

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 10
Centre ID:	OSV-0003354
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Patricia Hetherington
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	7

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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 February 2017 08:30 To: 14 February 2017 17:45

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 announced inspection was undertaken in response to the provider's application to renew the registration of the centre. It was carried out over one day and the inspector also assessed if the provider had addressed the actions from the previous inspection undertaken in February 2014.

Description of service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. It was found that the service was being provided as it was described in that document. The centre is designed to

support adults aged 18 years and older, with a mild or moderate intellectual disability and or autism who display behaviors that challenge.

The centre also operates an outreach service providing support to residents transitioning to home.

The centre consists of eight bedrooms and ensuites, sitting rooms, quiet areas, dining rooms, a multisensory room and administrative offices surrounded by spacious gardens and car parking.

How we gathered our evidence:

Residents chose not to meet with the inspector but had submitted a questionnaire with the support of a key worker; comments were very complimentary of the service, that they had made friends, played bowling, went to the cinema and felt safe. The inspector asked that staff sought residents' permission for the inspector to be in their home and to access their documentation; permission was granted.

The inspector reviewed: a sample of residents' files, personal care plans, medication management, risk assessments, fire safety documentation, policies and procedure, staff files, staff rosters, audits, staff training records and the premises was viewed.

The person nominated to represent the provider was on site for the introductory and feedback meeting and was available throughout the day. The person in charge and the person representing the provider attended the feedback meeting held at the close of the inspection.

Overall judgment of our findings:

On this inspection the inspector noted that all actions generated from the inspection undertaken on February 2014 were completed in a satisfactory manner. The inspector concluded that residents were cared for in a safe, comfortable, well maintained and homely environment. Residents were supported to enjoy a rich and vibrant social life; had access to their local community and engaged in social activities of their choosing. Residents also had access to learning opportunities.

Of 18 Outcomes inspected against, all were judged to be in compliance with the regulations and standards.

The reasons for these findings are explained under each outcome in the report. As no actions were generated from this inspection, no action plan is generated at the end of this 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):

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

Findings:

The inspector found that residents were involved in how the centre was planned and run. Residents' privacy and dignity was promoted and respected and residents had access to an advocacy service.

There was robust evidence that residents were consulted about and participated in decisions about their care, social life, community involvement and the organisation of the centre. There was an advocacy service and a confidential recipient available to residents and details of how to access these services were displayed within the centre.

The complaints procedure was clearly displayed in the centre and accessible to residents and their families. The complaints policy, dated December 2016, was reviewed and provided clear guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. There was a system in place for recording complaints. No complaints were under investigation at the time of inspection and. Any earlier complaints had been addressed and recorded and there was evidence that the complainant was satisfied with the outcome.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke about residents in a respectful manner. All residents had their own bedroom and had the option of personalising them if they wished. Residents were supported to do their own laundry and adequate laundry facilities were available.

Residents were supported to attend to their own personal care and intimate care plans had been developed to ensure that suitable and appropriate supports were given by

staff as required.

Residents were supported, where necessary to manage their finances and retain full control of their own money. Records reviewed reflected that all financial transactions involving staff were co-signed, by the resident where possible, and dated.

The person in charge confirmed that any resident who wished to attend religious services would be supported by staff to do so and that residents would be facilitated to exercise their civil and political rights and supported to vote.

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:

There were suitable communication systems in place to support residents. Appropriate signage was evident. The centre had a policy on communication, dated May 2014, for staff to follow when communicating with residents. Residents had access to televisions, radio, newspapers, a postal service, visual aids, internet and reading material.

Information for residents was displayed in an accessible format, including information on the complaints and advocacy procedures and local events. Staff confirmed that residents currently in the centre could articulate their views verbally. A feedback box was available to residents.

The person in charge confirmed that the organisation had the service of a speech and language therapist (SALT) who was available to review any resident with a speech or communication difficulty. Residents had comprehensive communication plans which captured the advices from the SALT.

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:

Residents were actively supported and encouraged to maintain relationships with their families and friends and evidence that positive relationships between the resident and their family members were supported.

There was evidence that families were kept informed of a resident's wellbeing, invited to and attended meetings and reviews in accordance with the wishes of the resident.

There were no restrictions on visits except when requested by the resident or when the visit or timing of the visit was deemed to pose a risk.

Residents were supported to attend; for example; social events, go on outings and dine out in local restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a policy, dated October 2015, to guide staff on the admission process. The person in charge outlined the criteria for admission to the centre.

The person in charge confirmed that a contract for the provision of services had been agreed with residents. The inspector found that residents' contracts were informative, reflected the service provided and had been agreed, signed and dated by residents.

A copy of a contract of care was included in the residents' guide.

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:
Each resident's social wellbeing was maintained by a high standard of care and support. Residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at a day centre and in the community. There was robust evidence of multidisciplinary team involvement and review, as required by the Regulations.

Each resident had a comprehensive personal plan which contained important personal information about the residents' background, family members and persons who were important in their lives. Plans set out each resident's general and personal goals; for example; travel and social outings. There was evidence that residents' goals were tracked and reviewed regularly.

Residents took part in regular support meetings which set out a plan including any multidisciplinary team inputs as well as residents' aspirational goals.

Documentation in relation to residents who may be transferred to an acute hospital was available.

There were vehicles available to provide transport too day services or other activities residents wished to participate in.

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 design and layout of the centre suited the needs of residents. The centre was bright, clean, comfortable, maintained and suitably furnished. The premises were equipped with necessary aids to support residents. Actions from the previous inspection undertaken in February 2014 were completed for example: new furniture had been purchased, lighting over ensuite mirrors had been installed and shower doors had been installed. The requirements as set out in Schedule 6 of the Regulations were met.

All residents had their own furnished bedroom and ensuite. Bedrooms were appropriately decorated. Residents had adequate personal storage space and wardrobes.

Communal space included a large open plan kitchen, a dining area, large sitting rooms, a multisensory room and various sitting areas which were appropriately furnished. The kitchen was well equipped and clean. There were laundry facilities in the house and residents were supported to do their own laundry. The centre had an administrative area comprising offices and meeting rooms.

Suitable arrangements were in place for the disposal of general waste. There was no clinical waste generated in the centre.

The centre was surrounded by spacious and well maintained gardens. Car parking was provided.

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:

Systems were in place to protect the health and safety of residents, visitors and staff. The documentation in relation to the promotion of health and safety was found to be in place; for example; a health and safety statement, a risk management policy, a risk register which identified measures in place to control identified risks (clinical and environmental), a fire register and infection control guidelines. Procedures in relation to risk management, accidents and incidents and prevention of infection were in place. Actions from the previous inspection undertaken in February 2014 were addressed; temperature controls on radiators, covering of exposed pipes, installation of window locks and identification of fire doors.

Risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire fighting extinguishers, emergency lighting and the fire alarm system.

All staff had received formal fire safety training. Regular fire evacuation drills involving residents and staff took place in 2016 and to date in 2017. Records of fire drills were maintained and indicated that all drills had been completed in a timely manner. The procedures to be followed in the event of fire were displayed. Detailed personal emergency evacuation plans had been developed for each resident. The plan included pertinent information in relation to the level of support required by each resident.

Records reviewed evidenced that staff carried out a range of daily, weekly health and safety checks in the centre including accessibility of all exits and alarms. A staff member was the designated health and safety officer. Minutes reviewed evidenced that health and safety meetings were convened to review health and safety arrangements in the centre. Two meetings were held in 2016. Hazard spotting forms were in place for staff to complete in the event they noted a risk. There was evidence that the information in the forms was reviewed, collated and acted upon and concurred with the maintenance log.

In the event of an emergency, a safe place was identified to where residents would be evacuated to.

The inspector reviewed a sample of incident forms and saw that accidents and incidents were recorded, addressed with arrangements in place for investigating and learning from accidents. There was evidence that where improvements were identified, these were implemented in a timely fashion; for example; safe placement of wall mounted hygienic hand gel dispensers.

Robust guidance was in place for staff in all matters pertaining to the prevention of infection; cleaning of the centre. The storage of mops was addressed on the day of inspection.

Personal protective equipment such as gloves and aprons were available. Adequate

hand sanitising dispensers and washing facilities for residents, staff and visitors was provided. The computerised training matrix confirmed that infection prevention and control training had been completed by all relevant staff.

The training matrix indicated that moving and handling training had been completed by all staff. Appropriate moving and handling equipment was provided and was serviced by a suitably qualified person.

The centre's vehicles were serviced and maintained.

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):

No actions were required from the previous inspection.

Findings:

Restrictive practices were in use in the centre and it was evident that robust multidisciplinary input had been sought when planning and reviewing residents' individual restrictive interventions. Systems were in place to protect residents and ensure that there were no barriers to residents or staff disclosing abuse.

Staff were knowledgeable of what constitutes abuse and how to follow up on an incident, suspicion or allegation of abuse. There had been no allegations of abuse in the centre. Training records confirmed that all staff had received training in this matter. There was a safeguarding policy, dated April 2014, in place. Furthermore the centre had site-specific policies to guide staff on peer to peer incidents. Staff were observed engaging with residents in a positive and caring manner.

A policy, reviewed and updated in 2016, was in place to support residents with behaviour that challenges. A review of training records indicated that staff had attended training in the management of behaviour that is challenging including de-escalation and intervention techniques. Personal care planning reviewed captured clear guidance to staff on how to manage an incident where a resident may exhibit a behaviour that challenged.

A restraint policy was available to guide and inform staff. The person in charge stated that restrictive practices were regularly assessed by the multidisciplinary team and records reviewed supported this. There was evidence that residents who availed of any form of restraint had comprehensive plans to guide and inform staff on the use of the restraint. The use of a restrictive practice was assessed using an accredited risk tool with less restrictive alternatives considered first. Signed consent from residents was secured where possible.

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:

A record of all incidents occurring in the centre was maintained. All notifiable incidents were notified to HIQA.

All required incidents and quarterly returns had been notified to HIQA and the person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported and encouraged to develop further skills. Residents had opportunities to participate in activities suitable to their interests. For example; travel, art and life skills training in a day service and education.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met and residents had access to appropriate medical, specialist healthcare services and clinics.

Residents also had access to a range of healthcare professionals; a general practitioner (GP) and an associated out of hour's service, psychiatry, psychology, a positive support behavioural department, social work, speech and language therapy, physiotherapy, occupational therapy and dietetics. There was evidence that specialist recommendations were included in residents' plans of care.

There was evidence that residents' right to refuse medical treatment was respected.

Care and support plans viewed contained detailed information around residents' healthcare needs, assessments, medical history and support required from staff.

Residents' nutritional needs were well met. Residents were supported and encouraged to eat healthy balanced diets and partake in exercise.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was evidence that safe medication management practices were in place. A medication policy, dated September 2016, was in place and inclusive of procedures relating to the ordering, prescribing, storing and administering of medicines in the centre. Prescription and administration records were maintained in accordance with legislative requirements.</p> <p>Training records reviewed confirmed that staff involved in administration of medication had received medication management training.</p> <p>There were appropriate systems in place for the ordering, storage and return of medications. Medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.</p> <p>A system was in place for reviewing and monitoring safe medicines management practices. A sample of medication incident forms evidenced that errors were identified and there were arrangements in place for investigating incidents. Learning from incidents was documented complete with preventative actions; for example; all incidences where a medication was 'dropped' or 'spilled' was recorded.</p> <p>At the time of inspection, no resident required medication requiring strict control.</p>
<p>Judgment: Compliant</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a statement of purpose that described the service provided in the designated centre. Information in the statement of purpose complied with the requirements of the</p>

regulations.

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:

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review. An annual review had been undertaken by the provider on the 1 February 2017. The generated actions had been addressed; implementation of care plan for residents' intimate care; follow up of maintenance issues; development of robust evacuation plans for residents.

An unannounced six monthly review of the service had been carried out by the person in charge who stated that he carried out this on a more regular basis. Records reviewed evidenced that the person in charge regularly carried out unannounced reviews in the centre; all which generated an action plan and evidence that actions were completed.

The person in charge was supported by the organisational structure. He reported to the person representing the provider. Both were on site during the inspection.

The person in charge worked full-time, was appropriately skilled and demonstrated the necessary experience to manage the service. He was very knowledgeable with regard to the requirements of the regulations and had a very strong overview of the social, health and support requirements of residents. The person in charge had responsibility for the overall management of the centre, an outreach service for 65 residents. He also facilitated a comprehensive education programme for staff and external providers. The person in charge's role included oversight of the quality of care delivered to residents and the supervision of the staff team. A robust staff appraisal system was in place. The person in charge was supported by a person participating in management who demonstrated his knowledge of residents and regulatory matters.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person representing the provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There was transport available to bring residents to day services or other activities they wished to participate in. Staffing levels were appropriate to the assessed 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles.

There was evidence of annual staff performance appraisal. Staff meetings minutes evidenced that meetings were convened weekly and or bi-weekly; the meeting focussed on the needs, hope and aspirations of the residents and how best to support them socially and clinically.

Staff were able to articulate the centre's management structure and reporting relationships. Copies of both the regulations and the standards had been made available to staff.

There was evidence of a planned 24 hour roster and this was updated as required to reflect the actual roster. The staff rota was arranged around the assessed needs of residents and their social life. Additional staff were rostered to support residents who wished to socialise.

The inspector reviewed a sample of staff recruitment files and found that they met regulatory requirements.

Training records indicated, that staff had received training in; for example; positive behaviour support, safe guarding vulnerable persons, manual handling, first aid, medication management, epilepsy awareness, prevention of infection, fire prevention and fire safety and food safety.

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):

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

Findings:

The person in charge had set out all documents for perusal in an organised manner. A range of documents, such as residents' personal plans, staff training records, the directory of residents, health and safety records, operational policies and healthcare documentation were viewed and were found to be satisfactory and well maintained. Records requested during the inspection were made available. Records were stored in a secure manner.

All policies required by Schedule 5 of the regulations were up to date and readily available to guide and inform staff.

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:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority