

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0004665
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 February 2015 10:30	02 February 2015 17:30
03 February 2015 09:30	03 February 2015 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

There are presently no residents living in this centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection. The person authorised to act on behalf of the provider (who will be referred to as the provider throughout this report) and person in charge were available on the days of inspection.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. Separate interviews were carried out with the provider, the Director of Operations, the Director of Services, the person in charge and the

team leader.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care will be provided.

The inspector saw that all proposed staff had received their mandatory training. The person in charge discussed the proposed fire procedures and the inspector was satisfied that if implemented they are sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted although some improvement was required to the emergency plan.

There was no policy on the monitoring and documentation of nutritional intake policy as required by the Regulations. The complaints policy also required additional work to meet the requirements of the Regulations.

These are discussed further in the report and included 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:

The inspector was satisfied that the rights, privacy and dignity of residents will be promoted and residents' choice encouraged although improvement was required to the complaints policy.

The inspector reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. However it did not contain details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained. An easy read version of the complaints procedure was on display in the centre and this version contained the information required.

The team leader told the inspector that a weekly residents' meeting will be held. This will include discussions on items such as the menu for the coming week and planned group activities.

Residents and relatives will have access to an advocacy service.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents will be supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs will be identified in the personal planning documentation and supports put in place where needed. The person in charge and the team leader discussed various strategies that may be used including pictorial sequencing and social stories. Residents will also have access to the services of a speech and language therapist if required.

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:

From the information available the inspector was satisfied that families and friends will be encouraged to get involved in the lives of the residents.

The team leader and person in charge outlined how staff will facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and family invitations to events in the centre.

Regular frequent contact will also be maintained between the staff and the relatives if residents so wish.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process.

The person in charge outlined her proposed plans for admitting new residents including the supports that will be available during the transition period. This included prospective resident's attending for a meal, staying over for one night, meeting the staff and looking around the premises etc.

Written agreements will be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the care and support as described by the person in charge and team leader will consistently and sufficiently reflect the residents' assessed needs and wishes.

The inspector reviewed a sample of the proposed documentation and found that it was comprehensive and if completed will identify resident's care needs and proposed plans to address those needs. Each resident will be assigned a key worker and there will be scheduled weekly meetings as well as reviews on a three monthly and annual basis. Daily records will be maintained of the how the residents spend their day. The inspector saw that the personal plans will contain important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

The person in charge discussed how residents will be supported in transition between services. A staff member or relative will accompany residents who had to attend hospital or appointments. A document called 'my hospital passport' will be developed for each resident. This will contain useful information such as personal details about the resident, aids and assistive devices used, communication needs and medications etc.

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 that the centre was suitable and safe for the proposed number of residents. The centre, a two storey house, was warm, homely and well maintained.

Each of the five residents will have their own bedroom, four of which had ensuite facilities There was one other bathroom.

There was a separate kitchen cum dining room. There was a utility room off the kitchen. Residents could attend to their own laundry if they wished.

There were two sitting rooms which were comfortably furnished. In addition there was a large room upstairs which will be a play room and will be equipped when the new residents decide what they would like in it.

The inspector was satisfied that residents will have access to assistive equipment where required. All files etc. will be securely stored in the staff office upstairs.

There is a secure garden area around the centre with a play area and this will be further developed depending on the needs of the residents.

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 was satisfied that the health and safety of residents, visitors and staff will be promoted although additional detail was required in the emergency plan.

The inspector read the emergency plan and saw that it required some additional detail. For example it did not outline the procedure to follow in the event of a loss of water nor details of alternative accommodation should evacuation be necessary. The person in charge discussed her intention to have an emergency box available containing items such as torches and high visibility jackets.

There was a Health and Safety Statement in place. The risk management policy met the requirements of the Regulations. There was a health and safety committee which met on a regular basis. The health and safety officer will carry out monthly audits and the results will be shared at team leader meetings. The person in charge told the inspector that where action was required the person responsible for completion will be identified and a timescale set out for completion.

The person in charge discussed plans to carry out regular fire drills and systems were in place to ensure that the fire equipment including the fire alarm system will be serviced regularly. Daily checks of escape routes, key access and door openings will be carried out. All proposed staff had attended fire training in the centre.

The inspector saw that risk assessments will also be carried out on the vehicles to transport residents.

All proposed staff had attended training in the moving and handling and a matrix was maintained centrally by the organisation to identify when refresher courses were due.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff had received training. An eLearning programme had also been developed to ensure that all staff had access to this training. The person in charge, team leader and provider outlined the procedures they will follow should there be an allegation of abuse.

The inspector was satisfied that residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Specific courses will be available as necessary and some staff in the organisation were trained as facilitators.

The inspector was satisfied that residents will be provided with emotional, behavioural and therapeutic support that will promote a positive approach to behaviour that challenges. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. The person in charge told the inspector that each resident who required it would have behaviour support plans in place.

A restraint free environment will be promoted and staff spoken with were aware of the significance of using restrictive practices and there was a policy in place to guide usage.

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 person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that if the plans discussed are implemented, the general welfare and development needs of residents will be promoted and residents will be afforded opportunities for new experiences, social participation, education, training and employment.

A monthly social event is currently held in a different centre within the parent organisation and this will continue for the new residents. The inspector saw that this included football matches, BBQ and various other fun activities.

The person in charge and team leader outlined how they will support residents to pursue a variety of interests including music, cooking and swimming. Care plans and daily records will document the type and range of activities that they will be involved in.

The inspector also saw that various training programmes and educational activities will be available through the organisation. A new resource centre will also be available in Dublin and programmes provided include computer courses and social programmes. Transport will be provided by the centre if needed. The organisation had also developed links with local businesses to provide employment opportunities for residents.

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 was satisfied that residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required although some improvement was required regarding the monitoring and documentation of nutritional intake.

The inspector noted that there was no policy on the monitoring and documentation of nutritional intake. There was a short section on this subject in a different policy but this did not contain sufficient detail to guide staff. For example it did not state when referral to a dietician was required or how to complete this. Action required from this is included under Outcome 18.

The person in charge confirmed that residents' weights and nutritional assessments will be recorded regularly. She also discussed how healthy eating options will be encouraged and residents will be actively involved in planning their menus.

The inspector was satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents will also have access to those specialists previously mentioned under Outcome 8.

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 proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors.

The person in charge explained that staff will keep a register of controlled drugs and that two staff will sign and date the register at the time of administration and that the stock balance will be checked and signed for by two staff at the change of each shift. Documentation was currently being sourced for these records.

The inspector saw that all proposed staff had undertaken a medication management programme which included three competency assessments. Safe storage facilities were provided.

The person in charge said she had secured the services of a pharmacy to supply the medication and provide additional training and guidance for staff and residents.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that will be provided in the centre and will be kept under review by the person in charge. It will be available to 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):

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents will be monitored and developed on an on going basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

The Director of Services and the Director of Operations outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

The person in charge and other staff members had responsibility for carrying out regular audits in the centre. For example the person in charge will carry out a weekly hygiene audit. Results of these audits were used to improve practices.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably

qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards. She is supported in her role by the Director of Operations.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place.

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 sufficient resources will be provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard and had a fully equipped kitchen. Staff spoken with confirmed that adequate resources will be provided to meet the needs of the residents. The inspector saw that transport will be available within the centre to bring residents to their day services and to social outings.

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:

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced by the Human Resource department to ensure that required information was in place

The person in charge told the inspector that the staffing levels will based on the assessed needs of the residents. The inspector noted that to ensure continuity of care a relief panel will also be available from which absences will be covered.

The inspector saw that there was a induction and appraisal system in place. In addition, supervisory meetings are to be held with each staff member on a monthly basis. The person in charge outlined the purpose of these meetings which included the provision of support, clarity on accountability, identifying learning needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as autism, first aid and the management of behaviour that challenges. An extensive range of eLearning programmes were also available to staff.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records although improvement was required to the policy on the monitoring and documentation of nutritional intake as discussed under Outcome 11.

Written operational policies were in place to inform practice and provide guidance to staff. However although some information was included in a section of a different policy, there was no policy in place on the monitoring and documentation of nutritional intake.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

Although not yet required the person in charge had access to an appropriate template for the directory of residents. Adequate insurance cover was in place.

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:

Sheila Doyle
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 report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0004665
Date of Inspection:	02 February 2015
Date of response:	09 February 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints procedure did not meet the requirements of the Regulations.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all

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

complaints are appropriately responded to and a record of all complaints are maintained.

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

Nua Healthcare will update the complaints policy to include the nominate person to monitor all complaints.

Proposed Timescale: 10/02/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The emergency plan did not contain sufficient detail.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Emergency Plan to be updated to include loss of water, gas leak, specific location where residents are placed in event of an emergency and safety box in place in the centre in the event of an emergency.

Proposed Timescale: 13/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy in place on the monitoring and documentation of nutritional intake.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

A Policy on Food and Nutrition will be developed and implemented into all designated services.

Proposed Timescale: 18/02/2015