

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glen Abhainn
Centre ID:	OSV-0005556
Centre county:	Meath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	David Walsh
Lead inspector:	Paul Pearson
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	0
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 1 day(s).

The inspection took place over the following dates and times

From: 09 December 2016 08:00 To: 09 December 2016 14:00

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 inspection

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by the Health Services Executive (the provider). This was an 18 outcome inspection seeking registration for a centre to support one adult on the autistic spectrum.

The HSE have a memorandum of understanding in operation with another autism specific service provider, Gheel Autism Services to support the day-to-day operations of the centre and to ensure systems were in place to improve outcomes for resident

living due to move into this house.

How we gathered evidence

The inspectors met and spoke with the resident, one staff member, the person in charge, the provider nominee and one of the management team from Gheel Autism Service over the course of the inspection. The resident in question informed the inspectors that they were looking forward to moving into their new home after Christmas and was very excited about it.

Key policies and documents were also viewed as part of the process including a sample of rosters, the risk management policy, the safeguarding policy and a sample of a care plan.

Description of the service

The service provided autism specific 24 hour residential support for one adult with a primary diagnosis of Autistic Spectrum Disorder. The centre comprised of one semi detached house in the busy town of Enfield, County Meath and was in close proximity to a shops, hotels, leisure clubs, cafes and restaurants.

Transport was to be provided by the centre by means of a designated car, however the town had adequate public transport facilities as well.

Overall judgment of our findings

This inspection found very good levels of compliance across all 18 outcomes assessed. All core outcomes were found to be compliant and from speaking with the resident, staff and management of the centre, the inspectors were assured that this service would be provided on a person centered basis, focused on the individual needs of the one resident to move in.

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 inspectors found that the centre had arrangements in place to ensure that the rights, privacy and dignity of the resident would be supported and their individual choice would be promoted and facilitated.

Policies and procedures were in place to ensure that the resident would be consulted with, and would participate in decisions about their care and about the organisation of the centre. For example, there was a policy available on maximising individual autonomy and independence which has been reviewed in December 2016. The aim of the policy was to support the resident exercise choice and control over their own life in the centre.

In order to support the resident achieve control and choice over their own life, the inspectors saw that they would be facilitated to complete a 'My Voice, My Choice' document once they moved into the house. This document was to support the autonomy of the resident and to provide an opportunity to become involved in the running of the house. Along with this the person in charge informed the inspectors that the resident would be supported to hold weekly meetings to discuss any issues related the house, plan weekly menus and decide on what social activities to partake in.

The resident would also be supported and encouraged to be involved and participate in all aspects of their care and support plans. The inspectors was satisfied that the resident, family members, key workers and where required allied healthcare professionals would be actively involved in the residents' individual care and support plans. The person in charge also informed the inspectors that all plans would be reviewed and where required updated when the resident moved into the property.

Access to advocacy services and information about rights formed part of the support services to be made available to the resident. The inspectors observed that the identity and contact details of an external advocate would be made available to the resident and the advocates details were also on public display in the centre.

Arrangements were in place to promote and respect the resident's privacy and dignity and staff members spoke about the resident with warmth, dignity and respect at all times over the course of the inspection process. For example, one inspector met with the resident and staff member for a coffee. The inspectors observed that the staff member in question had a genuine interest in the residents overall health and wellbeing and had a very good rapport with the resident.

There was a policy on intimate support available in the centre which was approved in December 2016. The purpose of the policy was to ensure that where required the resident would be supported with appropriate personal care. From viewing the resident's files, it was observed that the intimate care plan was informative on how best to support the resident with their personal care while at the same time maintaining their privacy, dignity and respect.

A policy was in place to assist the resident with managing their money and personal possessions. The aim of the policy was to ensure the residents property and finances were protected and where required, staff would provide support to the resident. The person in charge assured the inspectors that systems would be put in place to ensure the safety of the resident's finances.

The centre had a complaints policy in place which was reviewed in December 2016. The policy informed the inspectors that the centre would welcome any complaints and/or suggestions from the resident, family members and staff as this was seen as an opportunity to inform service provision and to continuously improve the quality of support and service to be provided.

The complaints procedures were also prominently displayed in the centre and an easy to read version made available to the resident. The person in charge informed the inspectors that a dedicated log book for recording complaints was also to be kept in the centre.

Over the course of this one day inspection the inspectors observed that management and staff spoke very warmly and positively about the resident at all times. The resident's individual choice would also be respected and they would be supported and encouraged to participate in the running of the house.

The resident's guide informed the inspectors that the resident's rights would be promoted, the resident's individual choice would be respected and the resident would be involved in the development and progress of their care plans.

Judgment:
Compliant

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Outcome 02: Communication <i>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.</i>
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Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): This was the centre’s first inspection by the Authority.
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Findings: There was a communication policy in place for the centre, which provided guidance on assessing and accommodating the residents communication needs. There was a communication assessment in place for the resident, which was detailed in the resident’s personal files. The documentation was also available in an accessible format for the resident. The assessment covered areas such as my feelings, how I express pain and methods of communication used by the resident. Assessments demonstrated that the resident did not require the use of assistive technology or communication aids at the time of inspection. Staff who will work in the centre were familiar to the resident. Inspectors spoke with staff and found that they were familiar with and respectful of the communication needs of the resident. There was also a communication and hospital passport on file for the resident. Inspectors were assured that the resident would be supported to maintain their access to the local community once they move into the centre. There was a television available and adequate shelving provided for the residents extensive reading materials.
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Judgment: Compliant

Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

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

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

Findings:

The inspectors were satisfied that the resident would be supported to maintain their relationship with their family.

There was evidence of good communication between staff and the resident's family. Staff informed inspectors that the resident had chosen to spend the Christmas holidays at home with their family.

This house was a new centre and the resident's family had visited the house and provided positive feedback on the accommodation.

Inspectors were satisfied that the resident would be supported to receive visitors in their new home and there were policies in place to support this. There was also adequate space within the centre for the resident to receive friends and visitors in private.

Inspectors were satisfied that the resident would be supported to maintain and increase their community involvement once they moved into the new centre. Details of the resident's community activities were included in the resident's transition plan.

The person in charge informed the inspectors that funding was available for a new vehicle to enable the resident to access the community. The resident was also being able to choose their preferred style of car from a selection of quotes which was to include various makes, models and colours.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There is a policy in place on admissions, transfers and discharges to and from, the centre and the inspectors were satisfied that the statement of purpose and the planned admission to the centre was in line with the criteria set out within this document.

The contract of care was available for review by the inspectors. The resident and their representatives were to be provided with a copy of the written agreement along with an accessible version prior to admission to the centre.

The agreement detailed the fees to be charged and the services that will be provided as part of this fee.

There was clear information on services or activities that would incur additional charges, for example activities of the residents choosing, cinema tickets and personal purchases would be paid for by the resident.

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:

Inspectors reviewed documentation, policies and transition plans and were assured that the new resident's assessed needs would be supported and met in the new centre.

Inspectors reviewed the resident's personal plan. There was evidence of multi-disciplinary input and ongoing review of the personal plan documentation. Inspectors saw evidence that the resident's health care, social care and support needs were assessed and these would be met on admission to the new centre.

There were also plans in place to update and review the resident's care plans once they moved into the new centre. Inspectors also saw evidence that the resident would be involved in the development, review and updating of their personal plans.

The resident was to be supported to move between services. The transitional plan for the resident ensured that the resident's wishes and goals as recorded in their personal plan would be supported and met when they moved into the new centre.

The transition plan and personal plan were also available in an accessible format for the resident.

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 designated centre was a three bedroom, semi detached house located in a town in Co. Meath.

The residents room has an en-suite and was of a suitable size and layout for the residents needs. The smaller bedroom was used as an office area with the second bedroom used as a staff sleep over room. Adequate storage facilities were provided for the resident.

The house had a sitting room and a separate well equipped kitchen and dining room for the resident to avail of. The kitchen was adequately equipped with cooking facilities and tableware. Laundry facilities were also available for the resident.

Staff had consulted with the resident regarding moving into the new centre. The resident had expressed a desire to bring their own personal belongings and decoration into the house when they moved in. Staff who spoke with inspectors were also knowledgeable with the residents likes and dislikes in terms of their accommodation arrangements.

Inspectors were satisfied that the resident would be able to personalise their home according to their wishes and that there was sufficient space for their personal possessions.

The centre also had a small front garden, with adequate parking facilities. There was a medium sized back garden with a patio area and lawn. The person in charge informed the inspectors that garden furniture would be purchased for the centre once opened.

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 in place that informed on risk management and emergency planning were to be managed. There was a health and safety policy in place and procedures to follow in the event that a resident was to go missing from the designated centre.

Inspectors were assured that there would be comprehensive risk management systems in place when the centre opened. There were systems in place to investigate and learn from incidents and for responding to emergencies.

A draft risk register was in place for the centre and staff provided assurances to the inspectors that this would be updated and in place before the centre is operational.

The centre had been recently fitted with a fire detection system, emergency lighting and fire doors to ensure the safety of the resident and staff. Inspectors observed the commissioning and servicing documentation for the fire detection system and fire fighting equipment within the centre.

There was a prominently displayed evacuation procedure in the event of a fire and inspectors were satisfied that there were systems in place to record and monitor the effectiveness of fire drills. The person in charge informed the inspectors that the resident would have a personal emergency evacuation plan in place once they moved into the centre.

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

Theme:

Safe Services

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

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

Findings:

Overall this inspection found that there were adequate policies, procedures, protocols and systems in place to protect the resident from all forms of abuse in the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect the resident in the centre.

The policy informed that the service was committed to ensuring that the residents were treated with respect and dignity and that their welfare would be promoted in an environment where every effort would be made to prevent abuse. The service was operating a no tolerance approach to any form of abuse.

The inspectors spoke with one staff member about the systems in place to protect the resident and were assured that staff knew how to respond and who to contact in the event of any safeguarding issue occurring in the centre. The staff member was also aware that there was a designated person to deal with any allegations of abuse and details of this person were on public display in the centre. Of a sample of files viewed, staff had up-to-date training in safeguarding of vulnerable adults (or would have by the time the centre opened).

There were guidelines in place for the provision of behaviours that challenge and a policy in place for the use of restrictive practices. This documentation informed the inspectors that a low arousal approach would be used to manage any behaviours of concern.

The policy also stated that a restriction would only be used as a last resort. The person in charge informed the inspectors that there would be no physical restrictions in use in the centre. As required (PRN.) medicines if and when required would be subject to review and strict protocols would be in place for their use.

The person in charge informed the inspectors that once the resident moved into the centre their positive behavioural support plans would be reviewed and updated with multi disciplinary support where required.

The inspectors also observed that all staff had the required training in managing challenging behaviour. Staff were also to receive more comprehensive training in low arousal strategies for the management of behaviours of concern.

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:

As this was a new centre and there were no previous incidents to notify to HIQA.

Inspectors reviewed the records in place to guide staff on the notification of incident to HIQA.

The person in charge was knowledgeable regarding the requirements submit notifications to HIQA in various circumstances and in line with the regulations.

Inspectors were also satisfied that there were systems in place to record incident occurring in the designated centre.

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:

This was a specialised centre built around the individual needs, likes and preferences of the resident and the inspectors found that arrangements were in place to ensure that the welfare and development needs of the resident would be promoted and they would be provided with social inclusion activities based on their interests, requests and

assessed needs.

There was a policy on access to ensure the resident could maximise their independence and autonomy. The inspectors observed in the resident's documentation that they would be supported and encouraged to maintain their independence and where required individualised supports would be put in place for the resident to further support and facilitate independent living skills.

For example, the resident loved gardening and the inspectors observed that this skill was to be supported and further developed in the centre. The resident also loved cycling and from speaking with staff the inspectors was informed that this hobby would also be supported in the centre.

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:

The inspectors found that arrangements would be in place to ensure that resident's health care needs would be regularly reviewed with appropriate input from allied health care professionals as and when required.

There was a policy available on promoting and maximising individual health, rehabilitation and wellbeing which was reviewed in December 2016. The policy informed that the centre would provide services and facilities to promote the overall health and well being of the resident.

The person in charge informed the inspectors that arrangements would be in place in relation to the resident continuing to have access to a GP and a range of other allied health care services as and when required.

From viewing relevant documentation the inspectors observed that healthcare plans were informative of how the resident would be supported to experience best possible health regarding personal hygiene, dental care, mobility, and positive mental health.

The inspectors found that monitoring documents would be maintained in the centre. From viewing this documentation, the inspectors was satisfied that GP check-ups would

be facilitated as and when required and clinical observations and treatments would be provided for. Consultations with the dentist would also be facilitated and the inspectors observed that the resident would also be supported to attend medical appointments as and when required.

Positive mental health would also be provided for and where required the resident would have access to support for their mental health and wellbeing. The resident's health care plans were informative of how best to manage special conditions such as epilepsy and an epilepsy care plan was already in place for the resident.

The inspectors found that arrangements were in place to ensure residents' nutritional needs would be met. Their weight was to be recorded and monitored on a regular basis. Menu planning and healthy choices formed would also part of discussion between the resident and staff during weekly meetings.

The inspectors observed that individual choice would be respected with regard to the resident's individual preferences for food. There would also be a varied range of healthy food options to choose

The person in charge informed the inspectors that meal times would be a relaxed and social occasion and staff would have their meals with the resident when on duty.

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:

The inspectors found that the medication management policies were satisfactory and that medication practices described by the person in charge were suitable and safe.

The inspectors were satisfied that there were appropriate procedures in place for the ordering, handling, administration and disposal of unused medicines in the centre. An individual medication plan was also to be in place for the resident and would be reviewed accordingly and in line with the resident's individual personal plan.

A locked drug press secured in the staff office was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription,

administration and recording standards. The inspectors observed that all non nursing staff were trained in the safe administration of medication in the centre. They were also trained in the safe administration of rescue medication.

There would be no controlled drugs in use in the centre. Medicines were to be routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspectors were informed that there would be systems in place to record any drug errors made and provisions made for learning from such incidents if and when they might occur.

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:

There was a written statement of purpose made available to the inspectors on the day of the inspection.

This document described the services and facilities to be provided in the designated centre.

The inspectors reviewed the statement of purpose and found that it contained all the necessary information as 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

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:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was to be supported in her role by a very experienced team leader. Both had significant experience of working in and managing services for people with disabilities.

The person in charge was committed to her own continuous professional development and was currently undertaking a post graduate qualification in management. From speaking with the person in charge (and having met the team leader as part of a previous inspection) it was evident that they had an in-depth knowledge of the individual needs and supports of the resident who was to move into the centre.

They were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspectors found that the person in charge would provide good support, leadership and direction to her staff team. She would provide regular supervision which would aim to be supportive in providing staff with adequate work related support.

The inspectors also found that appropriate management systems would in place for the absence of the person in charge. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The person in charge informed the inspectors that an annual review of the Quality and Safety of Care would be facilitated in the centre as required by the regulations. Systems would also be in place to facilitate announced and unannounced visits and audits of the centre.

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):

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

Findings:

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had not been absent at any time for a period longer than 28 days, however she was aware of the statutory obligation to inform HIQA should this be the case in the future.

It was also observed that suitable arrangements would be in place for the management of the centre in his absence. There was a qualified person participating in management assigned to the centre and an on-call system in place 24/7 as a support to staff if and when required.

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 inspectors observed that sufficient resources would be available to meet resident's assessed needs and as required in line with the statement of purpose.

Core staffing levels were to be rostered that reflected the whole time equivalent

numbers included in the statement of purpose and function. The person in charge also informed the inspectors that staffing resources could be adjusted and increased based on the resident's support needs.

The person in charge and provider nominee also confirmed that while that the centre would have a vehicle on a full time basis so as to support the resident with social outings and holidays if and when required.

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:

The inspectors were satisfied that there would be adequate staff numbers and skill mix in place to support the resident and to provide for the safe delivery of services.

The centre was to be staffed by a qualified person in charge, a team of co-workers and would also have regular support from a qualified nurse.

The person in charge informed the inspectors that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. Staff were also enrolled on further training on how to manage behaviours of concern in a low arousal, non aversive manner.

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

It was observed that the person in charge would meet with her staff on a regular basis and would undertake annual appraisals with them. The inspectors also observed that there would be good continuity of care provide to the resident as experienced and familiar staff would be available to support the resident.

At all times throughout the inspection the inspectors noted that all management and staff spoken with were very respectful towards the resident and knew their care support requirements at an intimate level.

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:

The inspectors found that systems were in place to maintain complete and accurate records in the centre. A couple of issues were found with some documentation however, once brought to the attention of the person in charge she set about addressing these immediately.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A resident's guide was available that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspectors found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre. The resident also had an easy to read folder which contained a lot of information pertaining to their rights and input into the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

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