

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bailin
Centre ID:	OSV-0003283
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Provider Nominee:	Fiona O'Neill
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2017 10:15	19 July 2017 18:45
20 July 2017 10:30	20 July 2017 12:45

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 the inspection:

This 18 outcome inspection was carried out in response to the provider's application to renew the registration of the centre. The previous inspection of the centre took place in February 2017. As part of this inspection the inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met the five residents living in the centre.

The inspector spoke with one resident and was supported by staff when communicating with four residents.

The resident spoken with said they were happy living in the centre and liked staff. Residents who required support to communicate were observed relaxed and comfortable in the presence of staff. Respectful interaction was observed and staff responded to residents' needs in a manner which was consistent with residents' assessed support needs.

The inspector met and spoke with a resident's family member. The family member expressed satisfaction with the service provided and said that their family member was happy living in the centre and that their care and support needs were met.

Questionnaires were received from some residents and some family members. The questionnaires detailed residents' and family members' satisfaction with the service provided in the centre.

The inspector also spoke with staff and the person in charge of the centre. Documentation such as residents' support plans, medical records, accident logs and policies and procedures were reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was provided as described in that document.

The house was located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities. The house had vehicles which were used by residents and staff to access amenities in the town and in other towns.

The house provided adequate private and communal space. Each resident had a private bedroom which was decorated in line with their preference. Some residents had private bathrooms and others shared bathroom facilities.

The service was a seven day residential service and was available to adults who had been assessed as having an intellectual disability and who required a high level of support to meet their care and support needs.

Overall judgment of our findings:

Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. The inspector found the provider had addressed all actions required from the previous inspection and was compliant in all areas inspected.

The reasons for these findings are explained under each outcome in the report. There were no actions required from this inspection.

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:

There were systems to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held on a weekly basis.

The inspector was told residents could meet with family or friends in private. There was adequate communal space in the house for residents to meet with visitors alone if they wished.

Support provided and language used by staff was respectful. It was evident staff and the residents knew each other well. The inspector observed friendly interaction and residents appeared relaxed and happy in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their possessions and were supported do their laundry if they wished. There was a system for supporting residents with their finances which was based on the assessed needs of residents. The inspector viewed the system and a

sample of residents' finances and found that receipts were maintained for all transactions and appropriate checks were carried out by staff and the person in charge. This included a system for ensuring that the records in the centre corresponded with bank statements.

There was enough space for each resident to store and maintain his or her clothes and other possessions. Each resident had an individual bedroom.

There were policies and procedures for the management of complaints. Complaints were recorded and investigated. The complainant's satisfaction with the outcome was recorded and there was a process for complaints to be addressed at a senior management level if a satisfactory resolution was not reached.

None of the residents were using an advocacy service at the time of the inspection. The inspector was told advocacy services would be sourced if required. An external advocate's contact details were displayed in the centre.

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:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

There was a system to ensure that residents who required support to communicate had a communication passport outlining their preferred way of communicating. These documents outlined how the resident communicated their needs and wishes.

The centre used tools to support residents to communicate, for example pictorial aids.

Each resident had access to radio, television, internet and information on local events.

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:

Residents were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings with residents to discuss their needs and wishes. There was evidence that families were kept informed and updated of relevant issues. Staff and the person in charge outlined the ways they communicated with families. This included in person, in writing and by phone.

Staff spoken with outlined the ways residents were supported to participate in community events and access local amenities. This included using local services and amenities such as shops, the cinema and local pubs and restaurants.

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:

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Residents had service agreements which outlined the service provided and the rent

charged.

The service agreements were signed by residents or the resident's representative and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

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):

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

Findings:

There were arrangements in place to assess and meet residents' health, personal and social care needs.

The inspector spoke with residents, staff and the person in charge. All information outlined was consistent and accurately reflective of residents' needs.

Assessments of residents' health and personal care needs had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required. Follow up appointments and referrals had been made where a need was identified.

Social care needs were assessed using a personal planning process. The tool used had been revised since the previous inspection. Residents were supported by their 'keyworker' staff who had responsibility for ensuring a comprehensive assessment, plan, goals and reviews took place.

The inspector noted the plans were focused on ensuring residents maximised their personal development. There was an emphasis on supporting residents to live full and meaningful lives. Areas which had been identified and supported included independence in decision making, active participation in the community and developing an individual way of expression.

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):

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

Findings:

The inspector found the centre met residents' needs in regard to the location and layout of the premises.

The centre comprised a house with an adjoining apartment. The main house had five bedrooms, a sitting room, a kitchen cum dining room, a multisensory room and four en-suite bathrooms. One bathroom was shared by two residents. The adjoining apartment comprised a kitchen cum living room, a bedroom and an en-suite bathroom.

Residents had individual bedrooms which were personalised and decorated in line with the resident's preference. All bedrooms had adequate storage space.

The communal space in the main house comprised a living room, a kitchen cum dining room and a multisensory room. The multisensory room was also used as a room to meet with visitors in private.

As part of the previous inspection the inspector found damage to some walls and doorways. The inspector was told the damage was caused by wheelchairs which were used by some residents. The provider nominee said the centre was painted and repaired on a regular basis, however damage continued to be caused. This raised concern regarding the accessibility of the centre for some residents as doorways were of a standard size. In response to the inspection findings the provider had replaced the doors and had repaired the damage to the walls. This included a protective covering on the walls to prevent further damage. The inspector was told the centre would be reviewed regularly to ensure it continued to be easily accessible for all residents and was kept in a good state of repair.

Vehicles were provided for use by residents. The vehicles were insured, taxed and serviced on a regular basis.

There were suitable kitchen facilities which included cooking facilities and suitable storage facilities for food items.

There was adequate ventilation, heating and lighting.

Equipment had been serviced as required.

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:

There were policies and procedures in place for risk management, emergency planning, health and safety, and incidents where a resident goes missing.

Arrangements were in place for investigating and learning from serious incidents or adverse events involving residents. There were also arrangements in place for responding to emergencies.

The measures in place to prevent accidents included using risk assessments to inform the control measures required to mitigate any potential risks to residents, visitors and staff in the centre. The inspector noted that the provider was in the process of revising their risk assessments. The inspector met with the person employed to carry out this task and found the system which it was proposed may be implemented would provide a good level of oversight for the provider in regard to the assessment and management of risk at a centre and organisational level.

There were policies and procedures for the prevention and control of infection. There were arrangements in place for the disposal of waste.

Suitable fire equipment was provided which included a fire alarm, emergency lighting and fire fighting equipment, such as fire extinguishers and fire blankets. These items were serviced with the frequency required.

There was adequate means of escape and there was a system which would be implemented to ensure fire exits were unobstructed.

There was a procedure for the safe evacuation of residents and staff in the event of fire.

The procedure was displayed in the centre and staff spoken with were knowledgeable of this.

The provider had addressed the actions required from the previous inspection. The fire doors had been replaced and a system to ensure these were maintained to a required standard had been implemented. External doors had been put in place in the bedrooms of residents who required evacuation in their beds if there was an emergency at night. An external patio had been put in place to ensure the beds could be safely moved outside if required. Staff had practiced evacuating residents in beds. Staff and residents had taken part in fire drills in the centre to ensure they were fully aware of how to evacuate safely in the event of an emergency. This included 'deep sleep' fire drills which took place when residents were sleeping. Residents' personal emergency evacuation plans (PEEPs) had been amended to outline the supports residents required to safely exit the building in the event of a fire or other emergency.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse.

There were measures in place to keep residents safe and protect them from abuse. Staff and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse.

Staff had received training in responding to behaviour that is challenging. The provider had implemented a model of support for residents who required support with their behaviour and this included employing the services of a person with expertise.

Allegations of abuse had been submitted to HIQA and had been investigated. The provider had appropriate systems in place to ensure all allegations were investigated

and appropriate action was taken to safeguard residents.

Some residents required support with behaviour which had the potential to impinge on their quality of life. As part of the previous inspection the inspector found residents support plans did not contain all required information to ensure staff would consistently support residents with their behaviour. The provider responded by implementing stress management plans for all residents. These plans clearly outlined how stress may impact on residents, the behavioural triggers, proactive strategies, reactive strategies and any required interventions.

Some residents were using bedrails and lapbelts. Assessments had been carried out and risk management plans were in place.

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:

A record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

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:

Residents were supported to access day programmes or had individualised services which were consistent with their assessed needs. Residents told the inspector they enjoyed their day programmes.

Day programmes were provided by the provider and external service providers. There was evidence of good communication between the residential centre and the day services.

Residents were supported to access activities in the evenings in line with their wishes.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents were supported to achieve and enjoy the best possible health. There were systems to ensure residents' healthcare needs were identified and responded to.

Residents were supported to access a general practitioner (GP) of their choosing and allied health professionals such as psychology, psychiatry, chiropody and dietitian where required. Residents were supported to attend the dentist on a regular basis.

Residents had blood tests on an annual basis and more frequently where there was an identified need.

Documentation outlining the assessment of residents' healthcare needs was maintained and staff were knowledgeable of the interventions outlined in residents' support plans.

Residents were supported to make healthy food choices and meals were provided in a manner which was consistent with residents' assessed needs. The inspector sat with residents for two meals during the course of the inspection. Support provided by staff was respectful and consistent with residents' needs. Residents said they enjoyed the food provided.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were procedures for the ordering, prescribing, storing and administration of medicines to residents.

In response to findings as part of the previous inspection the person in charge had addressed the actions required. These included:

- prescription sheets contained all required information
- medicines were administered at the prescribed time
- a system to ensure the cupboards for storing medicines were cleaned on a daily basis had been implemented
- a system to ensure that all medicines prescribed on a short term or PRN (medicines only taken as the need arises) basis were administered to residents or returned to the pharmacy for disposal had been implemented
- a record of the receipt of PRN medicines and return of PRN medicines was maintained and these were reconciled with administration documentation to ensure there were no discrepancies
- protocols and pain management assessments to guide staff when administering PRN medicines to residents had been implemented

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents.

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:

There were clear lines of authority and accountability. The person in charge reported to the Director of Service who reported to the Board of Management. The person in charge held the role of person in charge of other centres and there was no evidence this impacted on the governance of the centre.

The person in charge was present on the day of the inspection. She was knowledgeable of her role, the residents and their needs and the systems in place.

There was an emergency on call system in the evenings, overnight and at weekends. This role was shared between the Director of Services (provider nominee) and the two Assistant Director of Services, one of whom held the role of person in charge of the centre. Staff contacted the on call system with queries or if they required support. There were reporting mechanisms to ensure that all three managers received comprehensive handover of information to ensure continuity of care when they were fulfilling the role.

There was a system for auditing the service provided on a regular basis. Audits in medicine management, financial management, record keeping, health and safety, hand

hygiene and food and nutrition had taken place. Corrective action had been identified and addressed where required.

Unannounced visits of the centre had take place by a person nominated by the provider. Reports had been prepared and actions arising were identified and addressed.

Annual reviews of the quality and safety of care provided in the centre had taken place. Residents and families had been consulted about their satisfaction with the service provided.

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 person in charge had not been absent from the role for a period which required notifying to HIQA.

The provider was aware of the requirement to notify the Chief Inspector 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 her absence.

In the absence of the person in charge the role would be fulfilled by a person who held the role of person in charge of some of the provider's other designated centres or by the Director of Services who held the role of provider nominee.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose.</p>
<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
The staff numbers and skill mix were arranged around the assessed needs of residents. Formal supervision and support meetings were carried out with staff and there was a process for ensuring staff received an appropriate induction to the centre.

Staff spoken with had relevant experience and qualifications. They were clear of their role and responsibilities. It was evident from their interactions with residents that they respected the residents, had developed good relationships with residents and were knowledgeable of residents' needs, likes and dislikes. The inspector observed support being provided in a manner that was led by residents.

Staff meetings were held every month. In addition, staff were supported on an ongoing basis by a person participating in management and the person in charge. Staff spoken with said they felt supported and could speak with the person in charge about any issues.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, manual handling and the safe administration of medicines.

The inspector reviewed a sample of staff files. All items required by the regulations were maintained. This included a full employment history, references, evidence of Garda vetting and qualifications.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Adequate insurance cover was in place.

The inspector read the residents' guide and found it included a summary of the services and facilities to be provided, the terms and conditions relating to residency and a summary of the complaints procedure.

Systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

There was a directory of residents. It contained all the required information.

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:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority