

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Glade
<b>Centre ID:</b>	OSV-0005398
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Louise Renwick
<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>	6

## 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: 21 September 2016 10:10 To: 21 September 2016 14:30

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Nua Healthcare Limited to open a new designated centre. At the time of inspection, the provider had not yet identified any potential residents to move into this centre.

How we gathered our evidence:

The inspector met with the proposed Person in charge, deputy team leader, a staff member, the regional manager and a member of the maintenance team. The inspector reviewed all template documents that would be in place such as personal

plans, life skills plans, behaviour support plans, policies and procedures. The inspector reviewed the statement of purpose, admissions policy and template contracts of care.

As this was a proposed new centre no residents had been admitted.

#### Description of the service:

The provider's written statement of purpose outlined that this centre would cater for adult residents over the age of 21 years with intellectual disabilities, mental health issues and/or acquired brain injuries. The centre was proposed to cater for six residents.

#### Overall judgment:

The inspector found that the provider had appropriate policies, procedures, documentation and review systems in place to ensure compliance. A small number of staff had already been identified to work in this centre and mandatory training provided. The premises provided ample private space for residents and were finished to a very high standard. There would be access to a wide range of allied health care professionals and multidisciplinary team members for residents living in the centre. Some improvements were required to the documents as outlined in Schedule 2 in relation to staff files, and ensuring that the arrangements for the role of person in charge fully met the requirements of Regulation 14.

As this was a new application to open a designated centre, and potential residents had not yet been identified the inspector reviewed evidence with a view to determining if the provider would be compliant once the centre became operational. A follow up inspection will be carried out in the coming months to verify that the centre was operating in line with the Regulations and providing a good quality service to residents.

Findings are outlined in the body of the report and in the action plan at the end.

**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:**

There was a complaints policy in place along with template documentation for the recording, reviewing and follow up of complaints. The inspector was told that residents would be informed of the complaint process on admission to the designated centre. Information on complaints was also included in the statement of purpose and residents' guide.

The inspector was informed that there would be a process of consultation with residents in the designated centre. Weekly resident forums would be encouraged and minutes recorded along with regular key worker meetings. Residents would be involved in decisions about their care and support and the templates reviewed allowed for the recording of residents' consent.

Each resident would have their own personal bedroom, some of which had en suite facilities, this would promote residents' privacy. Intimate care plans would be drawn up if required and personal information would be stored securely.

Residents would receive an information booklet on rights on their admission. The inspector requested that the statement of purpose included information on any rights restrictions that the centre could pose to residents.

Staff spoke of positively supporting residents who may present with behaviours that were challenging.

The inspector determined that the provider had systems, policies and documentation in place to promote consultation, rights and dignity of residents.

**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 determined that through the initial needs assessment, ongoing assessment and the completion of individual personal plans residents needs in relation to their communication would be identified.

Referrals and access to speech and language therapy along with behavioural support would be sought if required for residents living in the centre.

Residents would be encouraged to use technology or devices to assist with their communication.

**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 was informed that connections with families, friends and the wider community would be promoted in the designated centre. Information on residents'

preferences in relation to their relationships along with any risks identified would be assessed on admission. This would inform the supports required under this outcome.

Residents living in the centre may have access to other professionals to assist them with their relationships. For example, social workers. Residents living here could also avail of day services operated by Nua Healthcare or be referred to other areas such as supported employment, volunteering or accessing further education in the community.

**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 requirements for admissions to this designated centre were outlined in the statement of purpose along with the admissions policy. This centre was proposing to cater for residents with intellectual disabilities, mental health issues and acquired brain injuries aged 21 years and over.

The inspector found that the statement of purpose outlined when transfers or discharges could occur in the centre.

The inspector reviewed templates of written agreements that would be in place to determine the services, supports and facilities to be offered. These would be signed on admission.

**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 there was template initial needs assessments and template personal plans available for use in the designated centre. The inspector was also aware that other multidisciplinary assessments would be conducted by the wider team for resident over a 12 week period upon being admitted to Nua Healthcare.

Of the templates reviewed the inspector found that these would allow for the social, health and personal needs of residents to be identified and met. Information on local amenities, facilities and services would be gathered and made available to promote residents' social integration. Life skills was a main focus of these templates, and the inspector found that improving independence and living skills would be a focus for residents once they moved in.

**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 inspector found the premises to be safe and finished to a very high standard.

The centre was a large detached house in a rural location. There was an ample number of bathrooms and toilets, each resident would have their own spacious bedroom and there were three separate living areas for residents' use. There was a large kitchen cum dining room, decked outdoor space and a large garden available for residents use.

The main entrance door along with all exit points were fitted with keypad locks, and windows had restricted attached.

The inspector found that the requirements of Schedule 6 were met.

**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:**

The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, a risk management policy, health and safety checklists, and an emergency plan. There was a suite of documentation available for the assessment of risk and risk management.

The inspector found that the provider had ensured a fire detection and alarm system along with an emergency lighting system had been put in place in the designated centre, and there was a contract in place for the routine checking and servicing by a relevant fire professional. Fire extinguishers were located around the centre and were placed in protected cabinets. The centre was fitted with fire doors and fire exits were clearly identified.

There was procedures in place for the recording and review of accidents, incidents and adverse events. This was guided by policy and discussed with the deputy team leader and proposed person in charge.

**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:**

This centre would cater for adults aged 21 and over with disabilities, mental health issues and/or acquired brain injuries. The inspector found that there were policies and procedures in place to guide practice in the following areas:

- Behaviour support
- Challenging behaviour
- The use of MAPA and physical intervention
- Restrictive procedures
- Child and vulnerable adult protection
- provision of intimate care

On review of the policy for the prevention, detection and response to abuse the inspector found that it outlined a process in line with national guidelines. The person in charge was aware of their responsibility in dealing with any allegations or suspicions of abuse or concern.

There was mandatory training in place for staff identified to work in this centre in the protection and welfare of vulnerable adults and children through an e-learning format. Staff who spoke with the inspector could outline different types of abuse, possible indicators and how they would respond to an allegation or suspicion should one arise. There was a named designated officer and deputy designated officer in the policy. Training was also provided in the Management of actual and potential aggression (MAPA) which included training in the use of physical holds should a resident require them.

As no residents had yet been identified to move into this centre, the use of restrictive practices will be followed up on the next inspection. As mentioned, there were policies and training plans in place in relation to this. The centre had keypad locks on the main entrance and all exit points off the building. Sharp objects such as knives would be securely locked away. As no residents had yet been identified, the inspector noted that this was a high level of restriction. This was discussed with the person in charge and regional manager who outlined that each resident would be assessed on admission, and if deemed safe and suitable they would be given the codes to all locks. This will be reviewed on the next inspection to determine if the use of restraint is in line with best

practice. I.e the least restrictive measure for the shortest duration.

The inspector was shown a template intimate care plan that would be in place if required. There was also a policy to guide staff in this regard.

The policy on the recruitment of staff outlined the need for Garda Vetting disclosures to be obtained for all staff. The inspector was told that all staff would be Vetted prior to starting work in a designated centre. The two staff and two managers spoken with confirmed that they had submitted Garda Vetting disclosures as part of their application. The inspector reviewed four staff files and found that this had been sought for all four staff. Not all staff files were reviewed as part of this inspection as only a selection of staff had been identified at this time.

**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 deputy team leader along with the proposed person in charge were aware of their requirements to notify HIQA of any event listed under regulation 31. There would be a system of recording and reviewing incidents, accidents and adverse events in the designated centre.

**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:**

There were policies and template planning documentation in place to promote training in life skills and independent living. This would be assessed during the initial weeks following admission and information gathered on residents preferences and interests.

The inspector was informed that residents would be supported to improve independence through in house skills teaching. Residents living in this centre would be able to take part in the day services operated by the provider and would be supported to attend further education if they so wished.

**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 provider had put systems in place to ensure residents' health care needs would be identified, assessed and met in the centre.

The inspector was informed of an extensive multidisciplinary team (MDT) made available by Nua healthcare such as psychiatry, neuropsychiatry, behavioural and clinical psychology and psychotherapy to name a few. Other health care needs would be met through referral by the person in charge to other professionals as required.

On admission into the centre each resident would be given a 12 week assessment by the MDT team, and this would be reviewed regularly. Clinical meetings would occur on a regular basis to address any clinical issues for residents, review incidents or discuss concerns.

The inspector reviewed a template health folder and found it contained a health assessment along with template health plans to address any needs identified.

**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 that the provider had put systems in place that would promote safe medicines management in the centre.

The provider had put in place adequate policies and procedures to guide staff in the management of medicines. Staff had been given training in the safe administration of medicine which included competency assessments.

The inspector was informed that each resident would have a medication folder with an array of templates available for use. For example, an assessment of residents' ability to self administer, the protocol for the use of p.r.n (as required) medicines and medicines management plans to name but a few.

There was a documented process for the management of errors and the review of same.

The inspector reviewed the facilities available for the secure storage of medicine and found that it would be suitable and secure once in use.

**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:**

There was a written statement of purpose in place which required some amendments to fully describe the services on offer in the designated centre. For example, details of any rights restrictions. The Statement of purpose also required amendment to outline the whole time numbers of staff, as this had not yet been confirmed at the time of the inspection.

**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:**

The inspector found that the provider had planned for effective management structures and systems to be in place to monitor the safety and quality of care for residents.

The inspector found that there would be clear lines of reporting, with staff reporting to the deputy team leader and person in charge, the person in charge reporting to the regional manager, and the regional manager reporting to the director of operations. There was a system of meetings and communication in place between the different persons involved in the management of the centre and the provider.

The provider had appointed a team leader as person in charge of the designated centre who worked full time. At the time of inspection the provider had not submitted sufficient evidence that the person put forward was suitably qualified as required by Regulation 14. The person in charge had worked in the area for a number of years and had previously held the role of social care worker and deputy team leader. The person in charge was aware of her regulatory responsibilities.

The provider had systems in place to review and monitor the care, support, safety and quality of the centre. For example, the inspector reviewed a template of the annual review, along with plans for audits and unannounced inspections of the centre once it was operational. The effectiveness of these systems will be reviewed at the next inspection.

**Judgment:**  
Non Compliant - Moderate

**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 provider was aware of the requirement to notify HIQA of any long term absences of the person in charge as outlined in the Regulations. For short term leave or holidays The regional manager was the person identified to act formally in the absence of the person in charge, along with the assistance of the deputy team leader.

**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 would be resourced effectively to ensure the provision of service to residents. There was a number of staff identified to work in the centre already, with additional staff planned to come on board as residents were admitted.

The premises met the requirements of Schedule 6 with regard to suitable heating, lighting and ventilation.

At the time of inspection the inspector found no apparent concerns relating to the provider's ability to effectively resource the 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:**

As no residents had been identified yet to move into the centre, the provider had identified a small number of staff to work in the designated centre.

The inspector found there to be a system in place to ensure staff were offered and completed a range of mandatory training. For example, fire safety, safe administration of medicine, behaviour support and safeguarding of vulnerable adults. As residents had not yet been identified, the provider had not yet determined if there was additional training needs outside of the mandatory training to support residents living in the centre.

The inspector was told that once proposed residents were identified, the full staff team would undergo a two day debrief with some members of the MDT team which would include discussions on individual diagnosis and different conditions that residents may have including mental health to support staff in their role. This will be followed up and evidenced on the next inspection.

**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:**

The inspector found that the provider had organisational policies and procedures in place as required by Schedule 5 of the regulations. For example, medication management, unexplained absence of residents and risk management. Some policies would require review and additional procedures once the centre was operational to ensure they were centre specific.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations would be in place, based on the templates reviewed. The inspector was informed that a directory of residents would be maintained and kept up-to-date.

The inspector reviewed a sample of staff records for the designated centre and found that some improvements were required to ensure they were maintained in line with Schedule 2 of the Regulations. For example, a written reference from the most recent employer, and up to date contracts outlining the roles held.

**Judgment:**

Non Compliant - Moderate

## 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:***

Louise Renwick  
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>	The Glade
<b>Centre ID:</b>	OSV-0005398
<b>Date of Inspection:</b>	21 September 2016
<b>Date of response:</b>	11 October 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

Further amendments were required to ensure all items in Schedule 1 were included in the Statement of Purpose.

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

**1. 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:**

Statement of Purpose has been updated to include all items in Schedule 1.

**Proposed Timescale:** 17/10/2016

**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 not evidenced that the proposed person in charge had suitable qualifications in line with Regulation 14.

**2. 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:**

Proposed PIC has received results of all recent exams verifying that they are suitably qualified.

**Proposed Timescale:** 17/10/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all staff files contained written references from the most recent employer.  
Not all staff files contained up to date contracts for the roles that staff held.

**3. Action Required:**

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:**

Written references for the most recent employer has been placed on file  
Contracts outlining roles held has been placed on Personnel files.

**Proposed Timescale: 17/10/2016**