

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Joanstown, Rathowen
Centre ID:	OSV-0004906
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

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:
07 March 2017 10:15	07 March 2017 18:00
08 March 2017 09:45	08 March 2017 15:50

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 centre was previously inspected in August 2015 which identified some areas in need of address. The purpose of this inspection was to follow up on the actions from the last inspection and to inform a decision to register the centre.

Description of the service:

The provider's written statement of purpose describes this centre as offering 24 hour

community residential support by a team of nurses and health care assistants. The centre caters for six residents over the age of 18 years with intellectual disabilities and behaviours of concern. The centre is a detached bungalow on the outskirts of a town in Westmeath.

How we gathered our evidence:

The inspector met and spent time with all six residents living in the centre and spoke to three residents about their experiences living in the centre. The inspector spoke with four family members and met with four staff members along with the person in charge. Residents had completed questionnaires with support from staff and five family representatives also submitted questionnaires about the centre.

Documentation was reviewed such as policies and procedures, care plans, risk assessments, audits, the annual review and staff files. The inspector also observed interactions and the day to day tasks in the centre over the two days.

Overall findings and judgment:

This inspection found compliance with the regulations and standards for all 18 outcomes inspected. The inspector determined that this was a warm and homely environment that was providing good quality care and support to the six residents living there. Residents and families expressed complete satisfaction with the management of the centre, the staffing team and their quality of life.

There are no actions in need of address from this report, with positive findings outlined under the relevant outcome headings.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted about the daily operation of the centre. There were regular residents' house meetings in the centre for residents to discuss any issues or concerns. Residents were aware of the staff roster and were informed of who was on duty and any changes to the usual plan. The inspector found that residents could demonstrate choice and control over their lives. Residents told the inspector that they made their own decisions on how they liked to spend their week and were supported by staff to achieve their short and long term goals. Residents were involved in their care and support planning along with their family representatives if they wished.

The inspector found there to be an effective complaints policy and procedure in place. Information on how to make a complaint was on display in an easy read and photographic format in the centre. There was a system of recording all verbal or written complaints with an aim for local resolution. Records were maintained of steps taken to address any issues, and if the person making the complaint was satisfied with the outcome. There was a formal complaints process that could be followed if a person felt they were not happy. The inspector found that there was a review process in place for all complaints, along with an appeal process. Residents told the inspector that they felt comfortable raising any complaints through their resident meetings or directly with staff. Residents told the inspector that they felt listened by the staff team in the centre. Families also agreed that they could speak freely with staff if they had any issue, and they were confident that anything raised would be listened to and speedily addressed.

The inspector observed interactions throughout the two days in the centre and found

that staff and residents had a genuinely warm and caring relationship. Residents told the inspector that staff were kind and nice. Family members told the inspector that staff treated residents with warmth and respect.

The inspector noted that some residents in the centre shared a bedroom. This was discussed with residents during the inspection and family members. The inspector found that appropriate measures had been taken to ensure the privacy and dignity of residents sharing a room with screening available and an en-suite bathroom. The bedroom was large to facilitate adequate space and storage. Residents and families indicated that they were happy to share a room and that the residents were a comfort and support to each other.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported and encouraged to communicate at all times. Residents needs in relation to how they communicate were noted in their personal plans and assessment documentation. Staff had a good understanding of the residents communication methods. Residents told the inspector that they felt listened to by staff in the centre. There was access to speech and language therapy if residents were assessed as requiring it.

The inspector noted a total communication approach in the centre, with the use of photographs, easy read signage and noticeboards in use. Some residents used tablet devices and the centre had smart television device which showed photographs of residents enjoying activities and past events in the centre and in the community.

The centre was equipped with televisions, wireless internet and information on local events.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector met with four family members as part of the inspection and received five family questionnaires. The inspector found that links between residents and their family and friends were encouraged and supported. Some residents visited their families regularly and families were made welcome in the centre at all times. Staff supported residents' natural relationships by assisting with transport and facilitating visits and meet ups.

The inspector spoke with residents and reviewed daily notes and found that residents were actively encouraged and supported to be involved in community based events and activities. For example, attending local knitting groups and taking part in community sporting events.

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:

The inspector was informed that residents had lived in the centre since it first opened in 2009. There had been no new admission to the centre since this time. There was a policy in place regarding admissions, transfers and discharges and information on this was also included in the written statement of purpose.

The inspector found that residents had written residential agreements in place along with tenancy agreements as this was a rented property. Information was clear and

transparent and outlined what was covered and any associated fees. The inspector found that residents were paying rent and fees as outlined in their written agreements.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector was satisfied that residents' social care needs were met through well maintained assessments and plans, with weekly timetables in place to ensure residents' individual preferences, likes, dislikes and needs were respected.

Some residents spoke to the inspector about their person centred plans and the goals that they were currently working on. Residents told the inspector about how they liked to spend their week, and how the staff supported them with this. The inspector found that residents had a good quality of life and were encouraged to be social and active members of their local and wider community. For example, attending novenas in the local church and supporting local fundraisers.

For any identified need or wish there was a plan in place to support residents' to achieve it. Residents' social and personal needs were assessed and discussed with residents and their families.

Residents told the inspector that they enjoyed visiting different locations on hotel breaks throughout the year and had previously gone on a foreign holiday to Lanzarote. Some residents were hoping to travel abroad again soon, and this was part of their personal plan.

Residents expressed that they were happy with their lives and the opportunities they had to be social.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the premises offered a safe and suitable home to the residents' living there.

The centre was warm, very clean and maintained to a good standard. Both residents and their families expressed satisfaction with their home. The centre was a single storey bungalow and the inspector observed residents having ease of access around the building.

Some residents showed the inspector their bedrooms which were unique to them and decorated with items of interest. Residents spent a lot of time in the kitchen area chatting to staff and family visitors and enjoying each other's company.

Four residents had their own bedrooms, one of which was en-suite. Two residents shared a room. The inspector spoke with residents and families about this, and found that while residents' hadn't chosen this, they were happy to share together and offered support and company for each other. The inspector found that there was appropriate arrangements to ensure privacy and dignity for the residents sharing the room.

The provider had long term plans to extend the house in the future to offer more communal space and to provide private accommodation for all residents. This would be a welcome addition to the house, with plans awaiting funding at the time of the report.

The inspector found that the requirement of Schedule 6 were met by the provider.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre.

The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, a risk management policy, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector found there to be fire safety systems in place in the centre and an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. There were discreet fire doors throughout the building which were linked to an automatic release.

Staff had all been provided with training in fire safety. Fire drills were routinely conducted and residents knew what to do in the event of a fire. The person in charge had built up good connections with the local fire brigade who had visited the centre a number of times, with any recommendations taken on board. For example, the installation of a carbon monoxide alarm. Residents had individual evacuation plans drawn up.

There was a risk management policy in place and the person in charge maintained a risk register record to assess, review and manage any identified risk in the centre. For example, environmental and individual risks. The inspector found that risk was managed in a safe yet proportionate way. Residents told the inspector that they felt safe in the centre.

There was an evidenced system in place for the recording and review of incidents. The person in charge and assistant director of nursing reviewed all incidents on a month. The inspector could see that positive changes happened as a result of these reviews to ensure any new risks were appropriately managed. For example, the removal of saddle boards in the centre to reduce the likelihood of trips.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found that effective measures were in place to protect residents from harm or abuse in the designated centre.

There were policies in place regarding the prevention, detection and response to abuse. There were also written policies on the management of behaviour, the provision of intimate care and the recruitment and vetting of staff. There was a clear process in place for the protection of vulnerable adults with the director of nursing was appointed as the designated person to respond and investigate any allegations or concerns. Staff had received training in the protection of vulnerable adults and were knowledgeable on the procedure to follow and the overarching policies. There had been three notification of allegations of peer to peer abuse notified to HIQA which had been appropriately managed and addressed by the person in charge. These were rare occasions and did not negatively impact on residents. Residents told the inspector that they felt safe living in the centre, and got on well with their house mates. Families who met the inspector and questionnaires received expressed that they felt their relatives were safe.

The inspector found that there was links with allied health-care professionals to support residents with behaviours of concern. For example, psychology. Staff in the centre had received training in positive behaviour support and de-escalation techniques, and two staff members in the centre were skilled to deliver on-going training in this area. Residents who required it had a behaviour support plan developed with input from the psychology department. These were reviewed as necessary, and were based on an understanding of the underlying cause or triggers for target behaviour.

The inspector determined that the person in charge and staff were promoting a restraint free environment as much as 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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the record of all accidents, incidents and adverse events in the designated centre. Any adverse event that required notification to HIQA had been received in line with the timelines and outlined in the Regulations. The person in charge was fully aware of what information was required to be submitted.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<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: The inspector found that residents living in the centre had opportunities for new experiences and social participation.</p> <p>Residents and their families spoke to the inspector about how they spend their week. Some residents attended formal day services for parts of the week, and residents could request to spend more time at home if they wished. The inspector found that residents were encouraged to be active members of their community with a good balance between attending external activities, and also having fun and active things to do in the centre. For example, exercise class. Residents attended concerts and events of interest, took part in local fundraising events and local groups such as knitting groups.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible</i></p>

health.

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 health-care needs were met and residents were encouraged and supported to have positive health.

All residents had access to their own General Practitioner (GP) along with access to additional allied health care professionals such as the dentist, chiropody services, speech and language therapy, dietitian services and physiotherapy. There was a referral system in place for health-care available through public health and the inspector found that residents were supported to attend appointments and follow up appointments. Information and advice from allied health-care professionals was included and incorporated into residents' care plans. Families were encouraged to be involved in residents' health-care by attending appointments.

In general, the inspector found that residents were enjoying good health, with any risk or need in relation to health-care identified and supported by the staff team. The inspector found that residents were encouraged to have good personal care and promote positive self-esteem through attending beauty appointments and shopping regularly for new clothes and products.

The inspector spoke with residents who said that they enjoyed the meals and food available in the centre. Some residents assisted with the shopping, preparing and cooking. Residents enjoyed making meals from fresh ingredients with little reliance of convenience food. Residents enjoyed home baking and the inspector found a balanced diet was encouraged in the centre.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that policies, procedures in relation to the management of medicine were guiding safe practice.

The inspector reviewed the systems in place for prescribing, ordering and storing medicines in the centre, and found them to be adequate. Medicine was stored securely, and was administered by nursing staff. The inspector found evidence that staff had received training in the safe administration of medicine.

The local pharmacist carried out an audit on medicine management routinely, and any recommendations raised at the audit in February 2017 had been acted upon by the person in charge. For example, recording the date of opening medicine. Medication errors were low, with a process in place to record and learn from any errors that may arise.

Staff had a good understanding of the medicine in use in the centre, and there was monitoring of medicine by the nursing staff and the prescribing doctor to ensure the most positive effect was evident.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a written statement of purpose that accurately described the services and facilities on offer in the designated centre.

The requirements of Schedule 1 were included in the statement of purpose. For example, the criteria for admission, a description of the centre and the specific needs to be met.

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):

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

Findings:

The inspector found that there was a clearly defined management structure in place which residents, staff and families were aware of. Front line staff reported to the person in charge, who reported to the assistant director of nursing, the director of nursing and the general manager. The general manager was the link to the provider nominee who held responsibility for the geographical area. There were clearly set out roles and responsibilities within the management structure.

The inspector found there to be management systems in place and oversight of the quality and safety of care and support in the designated centre. For example, a schedule of audits on areas such as medication, personal plans and residents' finance. The person in charge and assistant director of nursing met monthly to review any accident, incident, complaint or adverse event. The inspector saw evidence of unannounced visits on behalf of the provider, along with a report and plans to address any issues raised. The provider had completed a report on the 2016 annual review of the centre and the person in charge maintained "a snapshot of good work" to record anything that had resulted in a positive outcome for residents living in the centre.

The inspector spoke with the person in charge throughout the two days of inspection, and reviewed her information as part of the application to register and found that the person in charge was suitably skilled, qualified and experienced for the role. The person in charge had responsibility for managing one designated centre and worked full time.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that there was adequate arrangements in place to manage the centre in the absence of the person in charge. The provider was aware of the requirement to notify HIQA for any absence of 28 days or more.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector determined that the centre was adequately resourced to ensure residents received a good quality and safe service.</p> <p>There was a stable staffing team in place and the person in charge had the autonomy to cover any shifts with additional staffing should an unexpected absence occur. There was adequate accessible transport available for residents' use.</p> <p>The inspector found there to be adequate supplies of food available in the centre with a sufficient budget allocated to the person in charge to offer good quality and healthy food for residents from local sources.</p> <p>The inspector found the centre to be warm, well equipped and well maintained.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of</i></p>

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector determined that the staffing number and ratios in the centre were adequately meeting the needs of residents, and ensuring the care and support offered was in line with their individual plans. There was a planned and actual roster in place and the staff team consisted of nurses and health care assistants. The person in charge had recently requested an additional 18 hours staffing support to further enhance the quality of life of a resident who wanted to avail of more individualised day programme. This would be a welcome addition to the staffing levels already in place.

The inspector spoke with a number of staff and observed interactions between residents and staff and found that staff could demonstrate an in depth knowledge of the residents that they supported. Interactions were warm, positive and familiar, and residents appeared to enjoy the company of the staff supporting them. Residents and their families spoke highly of the staff team and told the inspector that they were treated with kindness.

The inspector reviewed a sample of staffing files of staff working in the centre, and found them to be in line with the requirements of Schedule 2. Recruitment practices and the organisational policies ensured the safe recruitment of staff. For example, staff were Garda vetted.

There was an evidenced system of supervision in place on a one to one basis with all staff members by the person in charge. Staff meetings were held regularly and staff felt they could raise any issues or concerns through this meeting or directly with the person in charge.

The inspector spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. For example, all staff had up to date training in the protection of vulnerable adults, fire safety and manual handling. Mandatory training was refreshed routinely and staff could request additional training through their supervision with the person in charge.

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 inspector found that documentation in the designated centre and in relation to the care and support offered to residents was well organised, and ensured that identified needs or risks were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place and implemented as required by Schedule 5 of the Regulations with some due to be reviewed and updated or awaiting approval.

The inspector reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority