

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0005340
<b>Centre county:</b>	Cork
<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>	Margaret O'Regan
<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>	0

## **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 3 day(s).

**The inspection took place over the following dates and times**

From:	To:
02 December 2015 11:00	02 December 2015 16:00
15 December 2015 10:00	15 December 2015 11:30
31 December 2015 13:25	31 December 2015 14:10

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**

Nua healthcare is a service provider caring for people with intellectual disabilities. This center is situated in a rural setting close to Cork city. It is a new centre proposing to care for five residents.

This was the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). It was announced and took place over three days. The inspector met with the person in charge and senior management of Nua Healthcare Services. At the time of inspection no residents were living in this centre as it was not operational. All proposals outlined and plans agreed will be verified at the next

inspection.

The first day of inspection examined the documentation systems and the inspector met with the person in charge and one of the company's regional directors of operations. The inspector carried out two onsite visits, the second of these being to verify that the outstanding works noted at the time of the first onsite visit were attended to.

The inspector reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The person in charge, the regional manager and the regional director of operations were available on the days of inspection. The provider had previously been met by staff from the Health Information and Quality Authority.

Plans were in place to ensure that the health needs of residents were met. Residents would have access to local general practitioner (GP) services. The person in charge and regional manager discussed arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were in order.

Plans were in place around ensuring the health and safety of residents and staff. An emergency plan was in place. A fire alarm system was in place and documentation was in place to show it was in working order. Staff discussed the proposed fire procedures. Fire equipment was in place.

The inspector saw that proposed staff had received their mandatory training. Staff files were held securely in the organisation's head office.

These are discussed further in the report. One action was required from this inspection.

**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 would be promoted and residents' choice encouraged.

The inspector reviewed the complaints' policy and found it described how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It contained details of the nominated person available to ensure that all complaints were appropriately responded to. An easy read version of the complaints procedure was available in the centre.

The person in charge told the inspector that a weekly residents' meeting would be held. It is anticipated this would include discussions on items such as the menu for the coming week, plans for the weekend, any issues related to the premises and planned group activities.

A policy was in place outlining the practice to ensure it was safe and transparent with appropriate records maintained. Arrangements were in place for residents and relatives to have access to an advocacy service.

**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 would be supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs would be identified in the personal planning documentation and supports put in place where needed. Work had already commenced on these as part of the transition process. Also in the process of being created was a communication passport for each resident. When completed this would include information such as "all about me", "special people in my life" and "how I communicate". It also included details of how staff should communicate with the resident.

Residents who were transferring to this centre did not to date use assistive devices such as iPads, tablets or iPods. Some of the residents did use a mobile phone. A landline telephone was in place and internet access was to be received through this phone line.

The person in charge discussed strategies that may be used depending on the needs of the residents including picture exchange communication system (PECS), sign language and social stories. Residents would have access to the services of a speech and language therapist if necessary.

**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 were encouraged to be involved in the lives of the residents. There was evidence that family

were already involved in the transition plans for the residents who were planning on moving to the centre.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities and family invitations to events in the centre.

**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 system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Meetings had taken place between residents, their families and their current providers of care to ensure the residents' transitions were as smooth as possible.

The person in charge and regional director of operations outlined the proposed plans for admitting new residents including the supports that would be available during the transition period.

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. The inspector read a copy of the contract and saw that it met the requirements of the Regulations.

**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, when implemented, the care and support as described by the person in charge and the regional director of operations would reflect the residents' assessed needs and wishes.

The inspector reviewed a sample of the proposed documentation and found that it was comprehensive. If completed it would identify residents' care needs and proposed plans to address those needs. Monthly goals were to be set and action plans put in place to meet those goals.

A plan was in place for each resident to be assigned a key worker. There were plans for weekly meetings, as well as reviews on a three monthly and annual basis. Several of the staff and the person in charge had met a number of times with the residents who are planning on moving to the centre. From discussions with the person in charge it was evident she had developed a relationship with the five residents and vice versa.

Daily records were to be maintained of how residents would spend their day. The inspector saw that the personal plans will contain information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. This information was being gathered at the time of inspection.

The person in charge and the regional director of operations discussed how residents were being supported in transition between services. The inspector was informed a staff member or relative will accompany residents who have to attend hospital or appointments.

**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 located in a rural area, close to Cork city. On the third day on inspection the centre was nearing completion of the decorative work. It was warm, homely and attractively furnished.

There were five bedrooms set aside for residents' use. Three of these had en suite facilities while the other two were situated beside large bathrooms. A room was set aside for a staff office which also facilitated sleepover staff. In addition to the sleepover staff member a waking staff member was also rostered for night duty.

There was a large kitchen cum dining room. There was also a utility room with laundry facilities. Storage was provided. There were two comfortably furnished sitting rooms. There was access to a secure garden area. A garden shed was in place which also functioned as a smoking room. Two of the five residents moving to the house smoked. Access to the smoking shed was from the kitchen via a patio door. A ramp with safety railing was in place outside the patio door.

At the time of inspection window restrictors were on order. They were to be put in place prior to residents moving to the centre. Railing was not in place outside the ramped footpath at the front door. Plans were in place to erect this railing.

Parking was available at the front of the building. Arrangements were in place for the safe disposal of general waste.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff

would be promoted.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations. The inspector saw that a fire alarm system including fire panel was installed. Staff had attended fire training. A plan was in place to ensure that fire drills would be carried out immediately on admission and at various times of the day and night. Systems were in place to ensure that the fire equipment including the fire alarm system was serviced regularly. Daily checks of escape routes were planned. The evacuation procedure was on display. An emergency plan was in place.

The two vehicles to be used by residents came from a car rental firm.

**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 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 outlined the procedures they follow should there be an allegation of abuse.

The inspector was satisfied that residents will be provided with emotional, behavioural and therapeutic support that would promote a positive approach to behaviours that challenge. There was a policy in place guiding the management of behaviours that challenge. Systems in place included access to the behaviour specialists, psychotherapists, psychologists and psychiatrists. The inspector was informed multi element behaviour support plans would be developed for the residents as required.

The inspector reviewed the training records and saw that staff had received specific

training in this area.

There was a policy in place to guide usage of any restrictive practices and staff spoken with were aware of the significance of using them. A restraint free environment was to be promoted and it was not expected that any such practices will be in use in this centre.

**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.

Plans were in place to maintain a detailed log of all incidents occurring in the centre and to analyse these for the purposes of learning.

**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 were implemented, the general

welfare and development needs of residents would be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.

Social events were held in different centres within the parent organisation on a monthly basis. This centre is a distance from the parent organisation so such social events would be difficult for residents to attend. The provider had plans in place to develop day services local to this centre, thus helping to meet the social requirements of the intended residents.

Links have yet to be developed with local groups to provide a social outlet for people with a disability.

**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 would be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

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

Nutritional assessments were planned to be completed on admission and as required. Weights were to be recorded on a monthly basis or more frequently if required. The menu choices would be on display. The person in charge discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus. It was expected that residents would be involved in shopping and cooking in the centre. The inspector saw that a policy was in place on the monitoring and documentation of nutritional intake.

Health monitoring documentation would also be completed and this would include regular checks of blood pressure, pulse and temperature.

**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 guidance to staff on areas such as medication administration, medications requiring strict controls, disposal of medications and medication errors.

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

Monthly audits were to be undertaken to ensure compliance with the centre's policy and that all required documentation was correctly completed.

**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 described the service that will be provided in the centre and will be kept under review by the person in charge.

**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 would be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

An auditing system had been introduced within the organisation and applied to this new centre. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector spoke with the regional director of operations who outlined the plans to have this report available to residents in an appropriate format.

The person in charge had responsibility for carrying out regular audits in the centre. This included areas such as infection control, hygiene and fire safety.

It was expected a residents' feedback survey would be completed regularly and any required actions addressed.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified and experienced person in charge. She was knowledgeable about the requirements of the Regulations and Standards. She was supported in her role by the regional manager.

**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. 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 was satisfied that there were sufficient resources to provide effective delivery of care and support in accordance with the statement of purpose.

The centre was attractively decorated. It was spacious. Renovation works were completed with the exception of the railing on the ramp outside the front door and the window restrictors for first floor windows. There are discussed under Outcome 6. The inspector was informed by the regional director of operations that two vehicles would be rented from a car company.

Maintenance requests were managed by the organisation's maintenance department

**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 would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that staff would be supervised on an appropriate basis. Staff had been recruited and vetted in accordance with best recruitment practice.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents. It was expected that this centre would provide care for residents with low to medium support needs. Additional staff would be available if required.

The inspector saw that there was an induction in place. In addition, supervisory meetings were held with each staff member on a monthly basis and the organisation had a practice of carrying out a competency review with each staff member on a yearly basis. This included both self assessment and assessment by the line manager. The regional director of operations outlined the purpose of these meetings which included the provision of support, identifying training 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 epilepsy, communication skills, first aid and the management of behaviour that challenges.

**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.

Written operational policies required by Schedule 5 of the Regulations were in place to inform practice and provide guidance to staff.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner. Staff spoken with were aware of the requirement to ensure that the records listed in Part 6 of the Regulations will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. Staff were also aware of the required periods of retention for the records.

A resident's guide was available and it provided detail in relation to the required areas. It included a summary of the services and facilities provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0005340
<b>Date of Inspection:</b>	02, 15 and 31 December 2015
<b>Date of response:</b>	19 January 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 06: Safe and suitable premises

**Theme:** Effective Services

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

At the time of inspection window restrictors were not in place. Railing was not in place outside the ramped footpath at the front door.

**1. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

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

of residents.

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

Window restrictors have been implemented on all windows within the centre.

Hand railing has been implemented at the ramped footpath at the main entrance.

**Proposed Timescale:** 16/01/2016