

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Newhaven
Centre ID:	OSV-0005510
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gateway Organisation Limited
Provider Nominee:	Eamonn Murphy
Lead inspector:	Jackie Warren
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:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 September 2016 09:30 To: 14 September 2016 18:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA).

How we gathered our evidence:

As part of the inspection, the inspector met with the provider nominee and person in charge, viewed the building, and reviewed documentation such as a person planning, medication and health and safety templates, fire records, policies and procedures

and staff files. An interview was carried out with the person in charge.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service provided. This service will provide a full time residential service to two male or female adults, who are diagnosed with autism and an intellectual disability. The service can be provided to residents who have mild to severe intellectual disability and who may present with behaviours that challenge. The centre is a large single-storey dwelling set in a rural area. The centre is spacious, well-equipped and comfortable, with adequate living space. The premises have been upgraded to meet the needs of residents. One person has been identified for admission to this service.

Overall judgment of our findings:

Overall, the inspector found that the provider had put systems in place to ensure that the regulations would be met and to ensure positive experiences for residents.

Good practice was identified throughout the service and 14 of the 18 outcomes examined were found to be compliant, while the other four were substantially compliant. While the building had been finished to a good standard, there were a small number of works to be completed which were still in progress during the inspection (outcome 6).

Some improvement was also required to:

- the statement of purpose (outcome 13)
- staff recruitment documents (outcome 17)
- operational policies (outcome 18).

Details of the findings are described in the report. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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:

There were no residents living in the centre at the time of inspection but one person was being assessed for admission to the centre when it becomes registered.

The person in charge confirmed that residents would be consulted about how the centre would operate, based on communication assessments as to how this would be best achieved. The person in charge confirmed that the potential resident's family had been invited to come and see the centre in the coming week.

Systems were in place to ensure that the privacy and dignity of each resident would be respected. The person in charge and provider nominee spoke about the importance that will be placed on ensuring privacy and dignity for all residents. Some measures were in place to ensure maximum privacy and choice for residents. Bedrooms allocated for occupation by residents had en-suite bathroom facilities. Bedrooms had locks and residents would have their own room keys so that they could lock their rooms if they wished to do so. There was provision made for staff to unlock the doors from the outside in the event of an emergency. The provider nominee and person in charge told the inspector that residents would be encouraged to bring their personal belongings to the new centre to personalise their spaces. They also confirmed that they would consult with future residents, or their representatives, to find out what type and size of bed each resident preferred and that these would be supplied accordingly.

There were systems in place for the receipt and management of complaints, including display of complaints process in a central area and a log for recording complaints. There was a complaints policy to guide staff, which included details of the designated

complaints officer. However, while a suitable appeals process was clearly explained to the inspector, the complaints policy required review as it did not accurately reflect the appeals process. This is further discussed in outcome 18 of this report.

Systems were in place to protect residents' finances and belongings.

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:

There were systems and communication aids planned to assist and support residents to communicate. For example, the person in charge explained that a communication profile would be developed for each resident based on their pre-admission assessment. Systems, such as object of reference, pictorial communication aids and 'lámh' sign language, were among the techniques that could be used as required. The person in charge was trained in the use of these techniques. It was planned that all staff who will work in this centre will attend a communication profile workshop in the coming week.

There was a communication policy to guide staff.

The person in charge also stated that hospital profiles would be developed for each resident which would contain all relevant information pertaining to that resident. In the event of a hospital admission these would be used to communicate with a range of important information about residents to hospital staff.

In addition the person in charge had started to display information for residents in a prominent place in house. The complaints process, fire evacuation information and a colour picture of the person in charge were displayed.

It was planned that the centre would be equipped with televisions, telephones, radios and internet access.

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 person in charge stated that families will be actively encouraged and involved in the lives of future residents. She said that they will be welcome to come and visit residents in the centre and that home visits will be arranged as appropriate. There was ample communal space in the house. As there were two sitting rooms, each resident could meet visitors in private if they so wished.

The person in charge explained that families will be kept informed of residents' wellbeing and invited to attend and participate in monthly support meetings. The inspector reviewed the personal planning templates which included space to record information about family and friends, and facilitated the recording of family involvement.

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 person in charge showed the inspector a sample of the agreement for the provision of services that had been prepared for use in the centre. The inspector noted that the document was informative and clearly described the services that residents would receive.

The person in charge was very focused on ensuring that there would be a thorough pre-admission assessment and that compatibility of residents would be prioritised. She showed the inspector a sample of the admission assessment that she planned to use,

which included sections on getting to know the resident, communication assessment and social and health care needs assessments. There was an admission policy to guide practice.

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 centre was not occupied at the time of inspection, but the person in charge told the inspector how residents social care needs would be met.

The person in charge explained that an annual personal planning meeting would be held for each resident shortly after admission. These meeting would be attended by the resident, a key work and the resident's family or representative. It was intended that residents' personal plans and goals for the year would be agreed at these meetings. She also stated that multidisciplinary team input on social and health care needs would be included in these meetings.

The person in charge intended that personal plans would be reviewed monthly.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre is suitable for its stated purpose. The centre is a large single-storey dwelling set in a rural area. The building is being refurbished to accommodate two residents, and at the time of inspection works were at an advanced stage of completion. There are separate bedrooms, with en suite toilet, shower and hand washing facilities, for each resident and two bedrooms for staff use, one of which will include office facilities.

There is also a well equipped kitchen, utility room, two sitting rooms and an additional bathroom. There is a large shed outside the building for storage and an additional external cleaning store. The rooms were bright and well maintained, and the building had been finished to a high standard to promote residents safety, dignity, independence and well being.

There were laundry facilities in the house, where residents will be able to do their own laundry if they wish to. There was a combined washing machine and drier in the house, and an outdoor clothes line was being installed during the inspection.

Residents will have access to gardens at the front and rear of the house.

Although the building is suitable for its stated purpose, the provider nominee identified some works to be completed, some of which were in progress at the time of inspection. The following works require to be completed before residents are admitted to the centre:

- one shower is to be converted to a level access shower
- a system to ensure that hot water at wash hand basins is supplied at a safe temperature is to be installed
- some uneven paving in area surrounding the building are to be addressed to reduce the risk of a trip hazard
- hand rails are to be fitted to the ramps at the external doors of the building.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management*The health and safety of residents, visitors and staff is promoted and protected.***Theme:**

Effective Services

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

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

Findings:

There were systems in place to promote the health and safety of residents, visitors and staff.

There was a safety statement and a risk management policy. A range of general risks in the building had been identified. The person in charge stated that the risk register would be reviewed and updated shortly after the move to identify any further risks that may occur on occupation of the house. In addition, it was planned to develop an individual person risk management plan for each resident.

Adequate precautions against the risk of fire had been introduced. The provider nominee showed the inspector that, as part of the recent refurbishment of the building, new fire alarms, fire extinguishers, emergency lighting and fire doors had been provided.

He also stated that all staff would have induction training in the house prior to its occupation and this would include fire safety and an evacuation drill. The person in charge planned for all staff and residents to participate in a fire evacuation drill shortly after occupation and for monthly fire drills to take place thereafter. She stated that one fire drill each year would take place while residents were sleeping.

There were systems in place for weekly internal fire safety checks included in an overall procedure for health and safety checks throughout the building.

Fire compliance certification, signed by a competent person had been completed and was viewed by the inspector during the inspection.

Staff had received training in moving and handling, but all staff were scheduled to complete this training again in the coming week.

There were systems in place to control the spread of infection, such as an infection control policy, a colour coded cleaning system and a supply of hand sanitising gels in the building. All staff were scheduled to attend infection control and hand hygiene training in the following week.

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:

Measures were in place to safeguard and protect future residents from abuse.

All staff had received safeguarding training and there was a safeguarding policy to guide staff. The person in charge stated her intention to evaluate staff understanding of safeguarding through team meetings and supervision. The person in charge was clear on what constituted abuse and on how any allegation or suspicion of abuse would be managed.

There was a personal property policy and the person in charge explained the system for the secure management of residents' money as required. However, this process was not reflected in the policy. This is further discussed and an action created in outcome 18 of this report.

Supports were to be introduced to promote a positive approach to behaviour that challenges. The person in charge said that a positive behaviour support plan would be developed for any future resident who displays behaviours that challenge. Some staff had received training in management of behaviour that is challenging and it was planned that the remaining staff would have completed training in this area before the centre opens.

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 was aware of their legal requirement to notify HIQA regarding incidents and accidents. She was also aware of the requirement to keep records of any such incidents and a suitable template had been developed to achieve this.

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 provider nominee and person in charge discussed how residents will be afforded the opportunity for new experiences, social participation, training and employment.

The person in charge stated that each resident's educational, employment and training goals would be assessed and set out in their personal plans. She confirmed that any resident attending school at time of admission would be supported to continue with this education.

The provider nominee discussed some options which could be discussed with future residents such as involvement in a Tidy Towns project, gardening and maintenance jobs at a level suited to residents' capabilities.

There are also a number of day services in the area which residents would be supported to attend if they wished to do so.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that arrangements were in place to ensure that residents' overall health care needs will be met and that they will have access to appropriate medical and health care services.</p> <p>The person in charge told the inspector that all residents will have access to their own general practitioner (GP) services and that access to a multidisciplinary team of health professionals would be organised as required.</p> <p>The person in charge confirmed that, following initial assessments, plans of care would be developed for any health care issues identified and that these would be updated based on any changes noted during monthly reviews.</p> <p>The person in charge stated that residents will have access to the kitchen and will be supported to have meals and snacks that they enjoy at times that suit them. Meal planning will be based on consultation with residents or their families about what residents like to eat and by observation of what they enjoy, while having regard for assessed needs and nutritional quality of food. Residents' weights will be monitored and recorded monthly and nutritional care plans will be developed if required. The person in charge showed the inspector a template for a daily food journal which will be kept for each resident to record food and fluid intake. She also showed a template for monthly weight records.</p> <p>There was a food and nutrition policy to guide staff.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>

Findings:

The inspector found that there were safe medication management systems in place to ensure residents would be protected.

There was an informative medication policy to guide practice. The inspector viewed the template for recording medication administration and found that it made provision for recording all the required information. The person in charge showed the inspector the medication auditing system which she planned to undertake every month.

Some staff had received training in safe administration of medication, and the remaining staff were scheduled to attend this training in October 2016.

The person in charge also showed the inspector the assessment for self-administration of medication and confirmed that all residents would be assessed to establish if this was an option.

A locked medication cabinet for the safekeeping of medications had been ordered.

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 found that the statement of purpose was informative, described the services that the designated centre intended to provide and generally met the requirements of the regulations. However, some required information, such as staffing levels and room sizes in the centre, was not clear.

The person in charge intended to review the statement of purpose annually.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Effective management systems were in place. There was a clearly defined management structure that identified the lines of authority and accountability.

The centre will be managed by a suitably qualified and experienced person in charge, who is appropriately supported by and reports to the provider nominee. She had experience in both social care and management. She had completed training in staff supervision and was currently undertaking management training. She was knowledgeable of the regulations and was focused on achieving a good level of health and social care for future residents.

The provider had established a clear management structure, and the roles of managers and staff were understood. The person in charge was clear about her role and responsibilities and about the management and reporting structure in the organisation. She told the inspector that she felt well supported by the provider nominee, who was currently her line manager, and could contact him at any time. Both the person in charge and provider nominee stated that monthly meetings with the provider nominee and the persons in charge in the organisation were taking place.

There were arrangements in place to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

The provider nominee was aware of the requirement to undertake six-monthly audits of the service and he stated his plans to achieve this. He also confirmed that an annual review and report would be carried out when the centre had been operating for a year, and annually thereafter.

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 management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Resources had been made available to make improvements to the existing building to improve the level of comfort for future residents. The centre was suitably furnished, equipped and was maintained in good condition. There was a vehicle being provided at the centre to transport residents when they wanted to go out.

The inspector reviewed a proposed staffing roster which indicated that the centre would be suitably staffed with sufficient staff available to care for residents.

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:

The inspector found that the proposed staffing levels in the new designated centre were adequate. The provider nominee and person in charge had prepared a sample roster of the proposed staffing level, which indicated that there would be two staff on duty at all times when residents were in the centre. In addition, the person in charge was to be based in the centre on weekdays.

The management team told the inspector that the staff who would be assigned to this centre were already employed in the organisation.

A range of training was being provided to staff. Training in communication, manual handling, hand hygiene and infection control were scheduled to take place for all staff in this centre in September 2016. All staff were also scheduled to attend training in safe medication administration, risk assessment and child protection awareness in October 2016 and training in first aid in November. The person in charge was currently attending management training and was scheduled to attend training in financial management and self-awareness in the near future.

Staff had generally been recruited, selected and vetted in accordance with the requirements of the regulations. The inspector reviewed a sample of staff files and found that they contained the required documents as outlined in Schedule 2 of the regulations such as suitable references and Garda vetting. However, there was no photographic identification on one file viewed and there were unexplained gaps in the employment history in another.

Judgment:

Substantially 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 were satisfied that records required by the regulations will be maintained in the centre. However, some improvement to policies was required.

During the inspection, the person in charge showed the inspector a range of templates, including those for personal planning, health and safety, the directory of residents and medication management, and the sample viewed was of a good standard.

All policies required by Schedule 5 of the Regulations were available. However, while generally informative, some policies, such as the complaints and personal property policies, were not fully centre specific and some information was not clearly presented to guide staff. The provider nominee outlined a schedule by which the person in charge would review all the policies and update as required.

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:

Jackie Warren
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:	Newhaven
Centre ID:	OSV-0005510
Date of Inspection:	14 September 2016
Date of response:	03 October 2016

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The following works require to be completed before residents are admitted to the centre:

- a shower is to be converted to a level access shower
- a system to ensure that hot water at wash hand basins is supplied at a safe temperature is to be installed

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

- some uneven paving in area surrounding the building are to be addressed to reduce the risk of a trip hazard
- hand rails are to be fitted to the ramps at the external doors of the building.

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 of residents.

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

The shower is currently been converted to a level access shower.

The hot water at wash hand basins and showers has been fitted with a temperature regulation system.

The uneven paving in area surrounding the building will be filled with sand and cement to reduce the risk of a trip hazard.

Hand rails are now fitted to the ramps at both the external doors of the building.

Proposed Timescale: 17/10/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Some required information in the statement of purpose was not clear.

2. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose and function has been amended to contain the information set out in schedule 1.

Proposed Timescale: 27/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some of the required documents, as outlined in Schedule 2 of the regulations, were not present on some staff recruitment files.

3. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All staff files have been reviewed by the PIC and are now updated.

Proposed Timescale: 29/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were not fully centre specific and some information was not clearly presented to guide staff.

4. 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:

The policies are been reviewed and will be centre specific, information will be clearly presented for staff.

Proposed Timescale: 17/10/2016