



Disability Community Services

Residential Services:

Supporting people with an Intellectual Disability

Guide to Respository of Documents






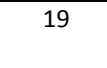

Notes:

1. Regulations referred to in this document are: Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with disabilities) Regulations 2013.
2. This is a guide for Residential services on the management of information that will be required in each house to support staff in having easy access to relevant information as well as ensuring compliance with the statutory regulations. In the event that a service chooses to store information differently, it is important to ensure that the system used will remain compliant with statutory regulations.
3. No personal information relating to residents should be stored in these folders with the exception of Personal Evacuation Plans – a copy of individual Personal Evacuation Plans needs to be contained in Health and Safety Folder.
4. All policies and procedures will be stored in one folder including the polices required under Schedule 5 of the Regulations. Where a folder relates to a specific Policy, an asterisk* will be used to alert staff to refer to the policy folder.
5. Identification of folders – options include:
 - a. Use of different colour folders
 - b. Use of same colour folders and use a different colour inserts to differentiate the folders
 - c. Use numbers
6. Residents Personal Plan will be managed through 3 separate folders as laid out in the Guidance for the development of My Personal Plan (2018). The colour of these folders will be chosen by individual residents.





A) Folders required in each house:

No colour	Title of Folder	Contents of Folder
1	Statement of Purpose – Schedule 1	<p>Statement of Purpose to include all details as set out in Schedule 1 of the regulations:</p> <p>Registration details</p> <ol style="list-style-type: none"> 1. Services and facilities provided in the designated centre 2. The number, age range and gender of the residents for whom it is intended that accommodation should be provided 3. A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function 4. Any separate facilities for day care 5. Management and Staffing 6. Residents' wellbeing and safety 7. The arrangements made for dealing with complaints 8. The fire precautions and associated emergency procedures in the designated centre
2	Relevant legislation/ Regulations, Standards and HIQA Guidance Documents	<ol style="list-style-type: none"> 1. Health Act 2007 2. Regulations, 2013 3. National Standards (2013) 4. HIQA Guidance on Intimate care (2014) 5. HIQA Guidance on Risk Management (2014) 6. HIQA Guidance on Statement of Purpose (February 2018) 7. HIQA Guidance on Resident's finances (2014) 8. HIQA Guidance on Restraint procedures (2014 – Updated April 2016) 9. HIQA Guidance on Intimacy and sexual relationships (2014) 10. HIQA Guidance on Medicines Management (2015) 11. HIQA Guidance on Assessment Judgement Framework (September 2017) 12. HIQA Guidance on the Assessment of designated centres (September 2017) 13. HIQA Guidance on the assessment of fitness (January 2018) 14. HIQA Guidance Template on Unannounced visit (July 2016) 15. HIQA Guidance for Registration, Renewal and Variation Application Handbook (January 2018) 16. <i>Any other guidance document relevant to the service</i>
3	Reports and Action Plans re compliance with regulations and standards	<ol style="list-style-type: none"> 1. All HIQA Inspection Reports and Action Plans 2. All notifiable Events sent to HIQA, filed in date order 3. Quarterly Reports 4. Six Monthly Reports 5. Annual Reports – Provider Nominee 6. Any other communications with HIQA
4	Resident and staff records required	<ol style="list-style-type: none"> 1. Directory of Residents 2. List of staff names and titles 3. Staff training records
5	Policies and Procedures	<p>Schedule 5 Policies</p> <ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults (Poster of Confidential Recipient's contact details is clearly visible in centre) 2. Admissions, Discharge and Transfer within the service or to another service. 3. Incidents where a Resident goes missing. 4. Personal Intimate Care 5. Behavioural Support. 6. The use of restrictive procedures and physical, chemical and environmental restraint 7. Resident's personal property, personal finances and possessions 8. Communication with Residents 9. Visitors 10. Recruitment, Selection and Garda Vetting 11. Staff Training and Development. 12. Monitoring and documentation of nutritional information 13. Provision of information to residents 14. The creation of, access to, retention of, maintenance of and destruction of records





		<ul style="list-style-type: none"> 15. Health and Safety including food safety, of residents, staff and visitors 16. Risk Management and emergency planning 17. Medication Management. 18. The handling and investigation of complaints from any person about any aspects of service, care support and treatment provided in, or on behalf of a designated centre 19. Education Policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside) 20. Access to training, education and development 21. CCTV (in Designated Centres where CCTV systems are in use) <p>Any other Policies in place</p> <ul style="list-style-type: none"> 22. National Financial Regulations and any financial management policy and operating procedures 23. Standard Operating Procedures - Garda Disclosure (2017)
6	Accessible Information Folder	<ul style="list-style-type: none"> 1. Residents guide 2. National Standards (2013) 3. Complaints 4. Advocacy information 5. Person Centred Planning information <p>All information should be accessible where possible. As documentation is being developed in an accessible format, this section can be updated.</p>
7	Audit/ Designated centre management walk-round	<ul style="list-style-type: none"> 1. Annual Audit Schedule 2. Audit reports 3. Action Plan/ Quality Improvement Plan 4. Designated Management Walkround Report 5. Designated management walkround quality improvement plan if relevant
8	*Health And Safety Folder	<ul style="list-style-type: none"> 1. Risk Register - Risk Assessments (specific to the Unit/Home and not specific to Residents) 2. Safety Statement 3. Site Specific Emergency Plan 4. Fire Safety Register 5. Fire Evacuation Plan 6. Emergency Evacuation Plan 7. Safety Alerts 8. A copy of all Personal Evacuation Plans
9	*Complaints and Incident Management	<ul style="list-style-type: none"> 1. A quick guide to reviewing, analysing and learning from complaints 2. Complaints Log/ Register 3. Record of each complaint and documentation supporting follow up actions taken, any correspondence with complainant.. 4. Complaints Forms 5. Complaints Leaflet – How to make a complaint 6. Easy Read Complaints procedures and Forms 7. Incidents log/ register 8. Record of each incident and documentation supporting follow up actions taken, any correspondence with the person and family 9. Easy Read Incident Procedures 10. Review of Complaints/incidents 11. Information from the quality and Safety committee re analysis and trending of all incident's and complaints
10	Document Repository	<p>This folder should be used to store validated assessment tools.</p> <p>Where possible, documentation such as Support Plans, Incident forms etc should be accessed electronically to ensure the current version is being used. However, if this is not possible, current documentation can be stored in this folder (ensuring the version number and date is identified)</p>
11	*Food and Nutrition	<ul style="list-style-type: none"> 1. Menu planning – food choices 2. Dietary information 3. Any other relevant information
12	*Medication Management	<ul style="list-style-type: none"> 1. Information on medications used 2. Accessible information on medication for residents 3. Blank medication error forms

13 	*House finances	<ol style="list-style-type: none"> 1. Copy of local process for day to day financial management of unit/ house 2. All related documentation, e.g. budget reports, log of transactions etc. Please populate
14 	Maintenance	<ol style="list-style-type: none"> 1. House Maintenance Records 2. Equipment Maintenance and Servicing records 3. Vehicle Maintenance and servicing records
15 	Daily Tasks: Cleaning Schedule/Infection Control	<ol style="list-style-type: none"> 1. Daily cleaning schedule 2. Night cleaning schedule 3. Equipment Cleaning Log 4. Fire Exits 5. Temperature gauge fridge 6. Expand as relevant
16 	Staff Induction folder	<ol style="list-style-type: none"> 1. Formal Induction 2. Induction at House level 3. Key points for staff new to an area/agency staff 4. Training requirements immediate and long term 5. Future training needs 6. Fire safety training (local level)
17 	Staff meetings	<ol style="list-style-type: none"> 1. Terms of Reference for Staff Meeting 2. Schedule of dates for Staff Meetings 3. Agenda for Staff Meeting 4. Minutes and Action plans of all meetings
18 	House Meetings	<ol style="list-style-type: none"> 1. Guide to house Meetings 2. Schedule of dates for Meetings 3. Agenda for house Meetings 4. Minutes and Actions plans of all meetings
19 	Resident's Personal Plan – 3 Files	<ol style="list-style-type: none"> 1. File 1 – all current information to include the following sections; <ol style="list-style-type: none"> a. Summary information b. Health and personal care support Plans c. Person Centred Plan d. Health and Safety e. Behaviour Supports f. Family contact g. Financial records h. Consent i. Work, Development and leisure 2. File 2 – all supplementary information to include the following: <ol style="list-style-type: none"> a. Healthcare assessments and records b. Allied Health Professional Reports c. Mental Health Reports d. Hospital reports and test results e. Health and Safety f. Assessments (literacy, medication etc) g. Records (property, service agreement etc) h. Correspondence 3. File 3 – Medication folder to include: <ol style="list-style-type: none"> a. Current medical prescription, b. Current medication record, c. Medication support Plan, d. PRN medication protocols, e. PRN medication Log <p>Resident to be supported and encouraged to hold their Person Centred Plan and any other sections of their Personal plan in a format that is accessible to them</p>

B) Folders required within the Designated Centre:

No colour	Title of Folder	Contents of Folder
1 	Designated Centre Management Group	<ol style="list-style-type: none"> 1. Terms of Reference for Designated Centre Management group 2. Schedule of dates for Designated Centre Management group meetings 3. Agenda for Designated Centre Management Group meetings 4. Minutes and Actions of Designated Centre Management Group meetings
2 	Designated Centre Multi D clinical Group	<ol style="list-style-type: none"> 1. Terms of Reference for Designated Centre Multi D clinical group 2. Schedule of dates for Designated Centre Multi D clinical group meetings 3. Agenda for Designated Centre Multi D clinical Group meetings 4. Minutes and Actions of Designated Centre Multi D clinical Group meetings
3 	Residents Forum	<ol style="list-style-type: none"> 1. Resources relating to resident's forum 2. Schedule for meetings. 3. Records of meetings held – on agreement with chair of the Residents Forum
4 	Incident/Complaints Review	<ol style="list-style-type: none"> 1. TOR Incident /Complaint Review Group (if in place) 2. Minutes and actions of monthly meetings – (if in place) 3. Information from the Quality and Safety committee re analysis and trending of all incident's and complaints 4. Evidence of learning from the analysis of Incident's and complaints

C) Folders Required Within The Allocated Service:

No colour	Title of Folder	Contents of Folder
	Quality And Safety Governance Committee	<ol style="list-style-type: none"> 1. Terms of Reference for Quality and Safety Committee 2. Schedule of dates for Quality and Safety Committee 3. Agenda for Quality and Safety Committee Meeting 4. Minutes and actions of all Quality and Safety Committee meetings
	Allocated Service Management Group Meeting	<ol style="list-style-type: none"> 1. Terms of Reference for Allocated Service Management Group 2. Schedule of dates for Allocated Service Management Group Meetings 3. Agenda for Allocated Service Management group meetings 4. Minutes and actions of Allocated Service Management group meetings
	Rights And Restrictive Practice Oversight Committee	<ol style="list-style-type: none"> 1. Terms of Reference for Rights and Restrictive Practice Oversight group 2. Schedule of dates for Rights and Restrictive Practice Oversight group meetings 3. Agenda for Rights and Restrictive Practice Oversight group meetings 4. Minutes and actions of Rights and Restrictive Practice Oversight group meetings
	Staff Information Schedule 2 Regulations 14,15,21	<ol style="list-style-type: none"> 1. A record of all persons, currently and previously, employed at the designated centre, including in respect of each person so employed: <ol style="list-style-type: none"> a. Full name, address and date of birth of each person b. Evidence of the person's identity, including a recent photograph c. The dates on which he or she commenced and ceased employment (if relevant) d. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 e. Details and documentary evidence of any relevant qualifications or accredited training of the person f. Relevant current registration status with professional bodies in respect of nursing and other health and social care professionals employed in the designated centre g. A full employment history, together with a satisfactory history of any gaps in employment h. Details of any previous experience (if any) of carrying on the business of a designated centre i. Two written references including a reference from a person's most recent employer (if any). Where a format has been specified by the chief inspector the references should be in that format; j. The position the person holds, or held, at the designated centre, the work the person performs/performed and the number of hours the person the person is or was employed each week; and k. Correspondence, reports, records of disciplinary action and any other records in relation to his or her employment 2. Supervision and performance review of staff. 3. Standard Operating Procedures for Garda Disclosure (2017)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Reference Number:	SC ID Res 13/2017	Document developed by:	Disability Governance and Leadership Subgroup
Version Number:	2 – Revised March 2018	Document approved by:	Divisional Quality & Safety Committee
Date Approved:	26.10.18	Revision date:	March 2019

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