### Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Margaret's Centre</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004043</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 4</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Margaret's Centre</td>
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<tr>
<td>Provider Nominee:</td>
<td>Breda O'Neill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>14</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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 2 day(s).

The inspection took place over the following dates and times
From: To:
30 August 2017 10:45 30 August 2017 18:30
31 August 2017 10:30 31 August 2017 19:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
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Summary of findings from this inspection
Background to the inspection:

This was the fourth inspection of this designated centre and was to monitor compliance with the Health Act 2007 (Care and support of persons (Children and adults) with disabilities) Regulations 2013, and follow up on any actions previously raised. The centre was granted registration on 26 May 2015 and the evidence gathered from this inspection would inform the decision to renew the registration for the next three year cycle.

Description of the service:

Under the regulations, providers are required to have a written statement of purpose describing the services and facilities provided in the designated centre. The provider's written statement of purpose outlines that the service was established as a service to provide for the support needs of women who had lived in institutional
settings, including women with mild and moderate intellectual disabilities. The statement of purpose outlined that the provider will ensure that each person using the service is wholly supported in the transition from institutional living to a life of their choosing. "St. Margaret’s is committed to working within available resources to support each person using the service to live a life of their choosing and implementing National Policy, Time to Move On from Congregated Setting: A Strategy for Community Inclusion." The centre can provide residential and respite services for 24 female adult residents.

On the day of inspection there were 14 female residents availing of services in the centre. The provider had committed to taking on no new admissions for long term residential care since 2016, but continued to cater for 13 people who had lived in the centre for a significant length of time and could also offer limited respite facilities for short periods of time to up to 4 people.

How we gathered our evidence:

The inspector met 10 residents during the course of the two days and spoke specifically with 8 residents. The inspector met the person representing the provider, the person in charge, the head of person support services, person support leaders, person support workers, discovery co-ordinators and the co-ordinator of the designated centre. The inspector received two family questionnaires. The person in charge and staff team facilitated the inspection and ensured all documentation was available for review. For example, policies and procedures, residents' support plans, risk assessments, audits and reviews, minutes of meetings and staff files.

Overall findings:

The inspector found that residents living in the designated centre were in receipt of a good quality, safe and person centred service by the provider, with positive findings and outcomes for residents evident within this report. The provider and person in charge had adequately addressed the previous action plan based on the inspection of September 2016 and brought about improvements.

Overall, residents told the inspector that they were happy and satisfied with the supports available to them to lead lives of their own choosing, and there was evidence of consultation and inclusion of residents in decisions about their own needs, and the operation of the designated centre. Some residents had lived in the centre for a significant length of time, and were happy and content in their homes. Other residents were eager to move into their own homes outside of the designated centre and live a more independent life. Questionnaires received from families and friends expressed satisfaction at the quality of the care and support offered to residents living in the centre. The inspector found there to be stable and consistent staffing, effective management and governance, and residents who were supported to exercise as much choice and control over their own lives as possible. Residents who required additional support regarding their healthcare or personal care needs had this provided to them in line with the regulations.
Of the 12 outcomes inspected against, the inspector found compliance with the Health Act 2007 (Care and support of persons (Children and adults) with disabilities) Regulations 2013 which was resulting in a positive living experience for residents. The findings are outlined under the relevant outcome headings, with no actions identified in need of attention.
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 fully consulted, informed and included in decisions around their support and the operation of the designated centre. For example, there was evidence that residents gave consent to supports and plans in place, residents were knowledgeable on the content of the files held about them and could attend regular forums with the person in charge to voice their opinions, concerns or issues regarding the centre.

There was an effective complaints procedure in place which residents were aware of and systems to ensure complaints were reviewed, acted upon and that the person raising the complaint was satisfied with the outcome. The person in charge reviewed complaints on a quarterly basis to identify any trends or emerging patterns in need of further action. Residents told the inspector that they felt listened to at times when they had to raise a concern.

Each resident had their own private accommodation in the designated centre. Personal information regarding residents was secured and protected and residents’ wishes regarding what information was recorded or not recorded was respected.

Residents had access to the National Advocacy Service, and some residents availed of this on an individual basis. There was information on how to access this service on display in the designated centre. Residents were encouraged to exercise their civil, political and legal rights.

Where rights restrictions had been implemented as safeguarding measures these had
been done in line with best practice. There was strict oversight and monitoring of any restrictions on residents’ privacy or access and these were reviewed periodically by the team and management. Residents were consulted and consented to any restrictive support measures in place.

Residents told the inspector that they felt well supported and respected by a caring staff team. Questionnaires received from family and friends indicated that they felt residents were treated as individuals, given choice and control over their own lives and encouraged to be as independent as possible. On review of documentation the inspector found a focus on the promotion of independence skills and ensuring residents were supported to make informed choices in order to direct their own lives.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that residents had written agreements in place with the provider for the services on offer in the designated centre, and details of any fees associated with this service. Since the previous inspection, the admissions policy had also been reviewed.

As found at the previous inspection, the provider was committed to not admitting any new residents into the centre for residential living, and was offering some planned respite services for short term periods only. The inspector found that the number of residents living in the centre had reduced since the previous inspection, and some residents had been successfully supported to find their own homes in local communities or seeking alternative accommodation to meet their changing needs.

**Judgment:**
Compliant

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**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:**
The inspector found that the supports in place for residents were reflective of their assessed needs and wishes. Residents told the inspector that they were happy with their social lives and how they spent their time and questionnaires from family and friends felt that residents' social needs were being met in the designated centre.

Since the previous inspection, documentation for assessing and planning residents' supports had been reviewed and updated. This had resulted in improvements to the documentation and the delivery of holistic support for residents' health, social and personal needs. Residents were aware of the content of their assessments and plans and if desired, their representatives were also included in this process. Residents’ wishes on what was private information, or information that all staff could read was respected. Plans were reviewed regularly with residents to ensure supports were effective at achieving what they set out to do.

The inspector spoke with a number of residents about their lives and found that residents had opportunities to participate in activities that where meaningful to them. A number of residents availed of formal day services outside of the designated centre, as well as having hobbies and interests that they enjoyed. For example, knitting and baking. Residents were supported to use local amenities, transport links and community based facilities. For residents who wished to live independently, there was a focus on support and advice around aspects of self-care, self-protection and independence living skills to enable residents to be as self-sufficient as possible. For example, support with cooking skills, taking care of the home and managing money and medication.

There were members of the staff team who were employed to assist residents to transition on from the designated centre. The inspector met with staff to discuss some residents who had recently moved out to supported living in their own homes. The inspector found there to be a comprehensive and consultative engagement with residents regarding their dreams, wishes and fears about moving on from the centre. Supports were implemented to assist residents to transition in a planned and safe manner, with on-going support from members of the staff team.

**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 designated centre was part of a campus based premises which offered residents an on-site café, day rooms, an oratory, a training room, accessible gardens and a staffed reception desk. The centre also had facilities for staff office spaces and meeting rooms. While this was not an optimal long term home-like environment, the provider had ensured the current design and laid out of the premises were meeting the individual and collective needs of residents. For example, residents all had their own private accommodation with sufficient storage space and space for furniture and personal belongings. Some residents had their own open plan apartments.

Since the numbers of residents living in the centre had reduced, the provider had utilised space in the centre to allow for more communal areas for residents to spend time apart if they wished, or see visitors in private.

While the centre was two storey, the private and communal accommodation in the centre was provided on ground level for residents. The building was accessible for residents with mobility aids or additional mobility needs. For example, ramps instead of steps on exit points and handrails around the building. The kitchen areas had been modified and adapted to ensure ease of use for persons using a wheelchair.

There were an adequate number of bathrooms and toilets in the centre. Some issues had arisen in individual apartments regarding accessibility and repair. Where possible, repairs and works had been carried out to enhance the bathroom facilities in some apartments. However, some residents had been facilitated to move into the larger communal living environment to ensure more accessible bathroom facilities, as the space was limited in the apartments to accommodate certain mobility needs. Residents told the inspector that they were happy with this.

Due to changing needs, some residents had been facilitated to move to quieter areas of the designated centre, away from the general living area. While the space and facilities were less aesthetically pleasing in this part of the centre, and this was not an optimal long term solution, this move was proving to be suiting the needs of the resident and
the larger group. The inspector spoke with residents and staff about this, and found that the current arrangements were effectively supporting the residents' needs until a more suitable long term arrangement could be sought.

Where necessary, the provider had ensured the building was equipped with any equipment, aids or appliances that residents' may need. For example, specialist beds and mobility aids. Contracts were in place for the maintenance or servicing of any specialist equipment that required it.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the issues raised at the previous inspection had been adequately addressed by the person in charge. Overall, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre through appropriate policies, systems, equipment and staff training.

Risk management:
There was a risk management policy in place which had been reviewed in January 2017. Residents were fully included and involved in risk assessments, and the control measures in place to alleviate or reduce them. There was a focus on positive risk taking and supporting residents to develop awareness skills for self-protection and independence. The inspector reviewed a number of individual risk assessments and found them to be in date, and reflective of control measures in consultation with residents. There was a risk register in place for the environmental risks in the centre which was reviewed routinely. There was a centre specific safety statement. Overall, the inspector found there to be an effective and balanced approach to risk management in the designated centre.

Accidents and incidents:
There was an online recording system in place for any adverse event, accident or incident that occurred in the designated centre. There was a process of review in place to identify any trends or patterns, and to implement changes to avoid things from happening again. For example, falls were audited on a quarterly basis to determine their possible reason, and if any additional changes could be implemented. On review of the quarterly audits and the quarterly notifications, the inspector found low incidents
involving residents, with only a small number of minor injuries, and no serious injury had required hospital treatment in the past 11 months.

Fire safety:
The inspector reviewed the systems and practices in place regarding the risk of fire in the designated centre, and found there to be appropriate fire safety measures in place. Actions from the previous inspection had been adequately addressed in this regard.

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. Fire extinguishers were in place throughout the centre, and evidenced as serviced routinely by a relevant professional. Emergency lighting systems were in place and checked as part of these routine servicing. There were systems of daily and weekly checks in place in the centre to promote fire safety, such as checking exits were unobstructed and alarms sounded effectively. Each shift one staff member had the role of the identified fire warden, with their photograph on display in reception. This person held responsibility to direct an evacuation should one occur. Fire containment measures were in place throughout the building.

Staff had all been provided with training in fire safety, which was seen to be refreshed regularly. Staff knew what to do in the event of a fire, and recent fire drills indicated good response times when evacuations had been practiced. Since the previous report, a fire professional had conducted two fire drill demonstrations with the team, at night time and day time, and gave positive feedback on the staff team’s response. Where drills had taken longer than expected to evacuate, this was reviewed and discussed and changes implemented to improve. Time taken to evacuate had reduced in recent drills undertaken.

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 residents felt safe living in the centre, and that appropriate measures were in place to safeguard and protect residents from abuse or harm.

Residents told the inspector that they felt safe, and that they could talk to staff or management if they felt they were being treated badly. Residents told the inspector that they felt well treated and the staff team were warm and kind. Questionnaires received outlined that relatives and representatives felt residents were well cared for and safe living in the centre.

There were policies in place to guide safe practice in relation to the protection of vulnerable adults, the provision of behaviour support, the use of restrictive interventions and supporting residents with personal and intimate care. Staff were aware of the process to follow in the event of a disclosure or concern of abuse and had been provided with training in the protection of vulnerable adults and reporting mechanisms. The inspector reviewed any current safeguarding issues and found that where necessary, the Health Service Executive (HSE) national policy for safeguarding vulnerable persons at risk of abuse had been followed by the person in charge. There was communication between the safeguarding and protection team and the person in charge to ensure appropriate supports were in place for residents who required them.

The provider had ensured that there was adequate input from multidisciplinary team (MDT) members in relation to supporting residents who may present with behaviour that could be challenging. Efforts were made to identify underlying causes of behaviour, and plans were put in place to address any additional support needs in this regard. For example, on-going review by psychology, the creation of support plans and clear criteria on the use of any restricting supports. The inspector noted the use of PRN (as required) medication to support some residents at times of anxiety. Any medicine used for this reason was monitored. Any restrictive interventions that had been applied were done so by a team-based decision-making process, inclusive of the residents’ consent and consultation. The inspector found evidence that alternative measures were fully encouraged and applied prior to the use of any restrictive intervention. The inspector found that while some rights restrictions were in place for the safety of some residents, these were effectively monitored and reviewed and the provider was actively promoting the reduction of restrictions where possible.

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

**Findings:**
The inspector found that residents' healthcare needs were assessed, planned for and met by the supports available in the designated centre.

There had been improvements in the documentation of residents' health needs and supports since the previous inspection, and residents' folders were now more encompassing of both their health, social and personal needs. New templates had been implemented, and the inspector found that both the physical and mental health of residents were included in the assessment and planning process, with the consultation and preferences of residents' noted.

Residents living in the centre had access to a General Practitioner (GP), and other allied health professionals either through the public health referral system or privately if they wished. For example, community mental health teams, tissue viability nurse, community palliative care team, psychology, psychiatry, dieticians and physiotherapists. Access to a range of allied health professionals, along with improved assessments and plans for residents was promoting best possible health for people living in the centre.

The staff team were clear on the needs of residents, including the additional supports needs to encourage them to be actively involved in their own healthcare decisions. Questionnaires from family members and representatives felt that residents' healthcare needs were met in the designated centre.

Residents had access to an on-site café in the designated centre, and some residents told the inspector that they enjoyed eating their meals in the main part of the building, and that the food was of good quality. Residents had the opportunity to choose the foods they wished to eat through discussions at residents forums, and daily by choosing from a selective menu. Some residents liked to prepare their own meals in the kitchen of the designated centre, and the chef on site facilitated supports around this, by providing ingredients and easy to follow plans on food preparation and cooking techniques. Snacks and drinks were available to residents at all times.

**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector determined that residents were protected by safe medicines management and were supported and encouraged to be in control of their own medicine where possible.

There were written policies and procedures in place to guide practices in relation to the complete cycle of medicines management.

Medicine in the designated centre was self-administered by some residents. Appropriate risk and capacity assessments had been completed to identify any additional supports that residents may need to safely self-administer medicine. If necessary, additional supervision or staff guidance was available until residents could regain full control of their medicine management.

For residents who required it, the staff team supported residents with their medicine. All staff had up to date training in the safe administration of medicine, and in general one person on shift was responsible for medicine duties each day. This was to ensure consistent responsibility for the shift period, and to reduce the likelihood of medication errors.

Medicine was securely stored in the designated centre with appropriate measures in place to refrigerate any medicine that required it. Monitoring and checking systems were in place to ensure safe and secure storage of all medicine, inclusive of medicine with additional control requirements.

There was a uniform documentation and administration system in place, which staff described to the inspector. Medicine was prescribed by the relevant professional, ordered, checked, administered and signed off in line with best practice. There were safe practices regarding the disposal and return of out of date or unused medicine.

There were oversight systems in place for stock checking of medicine weekly, and the person in charge audited medicine errors on a quarterly basis to identify patterns or trends. There had been a reduction in the number of medicine errors in the past year, and the person in charge felt the responsibility being given to one staff each shift to carry out medication duties had assisted in this reduction.

Residents’ medicine and its therapeutic effects were reviewed on a routine basis by their prescribing doctor.

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 provider had ensured there was a written statement of purpose and function that described the services and facilities on offer in the designated centre. An updated version of this document had been submitted as part of the application to renew the registration.

On review of the statement of purpose, and during the course of the inspection, the inspector found that the document accurately described the services and facilities available in the centre. While there were some minor amendments to be considered, overall the statement of purpose met the requirements of Schedule 1 of the regulations.

The provider’s written statement of purpose outlined that the service was established as a service to provide for the support needs of women who had lived in institutional settings, including women with mild and moderate intellectual disabilities. The centre can provide residential and respite services for 24 female adult residents.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
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 in the designated centre which identified the lines of reporting and accountability, and this structure was known to residents living in the centre. Residents could identify the person in charge and were familiar with the management team.
The person in charge had not changed since the previous inspection and as such continued to meet the requirements of the regulations. The person in charge held the role of person support manager and was supported in his role by a co-ordinator and three person support leaders, as well as the staff team. There were clear allocation of duties across the staff team, and staff felt that it was a nice place to work and that they were supported in their roles regarding the provision of training and being consulted about the service.

The inspector found there to be effective management systems in place. Audits and reviews were carried out routinely, unannounced visits had occurred every six months on behalf of the provider, and there had been an annual review of 2016. This review found good levels of compliance with the regulations and standards, and had a clear plan to address any areas in need of further work.

The inspector found that there were communication structures in place with meetings routinely held across the different levels of the management and staff structure. For example, executive management meetings, staff team meetings, meetings with the person in charge and residents, and other sub-committee meetings such as restrictive interventions review committee. On review of documentation the inspector found that the person representing the provider (who held the role of chief executive) was involved across all levels of communication with the wider staff team. The person representing the provider also reported to the provider's management committee on a bi-monthly basis.

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

**Findings:**
The inspector found that there was an adequate number and skill mix of staff members working in the centre to ensure effective continuity and to meet residents' support needs. Changes had been made to the staffing structure since the previous inspection. This had resulted in a full time co-ordinator being present to supervise the staff team on
a daily basis, and staff reported directly to the co-ordinator about any issues. In general there were four staff members working with residents each day. The person in charge, the co-ordinator and the person support leaders were additional to this number.

There was a planned and actual roster maintained by the person in charge, and clear distribution of staff duties each day to ensure residents' needs were met. When necessary, the provider had sourced additional funding to provide higher levels of staffing based on residents' needs. For example, one to one staff.

Staff held varying roles and responsibilities based on the support requirements of residents. For example, some staff worked directly with residents, others assisted with the assessments and transition planning, or ensuring personal plans were achieved. The inspector found that the wider staff team were working cohesively to achieve residents' individual goals and the ethos of the organisation.

The inspector reviewed documentation such as staff personnel files, rosters and training records and matrices. The inspector found that there was adequate training and education available to the staff team to support them in their roles. There was oversight of training records to ensure any person requiring training or refresher training had a plan for this to be provided within the timeframes required. For example, staff were up to date in mandatory training such as manual handling, fire training, and safeguarding and protection from abuse. Staff were facilitated to attend additional training that would enhance residents' experience. For example, a number of staff had been trained in Irish Sign Language, social role valorisation and relationships and sexuality. Staff told the inspector that they felt well supported in their training needs.

There were systems in place for both formal and informal supervision of staff members. As mentioned, a co-ordinator was present to oversee the day to day supports in place from the staff team. There was also formal and documented supervision and appraisal meetings held with staff working in the centre.

From observations, speaking with residents and reading family questionnaires the inspector found that staff were warm and supportive of residents living in the centre. Residents felt they could speak to staff about any concern or issue, and were confident that the staff team and management would assist them in any way they could. As residents had moved out of the centre, staff had been flexible and supported by management to transition with residents to ensure continued and familiar staff were available to help them transition on successfully to their new homes.

**Judgment:**

Compliant

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**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 improvements had been made to the documentation maintained in the designated centre, and that complete and accurate records were maintained.

The policies as required by Schedule 5 of the Regulations were in place, reviewed and updated as required. All policies had been reviewed within the last three years.

The inspector found that residents' records as outlined in Schedule 3 were well maintained and kept up to date. Information was safeguarded regarding residents' privacy and protection of their personal information.

Since the previous inspection, the inspector found that there was now clear information in residents' personal plans to encompass all aspects of their assessments and plans. Information was easy to read, and residents' were fully informed of what information was kept regarding their support needs, risks, plans and goals.

**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