in family events and gatherings as they arise, e.g. family weddings, christenings or other occasions. All milestones were celebrated with resident’s permission.

There was evidence that residents were supported in transition between services. A staff member or relative always accompanied residents who had to attend hospital or appointments.

**Judgment:**
Compliant

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

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

Findings:
The inspector found that the centre was accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained. The centre is a purpose built single storey house with provides accommodation for up to eight residents with an intellectual disability and high physical and/or medical support needs. It is very centrally located in Wexford town. Originally the house was constructed to accommodate seven residents and an extension was completed in 2007 to accommodate eight residents.

Accommodation is provided in single bedrooms with two single bedrooms having full en-suite facilities. Residents were encouraged to decorate bedrooms to their own taste and residents that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia. Residents stated that they were happy with the living arrangements. There were adequate baths, showers and toilets with assistive structures in place including hand and grab-rails to meet the needs and abilities of the residents.

The premises were designed with the living area to the front and bedroom and washing facilities to the rear. The house had a large kitchen dining room area and two sitting rooms with television facilities in both rooms. There were adequate sitting, recreational and dining space separate to the residents’ private accommodation and separate communal areas, which allowed for a separation of functions. Inspectors noted that apart from their own bedroom, there were options for residents to spend time alone if they wished with a number of communal sitting rooms and comfortable seating on the corridor available.

Laundry facilities are provided on site and staff said laundry is generally completed by staff. However, residents are encouraged to be involved in doing their own laundry.

Equipment for use by residents or people who worked in the centre included, hoists, wheelchairs, specialised chairs were generally in good working order. Records seen by the inspector were up to date for servicing of such equipment. The centre was set in large well maintained grounds with car parking facilities to the front. In addition, there were suitable garden seating and tables provided for residents use at a number of locations in the grounds. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

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.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

The fire policies and procedures were centre-specific and up to date. The fire safety plans was viewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house. Regular fire drills took place and records viewed by the inspector confirmed that they were undertaken monthly. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. Residents told the inspector that they participated in fire drills. The inspector examined the fire safety register with details of all services and tests all of which were up to date.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. Safe and appropriate practices in relation to moving and handling, infection prevention and control and reasonable measures to prevent and reduce risk of accidents were found to be in place. There were infection control measures in the centre including alcohol gels in appropriate places. All staff had attended training in the moving and handling.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. The emergency plan viewed by the inspector ensured all aspects of emergency planning were covered. All accidents and incidents were recorded locally and centrally on a computer database. This allowed for a comprehensive report to be presented to the Board of Management by the provider nominee on a quarterly basis.

Comprehensive risk assessments were seen by inspectors and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.
The inspectors viewed policies in relation to vehicles used to transport residents. Up to date service records were seen and all vehicles were taxed and insured.

**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 was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to an onsite behaviour therapist, psychologist and the psychiatric services if required.

Residents had detailed behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Possible triggers and appropriate interventions and avoidance mechanisms were documented. The inspector noted that each episode was analysed and plans put in place to prevent reoccurrence. The inspector saw that there as an overall decrease in the number of incidents occurring in the centre.

The inspectors saw that a restraint free environment was promoted and none of the residents required any physical restraints. Restrictive practice was used as a last resort and following risk assessment was clearly documented in the person-centred plan and reviewed on a regular basis. The usage was guided by a robust policy.

Inspectors saw that there were transparent systems in place to safeguard residents’
finances. All residents had their own bank accounts. Each resident had control over their money when going out and it was all documented in a book which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to weekly checks by staff and audit by the person in charge. In addition these records were audited every six months by external staff. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes.

**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:**
There was a policy on access to education training and development. Inspectors saw that residents had been afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, and outings to the cinema with friends and facilitated to partake in musical and sport events. All residents had access to a day activation centre.

Residents are supported to be part of their community with a focus on community inclusion. A number of the residents supported by their key workers have completed a training programme on community inclusion, leadership and communication. Each Resident who took part received a FETAC level 1 award and the key worker supporting them received FETAC level 5 award. Another resident had completed a computer course. Some residents were involved in voluntary work placements including a charity shop. The person in charge told the inspector that if a resident expressed a wish to work in a specific area they would be facilitated to do so.

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

**Findings:**
The inspector was satisfied that residents’ health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. All of the residents attended their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the medication prescription as required. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. The inspector saw that as part of their person-centred plans, each resident has an annual medical and an A1 Health check to ensure a proactive approach to monitoring the residents’ health. All other medical concerns and issues are dealt with as they arise. Residents were seen to have appropriate access to a multi-disciplinary team, including, doctors, dentist, psychiatrist, liaison nurse, chiropodist, physiotherapist, occupational therapist and opticians. A number of these services are available via referral to the HSE and visits were organised as required by the staff. There was evidence in residents’ person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatment as required.

There were a number of centre-specific policies in relation to the care and welfare of
residents and care management. The inspector reviewed a selection of personal plans and noted that each resident’s health and welfare needs were kept under formal review as required by the resident’s changing needs or circumstances. The inspector noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents’. Inspectors were satisfied that facilities were in place so that each resident’s wellbeing and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

The inspector saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated an in-depth knowledge of the residents’ likes, dislikes and special diets. Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good.

There was a community employment scheme worker employed to look after the kitchen, the inspector spoke to her during the inspection. The kitchen was seen to be clean and well organised. The residents where possible, assisted in the food preparation and in the cleaning afterwards.

Inspectors viewed the monitoring and documentation of some residents’ nutritional intake and noted that appropriate referrals to the GP and speech and language were made as required. The inspector observed that residents had access to fresh drinking water at all times.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
Overall it was found that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Medication was supplied in a monitored dosage systems in a blister pack system. The inspector saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information.

Staff involved in the administration of medications had attended safe administration of medication and buccal midazolam training which included competency assessments prior to sign off. Nurses updated medication management on an annual basis and any other authorised staff attended medication training on a two yearly basis.

Staff who spoke to the inspectors were knowledgeable about the resident’s medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements Residents’ medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. The inspector did not see any residents that required their medications to be crushed. There were no controlled drugs in use at the time of this inspection.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
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 on going basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person in charge for the centre works full-time and has been employed within the service for a number of years. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre. There was evidence that the person in charge had a commitment to her own continued professional development and had recently commenced a degree in management. There was also a deputy person in charge who was also appropriately skilled and qualified.

The nominated provider, and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspector observed that residents were very familiar with the person in charge and nominated provider. The inspector saw that residents approached them with issues and to chat during the inspection. Residents and staff in the houses identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre. The person in charge was also involved in a range of quality assurance and improvement measures in the centre, reviews of accidents, incidents and investigation of complaints. She also completed audits of areas including medication management and residents’ personal plans. Corrective action plans were in place for any deficits identified as observed by the inspector.

Staff who spoke with the inspector said they had regular team meetings and received good support from the person in charge. The inspector saw that staff received formal
support or performance management in relation to their performance of their duties or continuous personal development. There was evidence that the person in charge received supervision and support from the nominated provider.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements such as satisfaction surveys. An annual review of the service had been completed. A formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had been completed. Overall the inspector was satisfied that there was a commitment to quality review and continual improvement. There was also a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.

**Judgment:**
Compliant

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**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 person in charge and management staff were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge. The person in charge was supported by a deputy manager. The inspector engaged with this manager on a previous inspection and found that he displayed a clear understanding of his roles and responsibilities under the Regulations when fulfilling this deputising duty. There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

**Judgment:**
Compliant

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**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. The inspector found that the facilities and services available in the centre reflected the statement of purpose.

There is an annual budget for the centre which is reviewed regularly. The accounts and budgets are managed by the registered provider who reports to the board of directors. The provider told inspectors that the centre was adequately resourced.

The inspector observed that activities and routines were not adversely affected or determined by the availability of resources. The inspector saw that transport was available within the centre to bring residents to their day services and to social outings. Staffing levels were found to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the centre. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.
There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. The inspector examined a sample of staff files and found that they met the requirements of the Regulations. The inspector reviewed the staff rosters and found that staffing arrangements were sufficient to support and enable residents in their daily routines. 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, occupational first aid, infection control and diabetes awareness. Certificates of attendance were in the staff files and a training matrix was maintained. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing.

Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the Regulations and the standards had been made available to them. Inspectors saw that copies of the standards were available in the residents’ houses and staff spoken to demonstrated adequate knowledge of the Regulations and standards. There was a comprehensive induction programme in place. Inspectors saw minutes of regular team meetings.

During the inspection inspectors observed the provider nominee, the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of the inspector staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by the inspector. Residents spoke very positively about staff saying they were caring and looked after them very well and a number of residents asked if they could have their key worker or another member of staff present when they met with the inspector which was facilitated. The inspector spoke to staff on duty during the inspection and found the staff were competent and experienced and were aware of their roles and responsibilities.

There was evidence that staff and team meetings were held regularly and the minutes were recorded of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis and that they received good support from the person in charge. There were no volunteers attending the centre at the time of inspection.

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 directory of residents was maintained and made available to the inspector. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. There was a regular review of all policies to ensure that the changing needs of residents were met.

A copy of the Statement of Purpose and the Resident's Guide was available in the centre and was accessible to the residents.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

**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:**

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority