

Regulation 23 Six-monthly Unannounced Visit to Designated Centre

Report on the quality and safety of care and support and plan to address any concerns with regard to the standard of care and support in residential services for children and adults with disabilities.

Introduction

Regulation 23(2) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 places a legislative responsibility on registered providers¹ or a person nominated² by the registered provider to carry out unannounced visits to the designated centre.

The regulations require that the registered provider ensures the visit takes place at least once every six months or more frequently as determined by the Chief Inspector of Social Services. Where the Chief Inspector has identified significant levels of non-compliance in the governance and management of a designated centre, the frequency of unannounced visits by the registered provider shall be more frequent and should be carried out during the day, at night and weekends. The frequency of the visits will be agreed in advance with the Chief Inspector.

Where the Chief Inspector deems it necessary, the monitoring of governance and management of a designated centre by the registered provider may be applied as a formal requirement.³

The purpose of the visit is to monitor the safety and quality of care and support provided in the designated centre and, as required, to put a plan in place to address any concerns identified during the visit.

The registered provider is required to prepare a written report of the visit and to make this report available on request to residents and their representatives and to the Chief Inspector.

While having a perspective on quality, safety and compliance with regulations and standards, the registered provider should ensure that any report of its unannounced visit explicitly reflects how systems, practices and procedures impact on outcomes for residents.

For consistency, the registered provider should identify only one nominee to carry out the unannounced visit on its behalf or in its absence.

Where the unannounced visit has been carried out by a person nominated by the registered provider, the report of the visit should be co-signed by the registered provider.

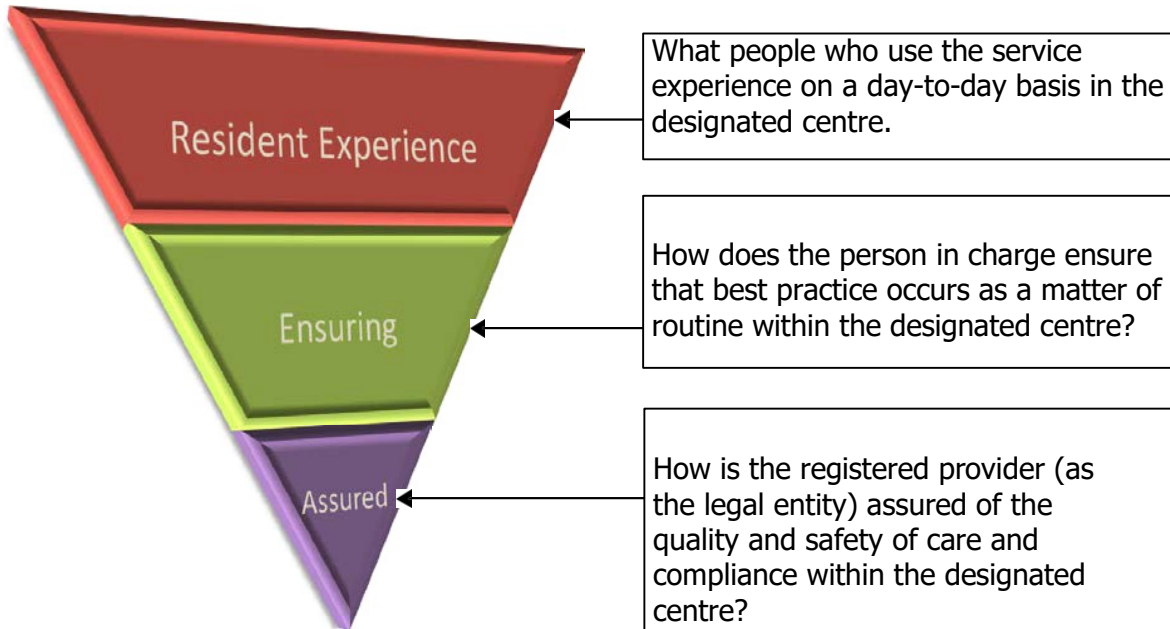
¹ This is the person whose name is entered onto the official public register of designated centres as the 'person' running the designated centre. This should be, for example, a company, an unincorporated body, a statutory body, a partnership or a sole trader.

² The person nominated on behalf of the registered provider must be in a senior management role within the organisation and have the authority to implement any improvements identified as a result of the unannounced visits to the designated centres. For example, for a company, this should be the chief operating officer or equivalent, or a chairperson of the board, board member or member of an executive management team, or an authorised signatory for provider entities in line with guidance in our *Registration Handbook*.

³ Section 65 of the Health Act 2007 (as amended) states that a registered provider of a designated centre shall submit to the Chief Inspector such information at such time and in such manner and form as the Chief Inspector considers necessary to enable the Chief Inspector to carry out the Chief Inspector's functions. For more information, see our *Regulation handbook: A guide for providers and staff of designated centres*.

Role of the registered provider and person in charge

In considering their assessment of designated centres, registered providers should be guided by the principles enshrined within the following model.



The unannounced visit

The visit provides an opportunity to focus on those aspects of the service that need improvement and should include all outstanding requirements contained in the compliance plan from the most recent inspection.

During each visit, the registered provider should communicate (with consent and in private) with a representative sample of residents and representatives of residents. In addition, the provider should interview staff working in the designated centre at the time of the unannounced visit. This representative sample will provide an overview of the lived experience of residents in the designated centre and the safety and quality of care provided by staff.

Over each subsequent visit, the registered provider should ensure that all residents and residents' representatives have had an opportunity to communicate with the registered provider. Additionally, all staff should be interviewed during these subsequent unannounced visits.

Communication with residents should focus on the quality and safety of care provided and quality of life experienced within the designated centre. Interviews with staff should concentrate on their training, experience and understanding of safeguarding vulnerable residents. The assessment judgment framework for designated centres for people with disabilities should be used to inform the relevant lines of enquiry that are to be explored during each unannounced visit.

The registered provider should inspect (and comment in its report) records maintained in the designated centre, such as:

- directory of residents
- incidents
- accidents
- complaints
- restrictive procedures (including the use of physical, chemical or environmental restraint).

Following the visit

The registered provider must write a report of their visit.

The report should reflect the findings of the visit and include the views of residents, and their representatives. The report should also highlight the progress made on actions identified during previous visits and the requirements of the compliance plan from the most recent inspection.

The findings from the unannounced visits and the written report should be used by the registered provider to inform the governance and management of the designated centre. This information should also inform the annual review of the quality and safety of care and support required under Regulation 23(1) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

This document provides a form to assist the registered provider in completing the six-monthly unannounced visit report.

At the end of the form there is a statement/declaration that must be printed, completed and signed by the registered provider and the person in charge. The registered provider's nominee should also sign the form if they carried out the visit. The statement/declaration confirms that the information contained within the report and declaration is an accurate reflection of the unannounced visit in accordance with the requirements of Regulation 23(2) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations).

There is no requirement to send the Chief Inspector a copy of your written report unless the Chief Inspector has requested this. A copy of the report must be maintained and made available on request.

Actions taken by the Chief Inspector

The information contained in the completed form will be used by the Chief Inspector to inform the ongoing monitoring of the designated centre and where necessary will inform enforcement action (if any).

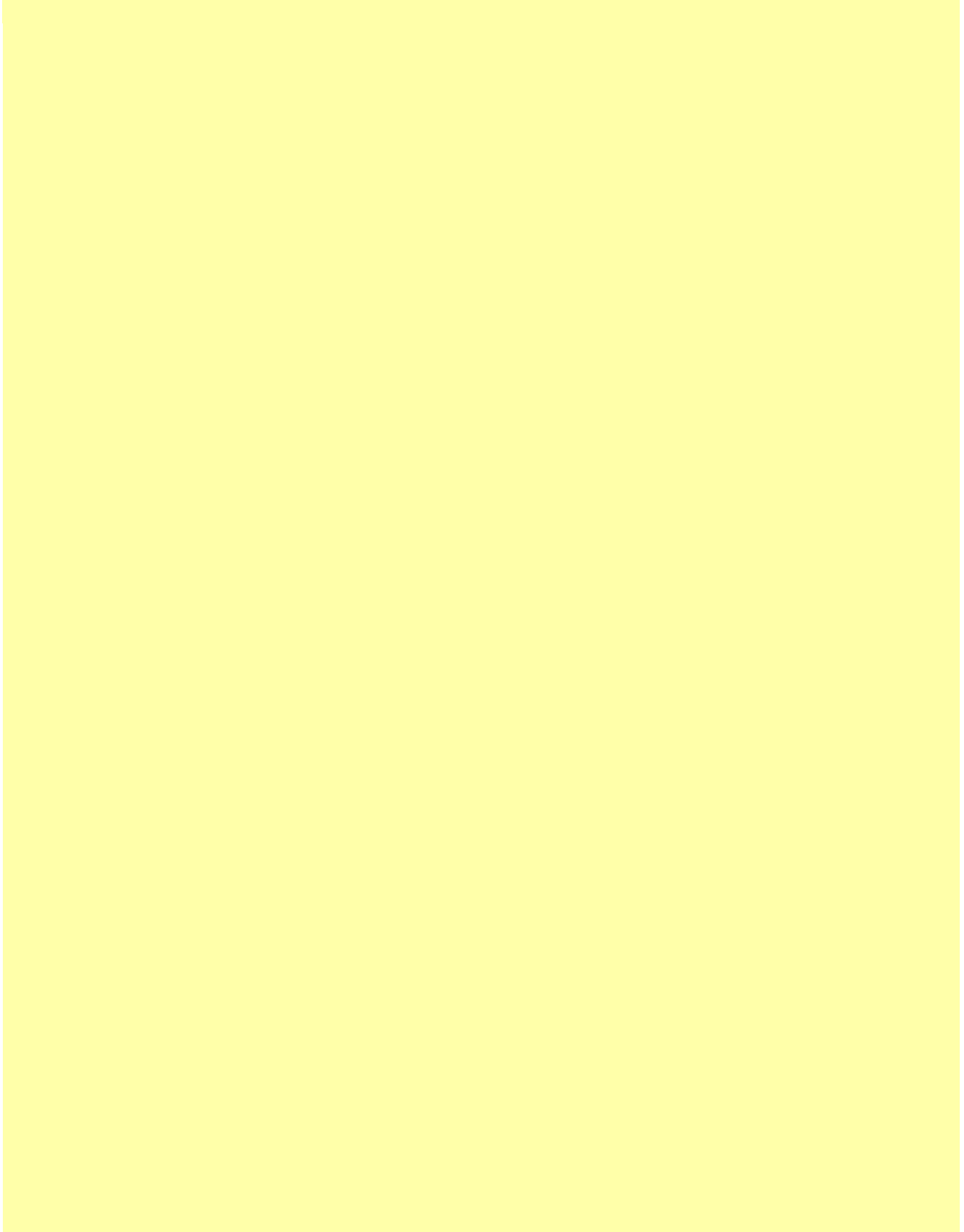
In addition, the actions taken by the registered provider and any information submitted may be used to inform the Chief Inspector's ongoing assessment of fitness of the registered provider.

Six-monthly Unannounced Visit Report Form

Section 1. Visit details	
Centre name:	
Centre ID:	
Name of registered provider completing report (or person nominated by registered provider):	
Name of person in charge:	
Date of visit:	
Duration of visit:	From:
	To:
Number of residents on the directory of residents at the time of visit:	

Section 2: Matters identified during the previous unannounced visit by the registered provider (or person nominated on behalf of the registered provider)

Summary of matters identified and progress made since last visit:



Section 3. Residents' Details

(Detail the number of residents communicated with and summarise their views on the quality of life and quality and safety of care provided in the designated centre)

Number of residents:

Summary of residents' views :

Summary of prioritised actions resulting from resident engagement: (if applicable)

**Section 4. Residents' representative details
(Detail the number interviewed and summarise their views on the safety and quality of care and support provided in the designated centre)**

Number of residents' representatives:

Summary of the views of residents' representatives:

Summary of prioritised actions resulting from residents' representative engagement: (if applicable)

Section 5: Staff details

Number of staff interviewed:

Comment on the adequacy of staff on duty: (in terms of numbers and skill-mix)

Summary of action proposed or taken to address staff vacancies (if any):

Summary of staff views (by skill-mix) on the safety and quality of care and support provided in the designated centre:

Summary of staff views (by skill-mix) in relation to safeguarding and any other issues raised by staff (if any)

**Section 6: Resident safety and notifiable incidents
(as required by Regulation 31 of the Health Act 2007 (Care and Support for Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013))**

Number of notifiable incidents since date of last visit:		
Have all incidents have been notified in line with the regulations?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, what actions have been taken to address this?		
Summary of review of the information in notifications — trends identified (if any)		
Actions taken arising from review of notifications to ensure the safety and quality of residents' care.		

Section 7: Restrictive practice

Types of restraint (numerical value only)

Physical	Chemical	Environmental	Other	Total

Are restrictive practices being used in line with the regulations/national policy/provider's policy for the centre?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If no, what actions have been taken to address this?

Summary of actions taken since date of last visit to reduce use of restrictive procedures within the centre:

Date of last incident audit/accident audit:

Summary of outcome of incident/accident audit (include analysis of any trends identified and actions taken in response to audit):

Empty text area for summary of outcome of incident/accident audit.

Summary of actions taken by the registered provider arising from analysis of incidents notified to the Chief Inspector:

Empty text area for summary of actions taken by the registered provider.

Section: 8 Allegations of abuse (suspected or confirmed)

Were there any allegations of abuse of resident(s) since date of last visit?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, how many allegations were there?	Number	
Was the national safeguarding policy/provider's policy for the centre implemented?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, what steps were taken to address this?		

Are the necessary procedures in place to respond to and investigate any issues that may arise and are they fit for purpose?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, what steps were taken to address this?		

Were all incidents investigated in line with policies and procedures?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If no, what steps were taken to address this?

Large empty yellow box for notes.

Do staff have the necessary knowledge and skill to recognise and respond to safeguarding issues?

Yes

No

If no, what steps were taken to address this?

Large empty yellow box for notes.

Summary of actions taken by registered provider: (Summary should include details of how adults and children were supported, including whether the Child and Family Agency (Tusla), Local or National Safeguarding Office or An Garda Síochána had been informed, staff disciplinary procedures implemented, referral made to professional regulator and so on.)

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Section 9: Complaints

Number of complaints received since date of last visit:

Date of last complaints audit:

Summary of outcome of complaints audit: (Include analysis of any trends identified and actions taken by the registered provider arising from analysis of complaints)

Section 10: Requirements from other regulators (if applicable)

Summary of progress made against requirements from other regulators, that is to say any issues identified by another regulator that may impact on either the quality or safety of care of residents (such as Health and Safety Authority or fire authority and so on).

Section 12. Registered provider declaration:

Registered provider declaration:

I confirm that this report is an accurate reflection of the unannounced visit to the aforementioned designated centre carried out on the date set out above in accordance with the requirements of Regulation 23(2) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations).

Details of person who carried out the visit and completed report:

Name of person:	
Title:	
Signature:	

Details of person in charge:

Name of person in charge	
Signature of person in charge	
Date report discussed with the person in charge	

Registered provider details: (if report completed by nominated person):

Name of registered provider:	
Title:	
Signature:	