**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 Western Care Association</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001778</td>
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<td>Centre county:</td>
<td>Mayo</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Western Care Association</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernard O'Regan</td>
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<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>Catherine Glynn</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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 1 day(s).

The inspection took place over the following dates and times
From: 12 July 2016 09:15
To: 12 July 2016 13:05

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

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Summary of findings from this inspection
Background to the inspection
This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority.

How we gathered our evidence
As part of the inspection, the inspectors met with the person in charge, viewed the building and building plans and reviewed documentation such as a person plan, medical records, health and safety documentation, policies and procedures and staff
files. An interview was carried out with the person in charge.

Description of the service
The provider must produce a document called the statement of purpose that explains the service they provide. This service provides a full time residential service to two adults, male or female, who are diagnosed with both autism spectrum disorder and an intellectual disability. The centre will provide two fully self-contained apartments. The apartments are planned to be well laid out with adequate living space in each. Refurbishment is at an advanced stage of completion and is expected to be finalised by 20 July 2016. One person has been identified for admission to this service.

Overall judgment of our findings
Overall, inspectors were satisfied that the provider had put system in place to ensure that the regulations would be met and to ensure positive experiences for residents.

Good practice was identified throughout the service and all of the 18 outcomes examined were found to be compliant. Details of the findings are described in the report. There were no actions 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):
This was the centre’s first inspection by the Authority.

Findings:
There were no residents living in the centre at the time of inspection but one person had been assessed for admission to the centre when it becomes registered.

The person in charge confirmed that residents would be consulted about how the centre would operate, based on communication assessments as to how this would be best achieved. The person in charge confirmed that this resident, the resident’s family and staff had also been invited to come and see the centre in the coming week as this had not been feasible at an earlier stage due to building works in progress.

Systems were in place to ensure that the privacy and dignity of each resident would be respected. The person in charge spoke about the importance that will be placed on ensuring privacy and dignity for all residents and the layout of these apartments had been organised to ensure maximum privacy and choice for residents. All residents will have their own self-contained accommodation with separate gardens. The person in charge told the inspector that residents can bring their personal belongings to the new centre to personalise their space.

It is the organisation’s practice to carry out an annual rights review for each resident by the organisation’s rights review committee. The person in charge stated that a rights review of each resident would be carried out shortly after admission.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a complaints policy, which included details of the designated complaints officer and
appeals process.
Systems were in place to protect residents' finances and belongings.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Inspectors found that there were systems and communication aids planned to assist and support residents to communicate. For example, a communication profile and pictorial communication aids had been developed for a resident who was preparing for admission to the centre. There was a communication policy to guide staff.

The person in charge stated that hospital passports would not be required as, in the event of a hospital admission, a resident would retain his/her allocated staff for support during the hospital stay.

It was planned that the centre would be equipped with televisions, telephones, radios and computer access points and the person in charge said that it was also planned to have Skype and computerised tablets available to residents.

**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 person in charge stated that families will be actively encouraged and involved in the lives of the future residents. He stated that they will be welcome to come and visit residents in the centre and that home visits will be assessed and arranged as appropriate.

The person in charge explained that families will be kept informed of residents’ wellbeing and invited to attend and participate in support meetings and reviews of residents' personal plans. The resident pending admission to the centre has an identified circle of support consisting of family and staff. An inspector reviewed the personal planning templates which facilitated the recording of family involvement and review meetings.

Arrangements were being made for a resident to interact in the local community. The person in charge confirmed that residents will be supported in making friends and integrating into the community. For the resident pending admission it was anticipated that this would include participation in active sporting activities which the resident is very interested in.

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:
There was a policy to guide the admission process and the admission that was currently in progress was being undertaken in line with the policy. The inspectors found that a range of assessments had been undertaken, multidisciplinary input had been sought and aspects of the refurbishment of the building had been tailored to meet the needs of this resident.

A contract for the provision of services had been agreed with the resident’s family on behalf of the resident.

An inspector reviewed the contract and found that it was informative, suitably agreed and accurately reflected all aspects of the service provided including the fee.
Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
One resident will be transferring to this centre and a detailed health and social care plan had been developed based on her assessment by the multidisciplinary team, involvement of staff at the day service and medical input and recommendations.

Inspectors viewed this plan which was found to be well documented, informative, person centred and up to date. The care and support planned for this resident reflected her assessed needs, wishes and interests.

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 design and layout of the centre is suitable for its stated purpose.

This centre is a large dwelling set in a residential area close to a town, which is being refurbished to form two self-contained apartment each of which will accommodate one resident. Each apartment has bedrooms for both the resident and staff, spacious bathrooms, kitchens with dining areas and laundry facilities. The layout and fitting of one apartment was based on the needs and preferences of an identified resident, while the other has been finished and furnished to a high standard of safety and comfort.

While the refurbishment work was still in progress at the time of inspection, the rooms which had been furnished were bright and well maintained and the building had been finished to a high standard to promote residents safety, dignity, independence and well being. All accommodation is on the ground floor.

Residents will have access to separate enclosed gardens at the rear of the house. There is a large mature garden at the front of the building and work is currently in progress to upgrade this garden and introduce sensory features to it.

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:
Inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

There was an up to date health and safety statement and a risk management policy which included a risk register identifying risk in the building. The person in charge stated that the risk register would be reviewed and updated shortly after the move to identify any further risks that might occur on occupation of the house.

Adequate precautions against the risk of fire were in place. The provider told inspectors that, as part of the recent refurbishment of the building, new fire alarms, extinguishers and fire doors had been provided and self closing mechanisms were being fitted to all internal doors. The person in charge planned to hold a staff induction for fire safety and evacuation in the house within the following week. All staff had already received fire training within the organisation. A personal evacuation plan had been developed for the
pending resident and the person in charge confirmed that they would be also developed for any future residents. Staff already knew and worked with the resident, who was pending admission to the centre, and were familiar with her needs.

There were systems in place for internal checks of fire alarms and fire doors.

A new emergency plan had been developed for the centre to guide staff in the event of an emergency.

All staff had received training in moving and handling.

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:
Inspectors found that measures were in place to safeguard and protect residents from abuse.

All staff had received training in adult safeguarding which was mandatory in the organisation every three years and there was an adult protection policy to guide staff. There was a personal property policy and a system for the secure management of residents’ money. The person in charge explained that a monthly financial audit would be undertaken to safeguard residents’ property and money. Resident would have the option of locking their bedroom doors if they wished to.

Supports were in place to promote a positive approach to behaviour that challenges. The person in charge showed inspectors that a positive behaviour support plan had been developed for a resident who displayed behaviours that challenge who will be transferring to this centre. The plan contained individual proactive and reactive strategies for behaviours of concern which identified dislikes and stress triggers as well as likes and stress reducers.
The provider had ensured that were suitably trained in management of behaviour that is challenging. Most staff had received training in management of behaviour that is challenging and it was planned that the remaining staff would have completed bespoke training in this area before the centre opens. In addition, the person in charge had arranged for on-going quarterly training and mentoring workshops, delivered by an external expert in behaviour management techniques, to commence shortly.

**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 person in charge was aware of the requirement to maintain a record of all incidents occurring in the designated centre and to notify HIQA as appropriate.

**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:**
Inspectors were satisfied that residents will be afforded the opportunity for new experiences, social participation, training and employment.
The person in charge stated that each resident’s educational/employment/training goals would be assessed and set out in their personal plans and this had already commenced for one pending resident. For example, the person in charge outlined, and the resident’s personal plan included, details of sporting opportunities that were being developed suited to the resident’s interest and ability. Facilities and structures were also being introduced in the grounds of the centre to further facilitate this resident’s interests. In addition, the person in charge also told inspectors that education and training courses and employment opportunities suited to this resident’s needs were being explored.

**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:**
Inspectors found that arrangements were in place to ensure that residents’ overall health care needs will be met and that they will have access to appropriate medical care and health care services.

The person in charge told inspectors that all residents will have access to their own general practitioner (GP) services. All residents will have access to a multidisciplinary team of health professionals, such as occupational therapists, speech and language therapists and behaviour support therapists employed in the organisation.

Each resident will have access to cooking facilities and will be supported to have meals and snacks that they enjoy at times that suit them. Meal planning will be based on consultation with residents and/or their families about what residents like to eat and by observation of what they enjoy, while having regard for assessed needs and nutritional quality of food.

It is planned that monthly weight monitoring, body mass screening and nutritional assessment will undertaken for all residents in line with organisational practice. This was already in place for the resident pending admission and was recorded in this resident’s personal plan. The person in charge confirmed that this system would continue to be implemented.

**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:
Inspectors found that there were safe medication management systems in place.

Training records indicated that all staff had received medication management training. There was a comprehensive medication management policy to guide staff.

An inspector reviewed a sample of prescription/administration charts for a resident pending admission and noted that the information required to guide staff on safe medication administration was recorded. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. There was a colour photographs of the resident available to verify identity if required. The maximum dosage of PRN (as required) medications was prescribed with clear guidance on administration. A personal administration plan had been developed for this resident.

There were appropriate systems in place for the ordering, storage and return of medications. A secure locked medication cabinet was supplied to each resident for the safekeeping of their medications.

There was a medication auditing system being used in the organisation which required that medication administration be audited monthly. There was a system for recording and investigating medication errors. The person in charge confirmed that these systems would be implemented in this centre.

The resident pending admission had been assessed for the option of self-administering medication, and the person in charge confirmed that self-administration assessments would be undertaken for any new resident admitted to the centre to establish if this could be safely achieved.

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:**
A statement of purpose had recently been developed to reflect the service to be provided in the new centre. An inspector reviewed the statement of purpose and found that it complied with the requirements of the regulations and detailed the services to be provided.

The person in charge stated that the statement of purpose would be reviewed annually.

**Judgment:**
Compliant

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**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:**
Inspectors found that there were effective management systems to govern the centre. There was a clearly defined management structure that identified the lines of authority and accountability.

Inspectors met with the person in charge who was found to be suitably qualified and experienced. The person in charge is appropriately supported by and reports to the provider nominee. He was suitably qualified for his role and had extensive experience in both social care and management with particular expertise in autism and behaviour that is challenging. He was knowledgeable regarding the requirements of the regulations and standards and had a very good overview of the health and support needs and personal plan of the pending resident. The role of the person in charge was full time and he would be based in the centre.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was clear about his role and responsibilities and about the management and reporting structure in the organisation. He told the inspectors that he felt well supported in his role. He stated that he had monthly meetings with the provider, and could contact him at any time should he have a concern or issue in relation to any aspect of the service.

Arrangements were in place to cover the absence of the person in charge. In addition, an out of hours on-call rota was to be developed as was the practice in this organisation.

Support services were available within the organisation, including behaviour support services, a social worker, physiotherapist, financial controller and a health and safety officer.

There were systems in the organisation for monitoring the quality and safety of care and these systems were to be implemented in this centre. All accidents, incidents and complaints were to be recorded and kept under review within the centre for the purpose of identifying trends. Members of a management team carried out unannounced visits to all centres in the organisation every six months, on behalf of the provider, to review the quality of service and compliance with legislation. Arrangements were also in place for an annual report on the quality of service to be undertaken.

The management team had developed a range of policies to guide practice and had ensured that staff attended relevant training, including mandatory training as required.

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

**Findings:**
The person in charge was aware of the requirement to notify HIQA of the absence of the person in charge and outlined suitable arrangements which were in place to cover 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:**
Inspectors found that the centre was resourced to ensure the safe and effective delivery of care and support in accordance with the statement of purpose.

Resources had been made available to make improvements to the existing building to improve the level of comfort for future residents. In both apartments, large accessible bathrooms had been provided and individual gardens had been developed to best meet the assessed needs of a resident. The parts of the centre where refurbishment had been completed were tastefully furnished and suitably equipped and there were resources, including transport, to facilitate residents’ occupational and social requirements.

**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:**
Inspectors found that the proposed staffing levels in the new designated centre appeared adequate. Based on the assessment of the resident pending admission to the
centre there were appropriate staff numbers and skill mix allocated to meet this resident’s assessed needs. These staff had been recruited from within the organisation and all knew and had experience of working with this resident.

There was a planned staff roster which the inspector viewed and found to be suitably completed and clear. The roster indicated that two staff would be present in the centre to support one resident at all times including weekends. It was planned that this resident would receive a home-based service and staff were available to deliver a range of activities and supports both in the centre and in the wider community. The person in charge stated that on admission of a second resident, separate staff would be allocated to this resident based on assessment of his/her needs.

A range of training was provided and training records indicated that staff had received training in fire safety, adult protection and manual handling, all of which were mandatory in the organisation. In addition, staff had received other training as required, such as training in safe medication administration, behaviour management, first aid and autism care.

Inspectors found that staff had been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 such as suitable references, photographic identification and employment history records.

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:
Inspectors were satisfied that records required by the regulations will be maintained in the centre.

Records requested during the inspection, such as a personal plan, health and safety documentation and medication management records, were made readily available to inspectors and the sample of records viewed was of a good standard.

All policies as required by Schedule 5 of the Regulations were available and 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:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority