

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverrun
<b>Centre ID:</b>	OSV-0005563
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Shane Kenny
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## **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: 22 March 2017 10:00 To: 22 March 2017 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was a nine outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge, regional manager and facilities manager. There were no service users availing of the service at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre.

Description of the service:

According to the providers statement of purpose, dated April 2017, the centre would provide residential care for children aged between 12 to 17 years with an intellectual disability and autistic spectrum disorder who require medium support. The service had not identified any specific service users at the time of inspection, although it was reported that a number of referrals had been received and two were being considered. It was proposed that the centre would accommodate a maximum of five children at any one time. However, the inspector found that the centre had been resourced to provide accommodation for a maximum of four children.

#### Overall Judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations were being met. There were arrangements in place to promote potential service users rights and safety and to provide a good quality of life for those who would avail of the service. The person in charge demonstrated adequate knowledge and competence during the inspection. At the time of writing, assurances were required to show that the person in charge's management experience and qualifications met the requirements as specified in Regulation 14.

#### Good practice was identified in areas such as:

- There were arrangements in place to assess service user's individual needs and choices and to put in place personal plans to meet the needs identified. (Outcome 5)
- There were arrangements in place to promote and protect the health and safety of service users and staff. (Outcome 7)
- There were measures in place to safeguard children who would avail of the service. (Outcome 8)
- Arrangements were in place to support service users on an individual basis to achieve and enjoy the best possible health. (Outcome 11)

#### Areas of non compliance with the regulations and national standards were identified in areas such as:

- Some improvements were required in relation to the provision of play and leisure facilities in the back garden. (Outcome 6)
- Arrangements for the storage of any drugs which could require refrigeration had not yet been put in place. (Outcome 12)
- There was a statement of purpose in place, but it did not meet all of the requirements of schedule 1 of the regulations.(Outcome 13)
- The lines of authority and responsibility within the service were not clearly understood by all staff, evidence that the experience and qualifications of the proposed person in charge met the regulatory requirements were not provided and details on the application for registration were incorrect. (Outcome 14)
- The full staffing complement for the centre had not yet been determined. (Outcome 17)

**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 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:**

There were arrangements in place to assess service user's individual needs and choices and to put in place personal plans to meet the needs identified.

There was an initial needs assessment template in place. It was proposed that a full assessment would be completed as part of the admission process. There was also a separate ability, skills and needs assessment template. It was proposed that this would be completed with each child by their key worker and used to inform individual support plans for children. An assessment of need questionnaire for families to complete was also in place.

There was a template person centred plan in place with adequate space to detail individual needs and choices. There was also a separate template to record personal goals, actions required to achieve same and timelines. The person in charge reported that once admitted each service user's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each person centred plan would have a multidisciplinary input and that children and their family representatives would be involved in the development of plans put in place. It was proposed that personal plans, in an accessible format, would be made available for service users

There person in charge proposed that all personal plans would be formally reviewed on a minimum of a yearly basis. The inspector reviewed template checklists for review meetings. It was proposed that the multidisciplinary team and each service user's family

would be consulted with and involved in reviewing plans.

There was an admission, discharge and transition policy in place, dated June 2016. It was proposed that life skills would form part of the goal setting piece for older children. There were templates for life skills assessments, life skills action plan and task analysis sheet. These were computer based to aid analysis. Task analysis guidelines were in place to guide staff.

**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 design and layout of the centre reflected the layout as described in the centres statement of purpose. However, some improvements were required in relation to the provision of play and leisure facilities in the back garden.

The centre was observed to be homely, clean and tidy. The centre had recently been refurbished throughout and consisted of four bedrooms. There was suitable lighting and ventilation in place. The inspector found that the centre would promote children's safety, dignity and independence. It was noted that each child would have their own bedroom. There were adequate communal bathrooms and space for social activities. The kitchen was found to have sufficient cooking facilities. There were facilities in place for potential service users to launder their own cloths if they so wished. There were sufficient furnishings, fixtures and fittings in all rooms.

The provider had made an application to register the centre for five children. However, the inspector found that the centre had been resourced and refurbished to have four bedrooms and to be fit for purpose to accommodate four children. This is discussed under outcome 14, Governance and management, where an appropriate action has been applied.

There was a good sized garden to the rear of the centre. This would provide a suitable outside area for children to play in. Play and recreational facilities for the back garden had not yet been put in place.

Two children were being considered for referral to the centre. However, specialist equipment requirements for these children were not known at the time of inspection.

**Judgment:**

Substantially 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:**

There were arrangements in place to promote and protect the health and safety of service users and staff.

There was a health and safety policy and procedure, dated June 2016, which was specific to the centre. There was a safety statement, dated March 2017. Site specific risk assessments had been undertaken and appropriately recorded. There were templates in place for health and safety checks which it was proposed would be completed by an identified staff member. The provider had a quality team which it was proposed would be accessible as a resource for the centre. There was a risk management policy, dated June 2016 which met the requirements of Regulation 26. Templates for individual risk assessments for children on admission and as required thereafter were in place. In addition, templates plans to address any risks identified were in place. There was an emergency plan in place to guide staff in responding to an emergency, dated 2017.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a computer based template for incident and near miss reporting which included a section to record action taken and further actions required. There was also a template for reporting accidents which would need to be reported to the providers insurer. A procedure for completing incident forms was in place to guide staff. It was proposed that all individual incidents would be reviewed and discussed at team meetings scheduled to occur on a monthly basis.

There were procedures in place for the prevention and control of infection. There was an infection control policy and procedure, dated June 2016. There were template cleaning schedules in place and sign off sheets. Colour coded cleaning equipment was in place. The inspector observed that there were facilities for hand hygiene available. The person in charge proposed that appropriate training for staff would be provided.

There were precautions in place against the risk of fire. There was a fire safety certificate in place, dated March 2017, from a suitable expert. A procedure for the safe evacuation of service users and staff, in the event of fire, was prominently displayed. The person in charge proposed that the mobility and cognitive understanding of all service users would be accounted for in personal evacuation plans which would be put in place on admission. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. The fire assembly point was identified with appropriate signage in the front garden. A fire risk assessment had been undertaken. There was documentary evidence to show that fire fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. Fire doors with self closing hinges had been newly installed in the centre. Staff identified to work in the centre had received appropriate training. There were arrangements in place for undertaking and recording formal safety checks of fire equipment and other safety precautions. Fire drill templates were in place which provided adequate space to record those attending, time required for full evacuation and issues encountered.

A vehicle for use by the centre to bring children to school and social outings had not been secured at the time of inspection. The regional manager told the inspector that funding was in place to lease a vehicle which would meet the needs of children proposed to live in the centre.

**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:**

There were measures in place to safeguard children who would avail of the service.

There was a policy and procedure on child protection, dated June 2016, which was in line with Children First, National Guidance for the Protection and Welfare of Children, 2011. The inspector noted that the responsibilities and contact details for the designated liaison person for care and protection, and a deputy, were detailed in the policy. The

person in charge was knowledgeable about what constituted abuse and how he would respond to any suspicions of abuse. It was proposed that all staff identified to work in the centre would receive appropriate safeguarding training. Records showed that staff identified to work in the centre had received appropriate training. The centre had intimate care policy in place, dated June 2016. The inspector reviewed templates for intimate care assessments and plans. The person in charge proposed that he would undertake unannounced monthly visits to the centre out of hours so as to assure himself of safeguarding measures in place.

Arrangements were in place to provide potential service users with emotional and behavioural support that would promote a positive approach to the management of behaviour that challenges. The centre had a policy and procedure on behaviour support, dated June 2016. All admissions to the centre were subject to a 12 week functional assessment. It was proposed that the output from this assessment would inform a multi-element behavioural support plan. Staff identified to work in the centre had received appropriate training in a recognised behaviour management approach. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques, had attended appropriate train-the-trainer training. It was proposed that the centre would have access to the providers behaviour support team which included expertise in psychology and psychiatry, a psychotherapist and play therapist.

There was a policy and procedure on restrictive practices, dated June 2016. It was proposed that any restrictive practices put in place would be approved by the behaviour support team and subject to regular review and monitoring by said team. There was a restrictive practice log in place to record all restrictive practices.

**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:**

Arrangements were in place to support potential service users on an individual basis to achieve and enjoy the best possible health.

There was a comprehensive health assessment and action plan template in place. The person in charge proposed that children's health needs and strengths would be assessed

as part of the pre admission process in consultation with the service user and their families. The personal plan template included space for information relating to the service user's health needs and care requirements. There were a suite of templates in place for health monitoring. A hospital passport template was in place and included space and prompts to record all pertinent information. There were template contact sheets to record contacts with GPs and a range of other health professionals. The person in charge proposed that each service users would have their own GP (general practitioner). The service had access to a number of therapeutic supports which would be available to children in the centre. These included: speech and language therapy, occupational therapy, physiotherapy, behaviour specialist, psychology, psychiatry and counselling therapist.

There were arrangements in place for children proposed to avail of the service to be involved in choosing and assisting to prepare meals in the centre. There was a fully equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. There was a policy on diet and nutrition, dated June 2016. The inspector reviewed template weekly menu planners. The person in charge proposed that service users would be supported to buy and prepare their own meals and that a healthy diet and lifestyle would be promoted in the centre. It was proposed that children would have access to a dietician if so required.

**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:**

There were systems in place to support staff in protecting children in relation to medication management. However, arrangements for the storage of any drugs which could require refrigeration had not yet been put in place.

There was a policy and procedure on the safe administration of medication, dated June 2016. It was proposed that all staff identified to work in the centre once opened would received appropriate training in the safe administration and management of medications. The inspector reviewed template medication prescription and administration records and found that they provided adequate space to record the required information. There were also templates in place for: individual medication management plans, medication assessment checklist, staff signature banks, medication

stock control logs, and for medication order receipt form. It was proposed that an individual assessment of all service users would be undertaken to assess their ability to be responsible for their own medication management and administration. There was a template self administration of medication assessment form in place. A secure storage press was in place for medications. However, a medication fridge had not yet been put in place.

There were proposed arrangements in place to review and monitor safe medication management practices once the centre opened. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a weekly basis by the person in charge. It was proposed that the output from these audits would be reviewed by the senior management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom it was proposed service users could choose from. It was proposed that a medication officer would be assigned from the staff team who would be responsible for completing a weekly medication checklist.

The procedures for the handling and disposal of unused and out of date drugs. There was a template form to record all unused and out of date drugs medication returned to pharmacy. A separate secure area for the storage of out of date medications had been identified.

**Judgment:**

Substantially 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:**

There was a statement of purpose in place, but it did not meet all of the requirements of schedule 1 of the regulations.

The statement of purpose, dated June 2017 contained some of the information required by Schedule 1 of the regulations. It was proposed that it would be made available to service users and their representatives. It set out the aims and objectives of the centre. It also stated the facilities and services which were to be provided for service users availing of the service.

However, the staffing complement for the centre was not specified and the organisational structure of the centre was not clear. In addition, criteria used for admission, including the centres policy and procedure (if any) for emergency admissions was not clearly stated.

**Judgment:**

Substantially 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:**

There were proposed arrangements in place to monitor the quality and safety of care and support once the centre opened. However, the lines of authority and responsibility within the service were not clearly understood, evidence that the experience and qualifications of the proposed person in charge met the regulatory requirements were not provided and details on the application for registration were incorrect.

It was proposed that the director of service would undertake the annual review of services and that the provider's auditing team would complete the six monthly unannounced visits in the centre, as per the regulatory requirements. There were a number of audit templates in place. For example, the person in charge's weekly audits which included a review of sample of five daily reports, a personal plan, five medication administration records medication, time and attendance sheets, cleaning schedules, vehicle log books. There was also a template audit tool for unannounced visits by the person in charge which covered hygiene, daily logs, activity schedules. There was a template for a regional quality assurance checklist. It was proposed that issues identified would be reported to the regional manager along with an action plan with timelines to address issues identified.

There was a management structure in place. However, the lines of authority and accountability within the service were not clear. It was reported that the person in charge reported into two different regional managers. An organisational structure reviewed by the inspector showed that the regional managers reported to the director of operations who in turn reported to the chief operating officer. However, the regional

manager reported on the day of inspection, that the person in charge reported to the regional manager who in turn reported to the director of service. Subsequent to the inspection, HIQA were informed that the organisational structure had been revised and communicated to staff, to provide a clearer structure.

The provider had submitted an application to seek registration of the centre to accommodate five children. However, On the day of inspection, the inspector found that the centre had been resourced and furnished to accommodate a maximum of four children at any one time.

The proposed person in charge for the centre had only started working within the service since January 2017. He held a higher diploma in social studies and a bachelor of arts in psychology. He had previously worked as a person in charge in another service. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. The named person in charge was to hold a full time post. It was proposed that he would hold joint responsibility as person in charge for this centre and another of the providers centres. It was proposed that he would be supported by a team leader in the centre but no one had yet been identified for this position. At the time of writing, the provider had not demonstrated that the person in charge had management experience and qualifications which met the requirements as specified in Regulation 14.

**Judgment:**

Non Compliant - Moderate

**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:**

There were effective recruitment procedures in place, which were managed centrally by the provider. However, the full staffing complement for the centre had not yet been determined.

There was a recruitment and selection policy and procedure in place, dated June 2016. The inspector reviewed a sample of four staff files for staff identified to work in the centre. All of the information as required in Schedule 2 of the regulations was available

in the files reviewed. The person in charge told the inspector that the required whole-time equivalent staffing level for the centre had not yet been determined. However, two staff had been recruited to work in the centre and a further nine relief panel staff working within the wider service had been identified to work in the centre when opened. There was a proposed template staff roster in place.

There was a training and development procedure in place, dated June 2016. It was proposed that a training programme would be put in place and coordinated by the provider based on a training needs analysis for all new staff. Templates to record training attendance were in place. The inspector noted that copies of the standards and regulations were available in the centre.

Formal supervision arrangements for staff were proposed so as to formally support and monitor staff performance in order to address any deficits and to improve practice and accountability. There was a supervision template in place. It was proposed that supervision would be undertaken on a six weekly basis. A local induction and staffing policy, dated June 2016 was also in place.

The person in charge told inspectors that it was not planned for any volunteers would work in the centre when opened.

**Judgment:**

Substantially 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:***

Maureen Burns Rees  
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>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0005563
<b>Date of Inspection:</b>	22 March 2017
<b>Date of response:</b>	25 April 2017

### 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 06: Safe and suitable premises

**Theme:** Effective Services

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

Play and recreational facilities for the back garden had not yet been put in place.

**1. Action Required:**

Under Regulation 17 (3) you are required to: Where children are accommodated in the

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

designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

**Please state the actions you have taken or are planning to take:**

Appropriate outdoor recreational areas will be put in place containing age-appropriate play and recreational facilities. This will include the following;

- Swing set
- Trampoline
- Baseball Set
- Football Set

**Proposed Timescale:** 05/05/2017

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A medication fridge had not yet been put in place

**2. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

A medication fridge is being put in place in the Centre

**Proposed Timescale:** 26/04/2017

## Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The staffing complement for the centre was not specified and the organisational structure of the centre was not clear. In addition, criteria used for admission, including the centres policy and procedure(if any) for emergency admissions was not clearly stated.

**3. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

1. A base staffing complement has been identified within the statement of purpose
2. The organisational structure for the centre has been reviewed and is updated in the statement of purpose. This will be implemented for the Centre
3. Conduct a comprehensive assessment of need prior to admission of all admissions including emergencies [Due date: 28 April 2017].
4. Update the Admissions Policy to take account of the above
5. Provide training on the amended Admissions policy.

**Proposed Timescale:** 05/05/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider had submitted an application to seek registration of the centre to accommodate five children. However, on the day of inspection, the inspector found that the centre had been resourced and furnished to accommodate a maximum of four children at any one time.

**4. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The statement of purpose has been updated to reflect that the Centre will now only accommodate as maximum of 4 residents at any one time. Revised application will be submitted.

**Proposed Timescale:** 25/04/2017

**Theme:** Leadership, Governance and Management

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

At the time of writing, the provider had not demonstrated that the person in charge had management experience and qualifications which met the requirements as specified in Regulation 14.

**5. Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**

Submission made outlining that the person in charge has management experience and qualifications in line with Regulation 14.

**Proposed Timescale:** 25/04/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The whole time equivalent staffing complement for the centre had not yet been determined.

**6. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

A base staffing complement has been identified within the statement of purpose

**Proposed Timescale:** 25/04/2017