<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by KARE, Promoting Inclusion For People With Intellectual Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001994</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>KARE, Promoting Inclusion For People With Intellectual Disabilities</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Coffey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

- **From:**
  - 17 June 2015 11:00
  - 18 June 2015 10:00
- **To:**
  - 17 June 2015 21:00
  - 18 June 2015 15:30

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

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

This was the first inspection of a community based designated centre operated by KARE in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.
The designated centre was a comfortable home for three residents, two sharing the main house and one person living in an adjacent apartment. There were spacious communal and private areas in the centre, and each resident's private accommodation was decorated and equipped in accordance with their assessed needs. The centre had plans for an additional adjoining apartment to be refurbished and offered as a respite service. Residents who chose to engage with the inspector, provided positive feedback to the inspector about the service provided to them.

The inspector was satisfied with the safety and quality of care and support offered to residents in the designated centre. A high level of compliance was demonstrated and this resulted in positive outcomes for residents. The centre achieved full compliance with the regulations in 16 of the 18 outcomes but some improvements were required, for example in the storage of medications and in the recording of some interventions.

These matters are discussed further in the report and in the action plan at the end of the report.
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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>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.</td>
</tr>
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Theme:
Individualised Supports and Care

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

Findings:
Systems were in place to provide for consultation with residents.

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required, and a location specific protocol was in place for the management of multiple complaints. The accessible version of the procedure was clearly displayed in the centre. Complaints were referred to a specific management group for recommendations, data collection and learning. Complaints reviewed by the inspector had been appropriately responded to, managed and documented.

The inspector found that there were structures in place to promote the rights of residents, for example, an issue that staff felt may have been a rights restriction for one of the residents had been referred to their named advocate, and discussed at a case review.
There was evidence of privacy and dignity for residents being respected, for example the use of unobtrusive signs on doors whilst personal care was taking place. All interactions observed by the inspector were appropriate and respectful.

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:**
Systems were in place to meet residents' assessed communication needs.

Each resident had a communication profile in their personal plan which outlined the methods of communication which each resident would understand, together with detailed information about their way of communicating, for example what certain words they used meant to them. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

Residents had aids to communication, for example, one resident used a picture exchange method of communication and the inspector observed this operating effectively for the resident. Information for residents was available in accessible formats, including pictorial schedules, menus and staff duty rosters.

**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 family and community links were promoted and maintained in accordance with residents' preferences.

Links were maintained with the families of residents, for example, visits were welcomed and facilitated and families were involved in the personal planning of their relatives. Personal plans included a family communication plan, and all interactions with families were recorded.
Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, one resident visited local shops and cafes and was well known in the community.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

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

**Findings:**
The inspector saw that tenancy agreements and service agreements were in place for each of the three residents. These documents outlined the services provided to the resident and the charges incurred. Residents’ families had also signed these agreements. An accessible version of these documents was also provided in order to meet the communication needs of the residents.

The person in charge was aware of the need to manage any future admissions having regard to the needs and preferences of existing residents.

**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:
Effective systems were in place to meet residents health and social care needs.

Assessments of need and personal plans were in place for each resident. The plans were well organised and indexed, contained all the contemporaneous information relating to each resident and began with a personal profile giving the most important information about the person.

A full annual review of assessment of needs had been completed, and all other appropriate assessments were in place for residents, for example in relation to social needs and personal care needs. These assessments informed the personal plans for residents in all of the identified areas, and implementation of these plans was recorded.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents, who all had very different and unique needs. Imaginative and effective ways of meeting these needs was evident, for example, homemade equipment had been devised for one resident with very specific requirements. In addition identified supports to ensure activities for residents, such as one-to-one staffing, were in place.

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 designated centre was a detached bungalow with an adjoined apartment and an additional adjacent apartment, in its own grounds. The adjacent apartment was occupied by one resident, and comprised a living room, kitchen, bathroom and bedroom, decorated and equipped in accordance with the needs and preferences of the resident who resided there.

Two residents shared the main accommodation, each had their own bedroom again decorated in accordance with their needs. There was a spacious kitchen and dining area and an additional living room. To the front of the house was a large well maintained private garden area.

There were plans for the designated centre to offer a respite service, to be
accommodated in the apartment adjoining the main accommodation. This apartment was not occupied at the time of inspection. At the time of the inspection the required refurbishment of this apartment had not yet taken place, however the inspector was satisfied that the plans for refurbishment described would accommodate the proposed service and would enhance the building once complete.

**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:**
Systems were in place to promote the health and safety of residents, staff and visitors.

The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. Fire drills resulted in documented learning and changes in practice to ensure the safety for residents. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to smoking for one resident, and relating to self injurious behaviour for another. In addition there were structures and processes in place in relation to the management of any accidents and incidents. Required actions were identified and monitored.

Systems were in place in relation to infection control, the designated centre was visibly clean and a cleaning checklist was maintained.

**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 provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse.

The inspector spoke to the staff and found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

There was a detailed and thorough behaviour support plan in place for one of the residents who required support in this area. It was based on an assessment of needs, gave clear guidance to staff and was regularly reviewed. The resident had been involved in this plan and his agreement sought for the interventions.

However, the behaviour support plan for another resident whose behaviour, if unsupported, could have serious health implications, was not yet detailed enough to guide staff sufficiently. It included guidance on how to manage the extreme form of the behaviour, but not on the interventions which would prevent any escalation of healthcare needs.

Where restrictive practice were in place to support residents there was evidence that they were the least restrictive available to manage the situation. For example, a three stage decision making process was in place to guide staff in the administration of PRN (as required) psychotropic medication for the management of behaviour, so that there was clear evidence of alternatives having been attempted, and the use of the medication was a last resort.

However not all restrictive practices were recorded appropriately and managed in line with best practice guidelines. Where a CCTV monitor was in place to ensure the safety of one of the residents, the times of its use were not being recorded. By the second day of the inspection a recording sheet had been introduced, as had a data collection template for the review of the effectiveness of this intervention.

**Judgment:**
Substantially Compliant

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**Outcome 09: Notification of Incidents**
*An 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 any issues which require notification to the authority and all required notifications had been submitted appropriately.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
There was evidence that residents had a meaningful day in accordance with their assessed needs and that their communication needs were met. Satisfaction surveys had been conducted by the centre, and residents’ families had completed questionnaires relating to this inspection, and were clearly satisfied with the service and supports their relatives were receiving.

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:
There was evidence of a balanced and nutritious diet. A record of nutritional intake was maintained for each resident. Snacks and drinks were readily available and choice was facilitated in accordance with each resident’s communication needs. Where residents
Choosing to be involved in menu planning and shopping this was supported.

Residents had access to allied healthcare professionals in accordance to their assessed needs in relation to nutritional intake, for example, the speech and language therapist and the dietician. Where modified diets were recommended these were accommodated. The information was included in the resident’s personal plan, and all staff engaged by the inspector were aware of each individual’s needs.

There was evidence of residents’ healthcare needs being met. Residents had access to allied healthcare professionals in accordance with their needs, and where they had multiple needs all of them had been addressed. For example one resident was under the care of several consultants due to various healthcare needs.

There was a healthcare plan in place for each of the assessed needs reviewed by the inspector. For example, a care plan in relation to epilepsy included information about triggers and prevention of seizures as well as the emergency management of any seizure, including a protocol for the use of any rescue medication.

**Judgment:**
Compliant

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### 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:**
Structures were in place in relation to the safe management of medications. The inspector reviewed prescription and administration records. Staff were administering medications from prescriptions which contained all the information required by the regulations. There were clear instructions in place for PRN ‘as required’ medications including clear guidance relating to the conditions under which they should be administered. All staff involved in the administration of medications were either registered nurses or had received training in the safe administration of medications.

Ordering and stock checking took place on a weekly basis and stock checked by the inspector was correct. Systems were in place to ensure the safe ordering and receipt of medications. A local protocol was in place to guide staff in the safe management of medications and was being followed by staff.

However, the inspector was concerned that the keys to each resident’s individual medications cupboard was kept on a hook on the side of this cupboard, so that safe storage of the medications could not be ensured. This issue was rectified during the
course of the inspection, and a safe practice relating to the medication keys introduced.

Judgment:
Non Compliant - Moderate

### 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 Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre. The service was being delivered as described in the Statement of Purpose.

**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 there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings, organisational meetings of persons in charge and management team meetings. Minutes of various meetings were reviewed by the inspector. Required actions were identified and there was evidence that the implementation of these actions was monitored.
Various audits had been conducted and the provider had conducted an unannounced visit within the last six months. An annual review of the quality and safety of care and support was available.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was present in the centre on a regular basis and it was clear that she was well known to the residents. She had clear knowledge of the health and support needs of the residents. She was aware of her roles and responsibilities and about the management and the reporting structure in place in the organisation. Whilst she had only been in post for a few weeks, she had already introduced some improvements in practice.

A staff appraisal system was in place in accordance with the centre’s policy. Appraisals took place annually and were reviewed on a quarterly basis.

**Judgment:**
Compliant

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**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:**
Appropriate arrangements were available in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

**Judgment:**
Compliant

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**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 centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. It was well furnished and maintained and adequately equipped to meet the needs of the residents. Where residents required additional equipment in order to meet an identified need this had been provided. There was a vehicle for the sole use of the centre which was appropriate to the mobility needs of 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 there were appropriate staffing levels and skills mix on the day of inspection to meet residents’ needs within the layout of the premises.

Some of the residents had been identified as requiring nursing care, and this was provided on a daily basis, with a plan to increase the number of nursing hours to meet the needs of residents. Where a resident had been identified as needing one to one staffing for some parts of the day, this had been provided. Each resident had a named keyworker and co-keyworker, and one member of staff was assigned to each resident every day.

Staff were in receipt of up to date training in mandatory areas, and had received additional training to meet the needs of residents, for example, specific moving and handling training relating to the individual needs of one of the residents.

All staff engaged by the inspector displayed appropriate knowledge and skills required to meet the assessed needs of the residents. For example they could describe the modified diets required, and displayed detailed knowledge of the communication needs of each resident. Staff were observed during the course of the inspection to be implementing personal plans and communication profiles.

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:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by KARE, Promoting Inclusion For People With Intellectual Disabilities

Centre ID: OSV-0001994

Date of Inspection: 17 June 2015

Date of response: 15 July 2015

Requirements

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

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

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One of the behavioural support plans did not sufficiently address the escalation of behaviours that challenge and provide sufficient guidance to staff.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
The guidelines relating to the management of behaviour have been updated, these include strategies on how staff should respond to each behaviour that impacts the service user’s health and wellbeing, and the associated record keeping.

**Proposed Timescale:** 09/07/2015

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Recording of restrictive interventions was not in accordance with national policy and best practice.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Two separate recording sheets have been put in place to reflect the usage and rationale for the visual monitor. One documenting each instance the visual monitor is switched on/off and the reason; the second documenting the incidents when the resident being observed from the monitor needs assistance and how the staff responds.

**Proposed Timescale:** 18/06/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medicines were not stored securely.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has introduced a revised procedure for managing the Keys to each residents’ medication cupboard to ensure the safe storage of medications.

**Proposed Timescale:** 18/06/2015