

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003737
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Claire O'Dwyer
Lead inspector:	Margaret O'Regan
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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:
03 May 2016 10:40	03 May 2016 18:30
04 May 2016 09:30	04 May 2016 16:00

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

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

Summary of findings from this inspection

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.

How we gathered our evidence

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) and this feedback is included in the report.

Interviews were carried out with staff, the person in charge, the manager of children's services and the person authorised to act on behalf of the provider.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. This is a respite service primarily for children between the ages six and 18. On alternate weekends five adults avail of the centre for respite services. It is the same five residents each weekend and these residents have high care needs. Adults and children are not accommodated in the centre at the same time. The inspector found that the service was being provided as it was described in the statement of purpose.

The centre is a modern dormer style bungalow in a housing estate in Listowel, Co. Kerry. Each resident has a ground floor, single occupancy bedroom. Staff overnight facilities are upstairs. There is a variety of communal space in the building for the residents. The service is available to both male and female residents.

Overall judgment of our findings

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report.

Good practice was identified in all 18 outcomes. The reasons for these findings are explained under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents rights and dignity was respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. For example, when children or adults arrived at the centre staff discussed with them and made a plan with regards to what activities they would like to partake in. The inspector was told about the plan by residents, families and staff.

Residents had access to advocacy services and information about their rights. For example, rights were discussed at both formal and informal meetings with the residents.

There were policies and procedures for the management of complaints. Residents and their families were aware of the complaints process. Those families who responded to the Health Information and Quality Authority (HIQA) questionnaires stated they were confident that complaints would be listened to and addressed. The complaints process was displayed in the hallway and was also discussed at house meetings. The inspector saw that complaints were followed up on.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Parents told the inspector that their children were treated with dignity and respect and other parents who completed questionnaires confirmed this. Each child was afforded the privacy of a single room. The premises was also large enough to facilitate children to have their own private space if they required this.

Residents were facilitated to have private contact with friends and family. For example, there were a variety of seating areas in the house to have a meeting. Residents' personal communications methods were understood. For example, resident gestures were interrupted and staff understood both the verbal and non verbal messages.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose to go to school or return home. Residents choose what activities to get involved in. On the day of inspection, the children visited a local pet farm and the following day went to the cinema. These were activities the children were excited about.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping.

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:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs including non verbal communication. There were systems in place including external professionals input where necessary, to meet the diverse communication needs of residents. This external professional input included speech and language therapy and psychologist support. Specialists in picture communication, in conjunction with house staff and school staff, had developed a picture library. Pictures were durable and were easy to place on a magnetic board. The same picture library was used in the children's school. Individual communication requirements were highlighted in personal plans and reflected in practice.

The centre was part of the local community. This St John of God house was located in a quiet housing estate in the town and close to the school in which the children attended. It was also located close to the day service in which the adult respite users attended. The children were involved in community activities including the special Olympics, the local playgrounds and local amenities.

Residents had access to radio, television, social media, newspapers, internet and information on local events as appropriate to their age. Residents were facilitated to access, where required, assistive technology such as mobile phones, ipads and laptops. Such aids assisted in promoting residents' full capabilities.

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 admissions policy stated that children should be given the opportunity to visit the centre and view its facilities prior to their admission. Parents who spoke with the inspector and those who completed questionnaires confirmed this occurred. This gave children and their parents the chance to familiarise themselves with staff and facilities. Some parents told the inspector that they felt free to visit at any time and were always made feel welcome. Staff communicated with parents of children availing of respite breaks to ask about any new information that staff needed to be aware of. Parents of children who used the respite facility were kept informed of any changes or developments in relation to their children.

Parents told the inspector they, "were very well informed" about the centre before the child started using the service. They were also satisfied with the level of detail staff requested about their child prior to admission and referred to it being "thorough". Parents felt reassured that staff had a good understanding of their child's needs by this comprehensive application process.

The relationships between children and their families were supported. Parents were aware of their children's care plans and were involved in giving and receiving information in relation to their children. Children were supported in developing links with the community.

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:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents attending for respite services. For example, children of similar age and interests were facilitated in respite at the same time. New residents were given as much time as needed to get familiar with their new environment and new routine before they availed of overnight care.

Staff monitored how residents adapted and settled into respite care. Children were facilitated to return home at any time if they were unhappy in the service.

Admissions and discharges were organised by the person in charge. Each resident had a written contract of care.

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:

Residents were provided with a social model of care. They were involved in a varied activities programme which included visiting local amenities, pet farms, cinema and school.

Residents and their representatives were actively involved in an assessment to identify residents individual needs and choices. Assessments has multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was supported to gain skills which enabled him to walk safely on the street. Residents and their family members were consulted and involved in the review process. The personal plans were based on assessments of need carried out by a healthcare professional. Assessments of educational need were also in place. Progress of educational needs were reported by the school to staff in the centre. A copy of this educational progress report was kept in the child's file.

Each child's file contained a copy of "my support plan" which was written in the first person on behalf of the child and served as their version of the personal plan. Each child's file also contained a section called "a meaningful day" which focussed on the child's normal routines and what he/she liked to do at different times of the day. The files contained risk assessments, consent forms, personal emergency evacuation plans and health-related records. Daily notes written by staff documented the staff's interaction with children and their monitoring of the children's health, general wellbeing and their day-to-day activities.

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 centre was well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that was homely, welcoming and safe. The premises met the needs of residents and the provision of single occupancy bedrooms on the ground floor promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The house was free from significant hazards which could cause injury. There

was sufficient furnishings, fixtures and fittings including an overhead hoist to assist with adult residents availing of respite care. The centre was clean and attractively decorated.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There was adequate toilets, bathrooms and showers which were adapted to meet the needs of residents.

There was a suitable secure outside area for residents. Residents had access to appropriate equipment which promoted their independence and comfort. This include wheelchairs and adapted transport. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly safely and securely.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection. The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. There were also arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents.

Risk assessments were in place and kept up to date. These risk assessments were seen to be specific to the centre and specific to the needs of the residents who used the service. Where residents level of risk changed the risk assessments were seen to be amended accordingly. Good cooperation took place between the school and the centre staff in relation to risks as they pertained to children. For example, both entities worked with the child in relation to safe evacuation plans. Good cooperation also took place between the centre and the nearby day services in which adult respite users attended. Both the day and respite service were managed by the same person in charge.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Fire drills took place at a minimum at three monthly intervals. Drills took place both day and night. They also took place when adults were in respite and at times when children were in residence. In instances where a resident was challenged to engage with the fire drill a plan was put in place to address this. The plan which involved the use of pictures as a means of communication, was implemented with the support of centre staff, management personnel, the health and safety coordinator, school staff, parents and the child. Fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

A good system of health and safety induction was in place for new staff and agency staff. It was organised by the health and safety coordinator. The health and safety coordinator had support from St John of God's Kerry Services operations manager and also from the organisation's national health and safety expert personnel. An employee safety representative was in place. Health and safety personnel kept abreast of developments in terms of residents and staff safety by attendance at courses and bringing the learning back to the organisation. For example, the health and safety coordinator was due to attend a training workshop on safe transport. The coordinator explained any changes that may need to be implemented following this training would be brought to the health and safety committee and the health and safety statement amended as needed.

Plans were in place for staff to prepare and undertake training and qualification in driving vehicles with a class D licence. This was important in order that a greater number of staff could safely transport residents, who used a wheelchair, in the appropriate vehicle.

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:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents and their families stated they felt safe in the centre. For example, parents made such comments as, “very safe and looked after like they were their own” and “I would have no worries about his safety”. Staff had received training in understanding abuse especially as it pertains to children and adults with disability.

Staff caring for children understood “Children First” guidelines and their responsibilities under this guidance. There was a designated person on the staff team who took responsibility for following up on allegations or suspicions of abuse.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Specialist interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving behaviour that challenged and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent its abuse or overuse. Family members were informed of the use of restrictive procedures.

The use of medication to manage behaviour that challenged was monitored. Staff were trained in the use and implications of restrictive procedures.

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:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to Health Information and Quality Authority (HIQA) to notify the Chief Inspector of any incident which did not involve personal injury to a child.

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:

Educational achievement of children was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each child's educational goals. Children and adults were engaged in social activities internal and external to the centre.

Arrangements were in place for children to attend a local school. Adults were facilitated to attend a nearby day service. Transport facilities were provided to and from school. There was continuity of education for children between the home and respite service. The educational outcomes for children were similar to their peers. There was good communication and engagement between the centre and relevant school. In the sample of children files examined, all contained an individual education plan (IED). It contained good detail as to what was a meaningful day for the child whether the child was or was not in school.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were appropriately assessed and met by the care provided in the centre.

Residents had access to allied health care services, primarily through the primary health care system, which reflected their diverse care needs.

The care delivered encouraged and enabled children and adults to make healthy living choices. Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day and children took prepared lunches to school. Residents were offered support and enabled to eat and drink in a sensitive and appropriate manner.

The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. For example, modified diets was provided where indicated and staff were trained in managing dysphagia.

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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines

and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. No residents were self mediating at the time of inspection.

A system was in place for reviewing and monitoring safe medication management practices. Parents expressed satisfaction in the manner in which their children's medication was managed. One stated, "the staff are so exact and take this duty (medication administration) very seriously".

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre. It also contained a statement as to the facilities and services which were to be provided for residents.

It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review. It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose. The statement of purpose was clearly implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge (PIC) demonstrated sufficient knowledge of the legislation and her statutory responsibilities. The PIC provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the PIC.

There was a good auditing system in place. Six monthly unannounced inspections to the centre were carried out by the provider or someone delegated by her. An annual review took place and improvements came about as a result of such a review. For example, a communication notebook was introduced to document important information for the child's family. This followed the seeking of feedback from parents as to how the service could be improved. The annual review also sought the views of staff and residents.

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:

When the person in charge was absent from the centre for more than 28 days at any one time, the provider notified HIQA as required. HIQA was also notified within three days of PIC's return. Suitable arrangements were in place to cover such eventualities.

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:

There were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained, the vehicles in use were in good working order. The facilities and services in the centre reflected the statement of purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was displayed on the notice board in the centre. The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff attended Children's First training, training in swallowing difficulties, hand hygiene training and picture exchange communication system (PECS). This was in addition to mandatory training requirements. A good induction training system was in place.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff were competent to deliver care and support to residents because their learning and development needs had been met. For example, in the weeks prior to inspection staff were provided with further training in PECS as this was identified as being needed to help in caring for some of the children attending the centre.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example staff reported an increase in training from needs identified at supervision meetings.

There were effective recruitment procedures that included checking and recording required information. The requirements of Schedule 2 had been met. All relevant members of staff had an up-to-date registration with the relevant professional body. Staff reported that no volunteers were working in 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):

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

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure but easily retrievable. Residents to whom records referred could access them.

Residents' records and general records were kept for not less than seven years after child to whom they related ceased to be a child in the centre. Records relating to inspections by other authorities such as environmental health reports, health and safety and fire authorities were maintained.

There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented them in practice.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met. Local protocols were put in place as and when the need arose.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

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:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority