

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0005243
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

26 August 2015 10:00

To:

26 August 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an inspection of a proposed new designated centre that comprised of one rural location established to provide residential services for 2 people with intellectual disabilities. Residents were not yet living in the centre at time of an inspection.

As part of this inspection process, the inspector met with the residents who were planning to move into the centre, the nominated person in charge and members of the provider's management structure. The inspector reviewed documentation such as policies, procedures, personal plans, proposed auditing documentation, proposed contracts for provision of services, proposed medication documentation, fire and evacuation procedures and staff training records/schedules. The inspector found that

transitional planning had been completed as had extensive consultation with both residents regarding their move into the designated centre. Both residents told the inspector they were very satisfied with their new home and new individually decorated bedrooms and were really looking forward to moving in. Residents presented as happy and comfortable with the person in charge, staff and the proposed arrangements.

The inspector spoke to the person in charge and provider regarding the proposed practices and operations within this new designated centre. The inspector found the person in charge demonstrated extensive knowledge, expertise and experience to run and effectively manage the designated centre. The person in charge managed other designated centres and demonstrated fitness and compliance in accordance with the Regulations and Standards.

The inspector found that there was evidence of good proposed practices and systems in place to ensure the centre would be operated in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

All areas inspected are discussed in this report. There were no areas found in non compliance so there were no actions issued.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied with the provider's plans to ensure that residents would be consulted with and participate in decisions about their care and about the organisation of the centre. The person in charge highlighted various insight into the two residents who were moving into this new designated centre. The inspector spoke to both residents who highlighted their satisfaction with their pending transition and informed the inspector they were well consulted with, treated with dignity and respect and that they were happy with their new home.

Arrangements were in place for residents to have access to advocacy services and information about their rights. Each resident's privacy and dignity would be respected with their own personal space, including the ability to receive visitors in private. Plans were in place for each resident to be enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. The complaints of each resident, their family, advocate or representative, and visitors would be listened to and acted upon and there was an effective appeals procedure found to be in place. One resident explained how she was part of an organisational advocacy group and how this was an important part of her life.

The inspector found that the person in charge demonstrated good knowledge of the Regulations and Standards. The person in charge demonstrated good knowledge of the residents and a person centred approach to practice.

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):

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

Findings:

The inspector was satisfied from the evidence reviewed that resident's communication needs would be met within this designated centre. In reviewing residents care plans the inspector found that all residents had communication care plans in place and specific guidance in relation to residents communication needs.

A communication policy was in place and resident's communication plans reflected their assessed needs. Residents spoken to were very independent and verbally articulate. Residents had communication meetings and on-going consultation regarding the operating of the designated centre.

The person in charge outlined the ways in which all residents would be facilitated to communicate at all times. Residents had access to television, radio, phones and steps were highlighted to ensure residents would be integrated to communicate within their new community.

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):

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

Findings:

The inspector found an ethos whereby residents were supported to develop and maintain personal relationships and links with the wider community. Families are

encouraged to get involved in the lives of residents and have contact. In discussing this with the person in charge it was clear that residents' relationships with families depended on family circumstances.

The inspector found good evidence of clinical support to assist residents with anxieties around family contact to be appropriately supported. There was clear and comprehensive guidance that evidenced residents were well supported in this regard. The inspector found records and documentation in place that recorded family contact.

Regarding links to the community the inspector found that the person in charge highlighted an intention to strengthen existing links and create new links to the community for the residents who were moving to this community based home. For example, the inspector saw evidence of links to local libraries, shopping outlets, country markets, post office and equestrian centres. The person in charge had plans and schedules in place to ensure community integration was on-going and in line with residents needs, wishes and preferences.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector found that there were admission and discharge policies and procedures in place. Residents and families had been part of a consultative transition plan to the new designated centre and were looking forward to moving in. Each resident had a proposed 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 and the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident had a personal plan and individual assessment in place that met the requirements of the Regulations.

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were set out in an individualised personal plan, that reflected needs, interests and capacities.

Personal plans were drawn up with the maximum participation of each resident. Residents were supported in transition between services and the inspector reviewed consultative transition plans for the two residents. Each resident's plan highlighted appropriate access to multi-disciplinary input. For example, psychological support services, occupational therapy, nursing and dietetic services.

The inspector saw that residents had involvement in activities such as arts, crafts, equestrian, prayer groups, massage, walks and social outings. Residents social care needs and personal plans were up to date and the inspector was informed that each plan would be further reviewed (within 28 days) and reassessed to reflect the residents' new home and new community based goals that would be associated with this significant move. Residents had social goals and the inspector found that the transition to this new community home was large feature in residents' plans to date.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The location, design and layout of the centre was suitable for its stated purpose and was found to be more than adequate to meet residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment available for use by residents which was maintained and in good working order.

The inspector found that this modern country dwelling was on substantive grounds with enclosed private gardens and plenty of space for residents.

The inspector noted:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- Rooms of a suitable size and layout suitable for the needs of residents.
- Adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents.
- Suitable storage.
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- Showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
- Suitable arrangements for the safe disposal of general and clinical waste where required.
- Adequate facilities, insofar as is reasonably practicable, for residents to launder their own clothes if they so wish.

The inspector found that as part of their transition plans residents picked their own rooms and chose the decoration of same. Residents stated they were very happy with the layout, design and location of the centre and were looking forward to move in.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall there were good policies, procedures and plans regarding the health, safety and risk management of residents in this centre. The inspector found that there was appropriate proposed systems in place to ensure residents were safe and risks would be managed.

The inspector reviewed the following documentation:

- Location/Department Safety Statement
- Fire Safety Management Policy
- Fire Orders
- Policy and Guidance on the management of risk and the individual service user
- Risk management policy: An overarching framework

The inspector found that a risk register had been developed for the centre that outlined the risks prevalent. For example, risks relating to fire evacuation, safe administration of medication, falls and managing behaviours. The inspector found individual risk assessments in residents' personal plans outlining specific risk assessments, management plans and control measures. For example, residents at risk of falls. The inspector discussed this with the person in charge in terms of the management of same in the new designated centre and the requirement to ensure all control measures were centre specific and known to all new staff. There were falls assessments in place with appropriate assessed guidance on resident's files. The inspector found evidence of appropriate previous responses to resident's falls, e.g., medical assessment and risk assessment up date. the inspector found the person in charge was very aware of environmental, behavioural and clinical risk and demonstrated competency in how to manage same.

The inspector found that there were arrangements in place regarding fire safety. The inspector found that an evacuation drill was provided for and there was a designated assembly point clearly highlighted. The inspector found a fire panel, fire detection system and appropriate fire fighting equipment (fire extinguishers and fire blanket) located in the designated centre. All staff had either completed or were scheduled to complete fire safety training. Evacuation emergency packs were available in the designated centres to ensure residents' could be evacuated safely. The last evacuation drill indicated both residents' were safely evacuated from the premises in 25 seconds.

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):

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

Findings:

The inspector found that the residents proposed to live in the centre would be appropriately safeguarded and protected from harm in the designated centre based on the policies, procedures and assurances given by the provider and person in charge.

The inspectors found policies in place on the safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. The inspector found a new updated policy in place regarding the protection of vulnerable adults. This policy outlined the most up-to-date definitions of abuse and offered clear procedures for reporting, which were known and understood by the person in charge.

The inspector was informed of the designated liaison person and the person in charge highlighted that she was very aware of policy and guidance regarding the management and reporting of allegations, disclosures or suspected abuse. The person in charge clearly explained the systems in place regarding the management of allegations/disclosures and showed the inspector a number of relevant documents such as accident and incident records and body charts. She explained that all staff are inducted and trained to know exactly how accidents, incidents and allegations/disclosures are reported and managed.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with the person in charge, the inspector determined that the centre was promoting a restraint free environment. Inspectors found that this centre was not a restrictive environment and was assured that any measures implemented would relate and be based on residents' safety needs. Residents were found to have appropriate input from a positive behavioural support perspective with evidence of assessment and accessibility for residents and staff to this clinical support.

Appropriate training had been completed/scheduled for all staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

The inspector reviewed the centres proposed approach to recording accidents and incidents. There was a log in the designed centre whereby there were clear reporting mechanisms apparent across the management structure. The person in charge was aware of the notification process and systems were in place for the reporting and submission of notifications to the Chief Inspector as required. The person in charge was also managing other designated centres so was very familiar with this process and demonstrated a good understanding of same.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

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

Findings:

The inspector was satisfied with proposals discussed and reviewed in terms of residents' being supported to participate socially in activities suitable to their age, interests and needs. The inspector met both residents and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals, preferences and needs. The person in charge stated that social activity and community participation was a big part of her plan in terms of ensuring residents were supported to

make a successful transition to their new home.

It was clear that a lot of work and multi-disciplinary input had taken place in terms of the residents' planned transition. This evidenced that the provider had ensured residents were well supported from a therapeutic perspective regarding fears and anxieties associated with moving. A very inclusive approach had been taken with residents who were very much part of and leading decisions regarding their lives. Both residents were going to activate from their home in terms of programmes and activity schedules discussed with the residents were very much resident led.

The inspector was satisfied that residents would be encouraged to partake in activities and lead fulfilled and meaningful lives in line with their assessed needs based on the information available on inspection.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that the two residents moving into this designated centre were supported on an individual basis to achieve and enjoy the best possible health.

The inspector found that residents had good and timely access to allied health professionals. For example, G.P., psychiatry, dental, psychology, occupational therapy and speech and language therapy.

The inspector found residents with modified diets and specific eating requirements were provided for through appropriate care planning and guidance. For example, assessments were in place and specific guidance regarding residents needs. Residents' BMI (Body Mass Index) was recorded and residents weights were clearly monitored and recorded. The inspector found care plans and health-care plans were in place and appropriately reviewed and updated for residents' requiring same. For example, residents with diabetes were provided with a good standard of care in this centre that was well managed through an appropriate balance of exercise and diet.

Regarding food and nutrition the inspector noted appropriate kitchen and dining facilities available to residents. The person in charge highlighted that residents would be

supported to have choice in meals and consulted regarding menu planning and the preparation of food. Healthy eating choices were discussed and the person in charge highlighted that residents rights and dignity would be upheld regarding the provision of food at all times. The inspector found a policy in place regarding food, nutrition and hydration. Residents stated they liked the new kitchen and looked forward to participating in baking/cooking in their new home.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found appropriate arrangements in place to ensure each resident was protected by the designated centres' policies and procedures for medication management. Many of the resident's medication documents were not available on inspection however the inspector was satisfied with the systems in place to ensure the medication policy and proposed plans to implement this policy protected residents.

For example, the inspector found that this provider ensured that there was clear guidance and systems regarding;

- There was a clear policy for medication management.
- There were clear procedures for the prescribing and administration of medication.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- There were PRN (as required) guidelines for medications requiring same.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Residents' were assessed and encouraged to manage their own medications (insofar as possible) whereby they had capacity to do so.
- There were proposed regular reviews and audits of medication and a system for managing medication errors was in place.

From records and planned schedules reviewed all staff had completed or were scheduled to complete safe administration of medication training in this designated centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was provided with a Statement of Purpose which complied with the regulatory requirements. The Authority found the Statement of Purpose accurately described the services, facilities and care to be provided in the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that there were effective management systems in place and a clearly defined management structure. The proposed arrangements for the person in charge were satisfactory and ensured that the quality of care and experience of residents would be effectively monitored from plans proposed.

The inspector found that the person in charge was a qualified registered nurse (Intellectual Disability) and had over 17 years experience working and managing residential services. The person in charge presented as a very competent and appropriately experienced individual while also demonstrating a good understanding of the requirements of the Regulations. The person in charge managed two other designated centres in addition to this centre.

The person in charge highlighted that she had schedules in place regarding staff training, performance management and roster management. The inspector found that the person in charge presented strong management skills with auditing documentation, policies, procedures and local operational protocols in place. The person in charge was supported by a local area manager and the provider nominee.

The person in charge had a demonstrable track record in terms of managing designated centres and had proposed systems for health and safety checks, care-planning reviews and the continuous monitoring of residents assessed care needs in this designated centres. A very person centred approach to management was demonstrated by the person in charge.

The importance of an appropriate team skill mix was highlighted as very important, in addition to on-going team meetings, supervision and managerial support. The inspector found good proposed systems in place for the auditing and on-going review of service provision.

Overall the inspector was satisfied with proposed arrangements for governance and management of this designated centre in terms of compliance with the Regulations.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge. There was also a senior staff member identified as deputy person

in charge by the provider.

As this was a new designated centre there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge stated she was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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):

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

Findings:

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The resident's new home was well decorated, spacious and well maintained. The proposed arrangements regarding staffing, resourcing and funding were acceptable to meet the needs of residents. There was a transport vehicle available to residents in this designated centre.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there were acceptable numbers of proposed staff with the necessary skill mix to meet the needs of residents.

The proposed arrangements for the centre were 1:2 (one staff to two residents') within the designated centre staffed on a 24 hour basis.

The inspector reviewed a sample of staff files (on a previous inspection) and found that they contained all the necessary documentation including evidence of Garda vetting, references and proof of training/qualifications.

All staff who would be working in this designated centre had either undergone or were scheduled to attend the required mandatory training such as fire safety, safeguarding vulnerable adults and manual handling. There were no staff members spoken to during this inspection as they were not in place yet, as the centre was not yet operational. However the inspector spoke with the person in charge and residents themselves. Some familiar staff to residents (from their previous homes) were going to work in this designated centre and the person in charge highlighted that this was important to continue with a consistent approach to care.

The inspector was informed that all staff recruited would undergo specific autism training in addition to mandatory training. A sample roster was reviewed and found suitable. The person in charge stated that each staff member would require full induction regarding residents assessed needs and the designated centres operating procedures and there were plans in place to provide for this. The person in charge highlighted suitable planned arrangements regarding the supervision and performance management of staff.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Policies, procedures and documentation were maintained within this designated centre to meet the requirements of the Regulations. The existing and proposed arrangements regarding records and documentation were satisfactory in this designated centre. There was organisational policy pertaining to the access and maintenance of records.

All policies and procedures required by the Regulations were maintained in the designated centre. The inspector reviewed Schedule 5 policies and found that all policies were in place and appropriately reviewed. For example, policies regarding Safeguarding Vulnerable Adults, Admission and Discharge, Food and Nutrition and Managing Behaviour's of Concern. The person in charge and management spoken to were familiar with policy requirement's and ensured all policies, procedures and records were in place in this designated centre.

The inspector reviewed a sample of staff files (on a previous inspection) and found that they were well maintained containing all the required records including written references and Garda vetting.

Residents files, individualised assessment and personal plans were well maintained with any required information easily retrievable and presented in a manner that was clear and accurate. Residents information was maintained and secured in a safe location.

A residents' directory and residents guide and was also in place and all information requested by the inspector during inspection was provided in a prompt manner.

The inspector found that the person in charge had good and clear systems for the on-going management of records and documentation in place.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority