

**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-0004262
Centre county:	Wicklow
Email address:	g.hoey@nuahealthcare.ie
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:	1
Number of vacancies on the date of inspection:	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 Compliance with the Health Act 2007 (Care and Support of Residents in 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: 18 August 2014 10:30 To: 18 August 2014 19:30

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

This centre had applied to change from its existing service and to register as a mixed centre for adults and children with disabilities. As part of the inspection, the inspector met with staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. As part of the registration process, an interview was carried out with the person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents will receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was satisfied

that residents social and health needs would be met and the proposed medication management practices were evidence based.

The inspector found that the health and safety of residents and staff will be promoted and protected. Fire procedures were robust. The risk management policy was updated to meet the requirements of the Regulations.

Minor works were being undertaken in the premises which were homely and well maintained and seemed sufficient to accommodate five residents and this will be reviewed at future inspections.

The improvement required related to the contract for the provision of services and this is 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 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 found that plans were in place to ensure that the rights, privacy and dignity of residents will be promoted and residents' choice will be encouraged and respected.

The organisation had a policy on residents' personal property. Residents will be supported to choose and purchase their own clothes when out shopping. The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. Residents will be encouraged to manage their own money affairs and specific money management programmes will be provided as required. If necessary all financial transactions will be checked and counter signed by staff and written receipts retained for all purchases made on the residents' behalf.

A robust complaints' policy was in place and the procedure was on display in a prominent position. Currently weekly meetings were held with the resident and the inspector was told that this practice would continue with the new residents. Each resident will have their own single room with adequate storage space for their personal possessions.

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

Staff spoken with discussed various communication strategies that they were familiar with including the use of visual aids, Irish sign language and access to adult literacy programmes. Residents' communication needs will be identified in the personal planning documentation and the person in charge confirmed that any supports identified will be provided. Any additional training required will be provided to staff.

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 satisfied that residents will be supported to develop and maintain personal relationships and links with the wider community. Families and friends will be encouraged to get involved in the lives of the residents if appropriate.

The inspector saw evidence that systems were already in place to support residents to attend community activities such as fishing and swimming. An extensive day service will also be available to residents.

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 was satisfied with the proposed admission process but contracts for the provision of services were not in place.

Contracts for the provision of services were not in place as yet. There was no written agreement 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.

The inspector saw that there was a robust system in place regarding admission to the centre. All requests were submitted to a referral committee and a preadmission assessment was undertaken. There were policies and procedures in place to guide the admissions process.

The person in charge, while acknowledging that each case will be different, 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.

Judgment:

Non Compliant - Moderate

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 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 yearly basis. Daily records will be maintained of the how the residents spent 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.

There was evidence that residents will be supported in transition between services. A staff member or relative will always accompany residents who have 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 and communication needs.

The inspector was satisfied that there will be an extensive range of activities available to the residents both in the centre, in the day services and out in the community.

Transport will be available within the centre. A daily plan will be devised for each resident. Activities will include trips to the shops, community activities and life skills training.

There was a garden to the rear and side of the centre. Staff discussed plans to develop this area depending on the needs of the new residents.

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 fully accessible, suitable and safe for the proposed number of residents who will be living there. The centre was warm, homely and well maintained.

Minor works were being undertaken. This included putting in separate toilet and shower facilities for staff. A second sitting room was being developed should residents require a quieter area.

There will be five bedrooms two of which are en suite. Each resident will have their own bedroom. Staff spoken with discussed how residents will be supported to personalise their rooms. The inspector was satisfied that residents will have access to assistive equipment where required.

The bathroom was of a good size and had a bath with a separate shower. The layout of rooms mirrored a typical family home. The staff office/sleep over room was suitably located and did not impact on the homely layout of the centre. Adequate storage space will be available and suitable arrangements will be in place for the safe disposal of general and clinical waste.

An accessible kitchen will allow the residents to prepare their own meals or snacks if appropriate. The laundry area is accessible and residents could attend to their own laundry if they wish. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

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 found that the health and safety of residents and staff was promoted and protected.

There was a centre-specific safety statement in place which had been updated in December 2013. There was a health and safety committee which met on a regular basis. The health and safety officer carried out monthly audits and the results were shared at team leader meetings. The inspector saw that where action was required the person

responsible for completion was identified and a timescale was set out.

The inspector found that the risk management policy had been recently updated and met with the requirements of the Regulations. Individual risk assessments will be completed for each resident which includes a risk assessment as appropriate for possible self harm, absconsion etc. and policies were already in place to guide these practices.

The inspector saw that risk assessments will also carried out on the vehicles to transport residents. Staff members in the centre were knowledgeable regarding their duty to report any issues of risk to management.

There was an online system in place to monitor and record accidents, incidents and near misses and the person in charge oversaw this system and reviewed and signed off on all these records. This system is to continue for this new service.

The inspector found that adequate fire precautions were in place and staff confirmed that they will continue. There were regular fire drills during day and evening hours and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

All staff had attended training in the moving and handling and a matrix was maintained by the organisation's head office to identify when additional training was required. There were infection control measures in the house and the person in charge told the inspector of plans in place to improve this further when the additional residents are 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:

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 staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would 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. Staff spoken with told the inspector that any issues that arise will be discussed with the key workers.

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. Staff discussed how each resident who required it would have behaviour support plans in place where necessary.

A restraint free environment will be promoted and staff spoken with were aware of the significance of using restrictive practices and the 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:

Practice in relation to notifications of incidents was satisfactory. The person in charge was 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 found that the general welfare and development needs of residents will be promoted and that 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 organisation and this will continue for the new residents. The inspector saw that this included football matches, BBQ and various other fun activities. Staff will also continue to support residents to pursue a variety of interests including music, cooking and swimming. Their participation will be discussed at each meeting with their key worker. Care plans and daily records will document the type and range of activities that they will be involved in.

The inspector also saw that a training programme will be available through the learning academy which had connections with businesses that can provide employment opportunities. This will be sourced for individual residents if needed.

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.

The inspector reviewed some care plans and medical notes currently used and chatted with various members of staff. She 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.

The inspector was satisfied that residents' nutritional needs will be met to an acceptable standard. Staff confirmed that residents' weights will be recorded regularly and plans put in place to address any significant changes. Staff also discussed having photographs taken of various meal choices and to serve as a reminder for residents.

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 was satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed proposed prescription and administration records and procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place.

The person in charge had identified that some minor amendments were required to the medication management policy in relation to some aspects of medication management such as the administration of medications to be administered as and when required (PRN). The inspector saw that this was being addressed at the time of inspection. Guidance and appropriate risk management strategies were available should a resident wish to manage their own medication.

The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments.

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 was 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 was monitored and developed on an ongoing basis and that this will continue for the new service. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The Director of Services and the Director of Operations previously 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 carried out a weekly hygiene audit. Results of these audits were used to improve practices. For example the person in charge had identified that when the number of residents and staff increases, additional infection control procedures may be necessary to safeguard residents and staff.

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 is also the manager in the centre. She was knowledgeable about the requirements of the Regulations and Standards. She is supported in her role by a regional manager who maintains twice daily contact with the centre. 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. The person in charge confirmed that interviews had recently been carried out for the deputy manager who will support the person in charge and deputise for her in her absence.

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 were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. There was no evidence to suggest that this will not continue for the proposed new service.

The inspector found that sufficient resources will provided to meet the needs of residents. Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The person in charge discussed plans to assess the staffing levels depending on the needs of the future residents.

The centre was maintained to a good standard and had a fully equipped kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport will be available to bring residents to their day services and to social occasions.

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 person in charge told the inspector that the staffing levels will be based on the assessed needs of the residents. The inspector noted that to ensure continuity of care a relief panel was available from which absences will be covered. The person in charge outlined how she intends to continue with the current system of supervision meetings with staff. She 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. These will be held on a four weekly basis. Yearly appraisals will also be carried out.

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. Staff spoken with confirmed that there was a range of training available to them. The person in charge and staff spoken with outlined that they had recently completed a two day course as a team to prepare them for the registration inspection and the changing requirements of the service.

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.

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.

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. It had been recently updated to reflect the changing services to be provided.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were 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:
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-0004262
Date of Inspection:	18 August 2014
Date of response:	28 August 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Compliance with the Health Act 2007 (Care and Support of Residents in 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts for the provision of services were not in place.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract for the provision of services is in draft format and will be signed off on by the Admission, Transitions & Discharge Committee on Friday 30th August 2014.

Proposed Timescale: 30/08/2014

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