

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sligo Supported Accommodation
<b>Centre ID:</b>	OSV-0002688
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	RehabCare
<b>Provider Nominee:</b>	Michael O'Connor
<b>Lead inspector:</b>	Catherine Glynn
<b>Support inspector(s):</b>	Jackie Warren
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
25 July 2016 11:00	25 July 2016 19:00
26 July 2016 10:00	26 July 2016 13:30

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 report**

This was an announced 18 outcome inspection to inform a registration decision for this designated centre. There had been one previous announced inspection which was completed on 29 April 2014 and actions identified required review as part of this inspection. Six actions had been identified from the last inspection and the inspectors found that all the actions had been addressed during the course of the inspection.

#### How we gathered our evidence

The inspectors met with three staff inclusive of the person in charge during the inspection process. A phone call was completed with a family member and another family met with the inspector during the course of the inspection. All family members spoken with, were assured that their relatives were well supported and were enabled to maintain supportive roles with residents. Two residents spoke openly with the inspectors and showed them around their home and discussed their life and events they were looking forward to. Residents informed inspectors that they enjoyed living in their centre and felt supported by staff to complete activities they chose. They also spoke about the importance of being supported to maintain their links with families and engage in the local community, such as sporting clubs and active employment.

The inspectors reviewed documentation such as two personal files, policies and procedures, audits, complaints log, incidents log and questionnaires received from residents and family. Inspectors met with residents and spoke with families during the inspection. From review of the questionnaire's, inspectors found that families expressed satisfaction with the service provided and the supports that were available to the residents. They also outlined effective communication with the knowledge of the service and systems in place to support residents such as complaints procedures and safeguarding procedures. The inspectors completed a walk around of the centre internally and externally.

#### Description of service

The centre was a two storey semi detached house located in close proximity to a town centre and local amenities. At the time of inspection the centre catered for both male and female residents with a capacity for four residents in total. There was one vacancy on the day of the inspection. The service provided reflected the description as outlined in the statement of purpose.

Residents were observed to maintain independence and were supported to access local events with ease. The inspectors found that the house was well maintained with resident's participation and consultation reflected by photographs on display in the centre.

#### Overall judgment of our findings

Overall, the inspectors found the provider had ensured systems were in place to meet the regulations. This resulted in positive experiences for the residents living at the centre. The inspectors found that residents needs were being met and they felt safe and content living at the centre. Residents social and healthcare needs were also being met.

A small number of areas for improvement were identified on inspection. For example, the residents' contract of care did not detail the costs incurred by the resident and staff files did not have the required information as outlined in schedule 2 of the regulations. This will be outlined further under each outcome and detailed action will be outlined at the end of the report.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that the centre supported and promoted residents' rights and dignity through consultation and decisions about the running of the centre.

On the day of inspection, inspectors found that the centre had promoted residents' rights. The inspectors reviewed personal plans and found that care was focused on promoting residents' independence. Interactions between staff and residents throughout the inspection were observed to be warm, respectful and responsive. The residents were enabled to exercise choice and control over their daily activities as seen in their daily logs. Two residents showed inspectors their bedrooms and discussed their choice of furnishings.

There was a complaints policy in place at the centre. Residents were informed of the complaints procedure. The details of the complaints person was displayed in the centre. The complaints log was reviewed on the day of inspection and there were no recent complaints recorded.

All residents were registered to vote and informed inspectors that staff support them to vote. The person in charge informed the inspectors that all residents were supported to attend religious services of their choice. It was evident from a review of residents personal plans they were supported to attend mass with family and staff. The charter of rights was displayed prominently for all residents and in a format that was appropriate also. Residents were very informed of and aware of their rights during discussion with inspectors.

House meetings occurred weekly, minutes were retained and they included who attended and all issues discussed. Evidence of event planning was outlined and this included outings planned for the week ahead, shopping, upcoming HIQA visit and a house work rota. There was also discussion about summer holidays and planning for these trips.

**Judgment:**  
Compliant

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

#### **Findings:**

On the day of inspection the inspectors found that the communication needs of residents were met. The inspectors found that the residents were supported to communicate their wishes and needs. A communication policy was completed and available in the centre.

All residents had communication assessments and profiles completed which were outlined in their personal plans which were regularly updated. The inspectors found that staff were informed of how residents communicated and any support they required which promoted their independence. Access to newspapers, television and radio was evident in the centre for all residents ensuring they were informed and enabled to participate in community events.

The inspectors found that residents had been supported with assistive technology in the centre for example some residents had access to personal computerized tablets with the use of internet facilities. There was also a shared computer in a communal living space for staff and residents to utilize. Courses in computer skills for residents were planned for September.

Residents spoke freely with inspectors, fellow residents and staff. Residents discussed their weekly schedules with inspectors, which included attending sporting events, mass, going shopping, eating out and meeting family. Communication with residents was also supported through the use of pictures for menus, schedules of housework and photos of rostered staff on duty.

**Judgment:**  
Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community.

The inspectors met with residents' families during the inspection and spoke with relatives as requested on the phone on the day of inspection. All family members expressed satisfaction with the current service their family member was receiving. Residents' families also stated that they had been actively consulted throughout the residents' time in the centre.

Residents were supported to spend time with their family. At the time of inspection, one resident was enjoying a holiday at home with family. Family contact was well maintained for residents and this was confirmed from review of the questionnaires provided. The inspectors reviewed the questionnaires which were submitted to families and residents prior to the monitoring inspection. The information contained indicated that all residents and families were satisfied with the service provided within the centre. Family and residents were also positive in their feedback regarding the overall management of the centre and felt informed about processes such as complaints and safeguarding.

A visitors' policy was in place in the designated centre. There were ample facilities for residents to meet with family or friends in private if they wished. Photographs were on display in the centre reflecting family visits.

Personal plans indicated that all residents were actively supported to maintain links with the wider community and to attend local community events. Residents were supported to attend sporting events and to use local amenities such as swimming pools and shopping centres. Residents' families had been facilitated to attend review meetings in accordance with the residents' wishes.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The designated centre had a policy on admission, transfers, discharge and temporary absence of residents. Residents were also supported to transition between services. There was documentation to support all transitions for residents and the supports they had received in the process.

The inspectors found on the day of inspection that residents had a written agreement in place but not all the contracts included the fees to be charged to residents.

**Judgment:**

Substantially Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the centre was providing residents the opportunity to participate in meaningful activities' appropriate to their interests and preferences.

All residents had a personal plan completed which had been reviewed on an annual basis or sooner if required. These plans outlined a detailed assessment of goals and the supports that residents required to achieve these goals. Residents' families were also



supported to attend planning meetings in relation to residents' goals. Where required the plans were provided in picture format for the residents. Examples of goals for residents included holiday trips to Donegal, attending soccer matches and GAA events in the local town. Weekly activity planners were completed in the centre and on display in a communal area.

Personal plans also indicated that residents had access to multidisciplinary supports, such as general practitioner (GP), dietician, social work and psychiatry. The inspectors found that residents were facilitated to attend these specialist services annually or as their needs required.

Residents had social roles within the local community such as, volunteering for tidy towns, working in a leisure centre, attending a 'men's shed' group and active membership in local sporting clubs. Future goals were also identified in personal plans for residents such as educational activities and living independently.

**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:**

Overall the inspectors found that the centre location, design and layout of the premises was suitable for its stated purpose and met the needs of residents in the designated centre.

The design and layout of the centre reflected the statement of purpose and was found to meet the needs of residents. There was adequate communal space and suitable storage facilities insofar as is reasonably practical for the personal use of all residents. Rooms were of a suitable size and layout and were well decorated and furnished with evidence of residents' consultation. Pictures were readily displayed throughout the communal areas of the centre.

A kitchen area with suitable and sufficient cooking facilities was available in the centre. Laundry facilities were provided in the centre and residents were observed attending to their laundry tasks independently. Baths, showers and toilets were of a sufficient

number and met the needs of the residents which were found to be well maintained and suitably decorated on the day of inspection.

The person in charge ensured that all equipment and facilities in the designated centre were maintained and serviced regularly. A schedule of maintenance was held in the centre. Health and safety audits had been completed on a monthly basis by the person in charge.

**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 inspectors found that the centre had robust systems in place so that the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedures in place relating to risk management and health and safety. Identification and management of risks, control measures and learning formed part of the risk recording system in place in the centre. All residents had individual risk assessments as part of their personal plans which supported their choices and preferences in relation to maximizing and promoting independence.

There were adequate precautions against the risk of fire in the designated centre. Management of fire procedures were on display in the centre. Records of fire drills, testing of equipment and servicing records were all stored in the centre. Evacuation plans were completed for all residents. Day and night fire drills had occurred and learning was evident from the drills completed as per the review of the fire records. Training records were reviewed and all staff working in the centre had completed fire training at the time of inspection.

There was an emergency plan which provided guidance to staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation. All staff spoken with were informed of these plans. There was a policy in place for infection control.

**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

**Findings:**

The centre had policy and procedures in place for the prevention and detection of abuse. All staff had received training in the prevention and detection of abuse from review of the training records.

Inspectors spoke with two staff and found that they knew what constitutes abuse, what to do in event of an allegation or suspicion of abuse and were familiar with the procedures in place. A designated person was clearly identified and accessible for residents and staff should the need arise. The person in charge was found to monitor all systems such as, documentation, incidents and notifications to ensure there were no barriers to disclosing concerns of abuse. Relatives spoken with informed inspectors as to who they would contact if they had any concerns.

Residents spoken with reported that they felt safe and supported. They felt confident that they would report any concerns to staff. Staff received training in behaviour management approaches. There was a policy and procedure in place to ensure positive behaviour support was provided in the centre. The inspectors found evidence of on-going reviews and multidisciplinary support through psychology and behaviour therapists in the personal plans.

There was a policy in place on the use of restrictive procedures. At the time of inspection, there were no restrictive practices in use at the centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained a record of all notifications submitted to the Health Information and Quality Authority (HIQA).

The inspector reviewed a record of all notifications that had been submitted to HIQA which was kept at the centre. This included all notifications submitted under Schedule 4 of the regulations.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The centre was found to provide residents opportunity to engage in new experiences, social participation, education and training needs that had been identified in personal plans.

Residents were actively involved and consulted with about the day-to-day running of their centre. Employment was being researched with one resident. Access to education had been supported, for example residents had attended pottery classes and were researching computer skills training. The centre had a policy on accessing education, training and development, which was reflective of supports provided to residents as identified in personal plans. Educational achievements of residents were found to be valued and supported by staff in the centre from a review of daily logs.

Residents told the inspectors about the activities they enjoyed at the centre and in their local community, which were reflective of their personal preferences and evident in daily care notes and personal plans examined.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

All residents were supported to achieve and enjoy best possible health. A comprehensive assessment of health care needs was completed for all residents in their personal plans in line with the organization's policy and procedure.

All residents had access to a general practitioner (GP) of their choice and were supported to attend when required. Residents' family were kept informed, where requested, of all health checks. Annual health checks were completed for all residents. Referrals to allied health professionals were facilitated through the GP, such as chiropody, psychology and psychiatry. No residents required dietetic services at the time of inspection but were actively engaging in healthy eating plans with support from staff.

Individualized support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Access to allied health care services was evident for residents and such services had been provided in a timely manner. Care plans reviewed reflected direction from relevant clinicians which were maintained by staff on review of daily logs.

Residents were supported to access snacks and drinks of their choice at any time in the centre. Inspectors were informed by residents that they chose their meals at weekly meetings and were involved in the preparation and cooking of meals. The inspectors observed residents and staff engaging in meal preparation during the course of the inspection.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The centre had a policy and procedure in place for safe medication management and inspectors found that staff acted in accordance with these procedures. All staff had completed training on medication management at the time of inspection.

The person in charge had ensured that assessment of residents had been completed to facilitate self administration of medication where appropriate. There was safe and suitable storage for all medication in the centre. Systems were in place to guide staff on ordering, storage and disposal of medication in the centre. The inspector found learning from the person in charge in relation to safe storage and disposal of medication. All residents were supported to access a pharmacist of their choice.

There was a system in place to monitor and review any medication incidents. The person in charge spoke of learning from incidents and outlined strategies to prevent reoccurrence of errors. All residents had medication care plans completed and were reviewed when required as part of their personal profiles. The person in charge had completed medication management audits and had also reviewed residents' medication care plans.

**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):**

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

**Findings:**

The statement of purpose reflected the requirements of schedule one of the regulations.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The registered provider had ensured that systems were in place at the centre which included adequate resources to ensure effective delivery of care and support as identified in the statement of purpose.

The person in charge was found to be full time and suitably qualified for the role. She had extensive experience in the area in intellectual disabilities care services. It was clear that the person in charge had a thorough knowledge of the legal requirements of her role. The person in charge stated she was well supported by her line manager and received supervision. The person in charge received supervision from her line manager and also stated that he was contactable at other times

Management systems were in place that provided care and support to the residents through effective on call arrangements and a clearly defined management structure. The designated centre had identified accountability and responsibilities in all areas of service provision in the designated centre.

A member of the organisation's quality management team, on behalf of the provider, had carried out an annual review of the service in the format of an 18 outcome audit. The person in charge explained that the format of the annual review had been considered and was being revised to more comprehensively reflect the improvement in the service over the previous year.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The registered provider had made suitable arrangements to provide cover in the absence of the person in charge. Staff were informed and aware of this arrangement.

The provider and person in charge were aware of their legal requirements to inform HIQA of any changes or to give notice of any absence of the person in charge within the specified timeframes.

**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 found that there was transparency in relation to deployment of resources which assisted the residents to achieve their personal goals or activities of their choice. Staffing arrangements at the time of inspection were sufficient to meet the needs of residents.

The person in charge had implemented arrangements as required to facilitate additional support hours which enabled residents to engage a individualized day programme service. All staffing hours were reflected in the weekly roster and identified the person in charge as well as any additional support hours provided. Residents were supported to access the community independently or with support if requested which enabled them to maintain links with local community and services.



**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 inspectors found that the person in charge maintained and provided an actual and planned roster. This reflected suitably qualified staff and sufficient resources to meet the needs of the residents as identified in their personal plans.

The inspectors reviewed staff files in line with the requirement of Schedule 2 of the regulations. From the four staff files reviewed it was found that one staff did not have the required evidence of identity which included a recent photograph. At the end of the inspection the person in charge submitted this identity for review by the inspectors. The person in charge identified that a comprehensive review of staff files was required in line with Schedule 2.

Training records reviewed found that staff had received all required training and completed refreshers scheduled by the organization. A record of attendance was maintained in the centre by the person in charge. The inspectors found that the training undertaken enabled staff to provide care that was evidence based and in line with best practice. Staff were knowledgeable regarding the regulations and standards. Staff stated they received regular support from their line manager and felt supported in their role.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

The centre had provided and maintained policies and procedures in line with Schedule 5 of the regulations. The policies were centre specific and guided staff through procedure. Records were kept and maintained in a safe and secure manner in the centre. Staff were found to be knowledgeable of the centre specific policies and the implementation of the policies.

A directory of residents was available in the centre which outlined all residents residing in the centre, any discharges, transfers or occasion when residents were away from the centre. This was maintained by the person in charge. Information was available to residents such as residents guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in personal plans.

The person in charge provided evidence of the insurance certificate and contract for the centre which protected residents, staff and visitors attending the centre. The centre was found to be adequately insured against accidents or injury to residents, staff and visitors, on the day of inspection.

**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:***

Catherine Glynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Sligo Supported Accommodation
<b>Centre ID:</b>	OSV-0002688
<b>Date of Inspection:</b>	25 July 2016
<b>Date of response:</b>	08 September 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Failing to outline all costs incurred by the resident in line with statement of purpose.

#### **1. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**  
Contracts of Care for all residents have been updated with required details.

**Proposed Timescale:** 07/09/2016