

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Offaly Respite/Family Support Service (Adult) - Area N
<b>Centre ID:</b>	OSV-0002743
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Mairead Sheedy (Brereton)
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 2 day(s).

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

From:	To:
29 March 2017 10:00	29 March 2017 17:30
30 March 2017 10:00	30 March 2017 15:00

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

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

**Summary of findings from this inspection**

This was an 18 outcome inspection carried out in a centre operated by the Muiriosa Foundation to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection the inspector spent time with three residents. The inspector observed that residents appeared to be comfortable and happy in the centre, and that staff members were familiar with their needs. The inspector also met with the

deputy person in charge and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs and risk documentation.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a detached bungalow with ease of access for people who use wheelchairs, and offered a respite service to adults with an intellectual disability.

#### Overall findings:

Overall the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

The inspector was satisfied that the provider and person in charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- residents' rights were upheld and promoted (Outcome 1)
- communication with residents (Outcome 2)
- the management of risk and fire safety (Outcome 7)

The inspector found that improvements were required in the following areas:

- the development of relevant policies (Outcome 5)

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):**

No actions were required from the previous inspection.

**Findings:**

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. For example, a weekly residents' meeting was held to which all residents availing of a respite break were invited. Various items such as protection, fire safety and activities were discussed.

The inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and the contact information was readily available. A charter of rights was also available, and no rights restrictions had been identified.

There was a complaints policy and procedure which included the information required by the regulations. An easy read version of the procedure was in place and on display in the centre. The procedure was also outlined in the residents' guide. A log of complaints and compliments was maintained, and several compliments from residents and their families were recorded. Any complaints were recorded and this record included any actions agreed, the outcome of the actions and the satisfaction of the complainant. Any agreed actions reviewed by the inspector had been implemented.

A contemporaneous record of residents' possessions was maintained on each visit to the respite centre. Residents brought in a list of their possessions including any valuable items.

The mix of residents availing of respite breaks was carefully managed. Consideration was given to the compatibility of residents and their preferences, for example their preference for a quiet environment, as well as their support needs. Two sets of friends who preferred to share a room were facilitated together for their respite breaks.

Three residents were availing of respite breaks during the inspection. The inspector was present as they arrived home to the centre on the first day, and observed that they immediately made themselves at home and went to their preferred area of the house with ease.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported and encouraged to communicate in accordance with their needs and preferences.

There was a communication profile in place in each resident's personal plan which included information about the way they communicated, and the best ways to communicate with them to facilitate understanding. There were also detailed assessments in relation to how residents would communicate pain.

Speech and language reports were available for residents who had received this support and any communication plans were implemented. For example there was a system of objects of reference in place for one of the residents.

Various pieces of information were available in an accessible format, for example safeguarding information, available activities and the staff who would be supporting people that day.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that links with the local community and with the families and friends of residents were maintained during respite breaks.

The staff and the person in charge were in regular contact with families, both in relation to planning respite breaks, and in the exchange of information prior to, and after breaks. There was also regular contact with any day services attended by residents.

Residents were supported to maintain any day time or leisure activities during their breaks. Further community outings were offered, for example trips to the cinema, meals out and local attractions.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was an admissions policy in place in sufficient detail as to guide practice, and a local protocol with further guidance in the management of the respite service.

Admissions for respite breaks were managed by the person in charge, and frequency of breaks offered was agreed with families. Families were facilitated to request particular dates, and these were accommodated where possible.

New referrals to the service were managed by the regional director, and included a

home visit to inform the decision making process.

Each resident had a written agreement of care and support which outlined the service and supports which would be offered to each resident, and any charges which may be incurred.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Each personal plan began with a 'things you need to know' section, which included a brief description of the most important aspects of the resident's life and support needs. There was then more detailed information on these areas, and those personal plans reviewed by the inspector included specific information and guidance.

Goals were set with residents which were appropriate to the short term nature of the service offered, and the usual routines and activities of residents were maintained.

Various activities were offered during leisure time. Home based activities included use of a tablet and internet, sensory items, use of a games console and cooking or baking. A book of pictures of various activities was in use to facilitate choice making for residents. Outings included trips to the local pub, meals out and day trips.

**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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre was a detached bungalow in a residential setting close to the nearby town which offered respite breaks to people with intellectual disabilities.

There were various communal and private living areas for residents' use. There was a large private functional garden to the back and ample parking to the front.

Each resident had their own bedroom, unless they specifically expressed a preference to share, and rooms were of an adequate size with sufficient storage for residents' belongings.

Communal areas included a living room and a kitchen/dining area. The centre was maintained and decorated appropriately. Some residents used wheelchairs, and there was sufficient equipment and assistive facilities to meet their needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure fire safety and to manage risk.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. This included equipment to assist any evacuation of residents with mobility needs. These systems and equipment were checked and serviced periodically by

a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident, and residents had all attended fire training. Fire drills were undertaken every fortnight due to ensure that all residents had an opportunity to partake in a drill. Clear records of fire drills undertaken and response times were maintained. Where difficulties were identified for a resident during fire drills, appropriate actions had been taken to ensure evacuation could be achieved. Staff had received training in fire safety and all staff engaged by the inspector could describe fire safety procedures and the individual needs of residents during evacuations.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as transport of residents, medication management and falls. Individual risk assessments for residents were in place which detailed control measures, for example relating to travelling, fire safety and behaviours of concern. Risk assessments were detailed, including information about any control measures, and had been regularly reviewed.

Accidents and incidents were recorded in detail, and were reviewed by the regional manager and kept under the review of the management teams until closed off with completed actions. Any incidents reviewed by the inspector had been followed up appropriately, and all agreed actions had been implemented.

The centre was visibly clean, hand hygiene facilities were available and staff had received training in hand hygiene. The service had access to a clinical nurse specialist in infection control who provided support and conducted hygiene audits.

**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):**  
No actions were required from the previous inspection.

**Findings:**

The provider had ensured that there were measures in place to protect and safeguard residents, and behaviours of concern were positively supported. Improvements were required in the recording of restrictive interventions.

Where residents required behavioural support referrals had been made to the behaviour support team, and there was either detailed guidance in place, or assessment and analysis of behaviour was in progress. Behaviour support plans were regularly reviewed and were discussed at monthly behaviour support meetings until such time as the resident was discharged from the team.

There was a policy in place on the protection of vulnerable adults, and all staff had received training in the protection of vulnerable adults. There were robust systems in place for the management of any allegations of abuse, and in implementing and monitoring any agreed actions. Staff engaged by the inspector were knowledgeable and could describe their role in the safeguarding of residents.

There were also robust systems in place in relation to safeguarding residents' personal monies. Residents' money was checked on arrival to the centre, and a record created. Any transactions were recorded and signed, and receipts were maintained. These receipts and any balances were then taken home by the residents at the end of their stay. A regular audit of finances was conducted by the person in charge.

There was a policy in place in relation to restrictive interventions, and where any restrictions were required there were risk assessments and evidence that they were the least restrictive available to manage the risk. However, there was no system of recording each occasion of use of an intervention, for example the use of bedrails.

**Judgment:**  
Substantially 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):**  
No actions were required from the previous inspection.

**Findings:**  
All required notifications to HIQA had been submitted within the required timeframes.

**Judgment:**  
Compliant

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<b>Outcome 10. General Welfare and Development</b> <i>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.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspector was satisfied that residents were facilitated to continue with their usual routines and activities during their respite breaks. They were also supported to engage in a variety of activities during their leisure time in accordance with their preferences and abilities.  Residents were involved in community activities such as outings, meals out and visits to local attractions. Activities at home included music and media, sensory activity and domestic activities. There was evidence of a meaningful day for all residents.

<b>Judgment:</b> Compliant
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<b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Residents' healthcare needs were being met, and a nutritional and balanced diet was offered in accordance with the preferences of residents.  Any healthcare interventions required by residents were continued while they availed of respite breaks in the centre. Where residents were supported by members of the multidisciplinary team (MDT), their recommendations informed the care plan, so that any required supports continued to be offered. In addition the service had referred some residents to the occupational therapist in relation to assessments of environments, and

any recommended changes had been made.

There was a healthcare plan in place for each resident, and these plans were regularly reviewed. Those plans examined by the inspector were in sufficient detail as to guide staff, both in long term conditions and in the event of any medical emergencies.

Snacks and drinks were readily available and choices were facilitated in accordance with residents' assessed communication methods. A record was maintained of meals, snacks and drinks.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were structures and processes in place in relation to the safe management of medications.

Medication was managed for the most part by the primary care givers. Medication and documentation, including prescription sheets, were brought into the centre by the residents on each occasion of a respite break. Stock of medications was checked on the arrival of residents to the centre, and again on their departure. Stock checked by the inspector was correct.

Medications were stored securely and documentation relating to the management of medications for residents was in place. Prescriptions, including 'as required' (P.R.N.) medication prescriptions, contained all the information required by the regulations.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the accident and incident reporting process, and there was a system whereby a root cause analysis would be undertaken in the event of any errors

There was a policy in place in relation to medication management, and audits in the format of a medications checklist were regularly undertaken.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place which accurately described the service being offered.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

Regular staff meetings were held and minutes were kept of these meetings. All agreed actions reviewed by the inspector had been implemented. There were also regular meetings between the person in charge and the area director.

Audits had been conducted, for example in the management of medication, infection control, health and safety and the effectiveness of personal plans. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review. Any identified actions reviewed by the inspector had been implemented.

The person in charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations and a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

**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):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the circumstances under which the absence of the person in charge should be notified to HIQA. No such absences were foreseen.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that sufficient resources were available ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

The centre was furnished and maintained to a very good standard. There was sufficient equipment available to meet the needs of residents. There was a vehicle for the sole use of the house and appropriate staffing levels to meet the 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents. .

There was a planned and actual roster available, and the numbers of staff on duty during the day and at night were adequate to meet the needs of residents. There was a regular core staff team and relief staff panel to ensure continuity of care. The person in charge informed the inspector that no staff unknown to residents ever worked in the centre. There was always a nurse on duty in the centre.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. An annual training needs analysis was undertaken with staff. Additional training undertaken by staff included support with feeding and communication, the management of complaints and the use of ski sheets in evacuation of residents.

Supervision meetings were held with staff on a quarterly basis, or more frequently if required, and performance management took place every six months.

**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):**

No actions were required from the previous inspection.

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, and the records required under Schedule 4 were available.

All the policies required under Schedule 5 were in place, however the content of the intimate care policy was, for the most part, irrelevant to the centre. For example there were detailed step by step instruction on the use of a bed pan, and other nursing practices which were not in use in the centre. There was no applicable guidance for staff in the management of the intimate care of the residents who were supported in the centre.

All information was stored safely and was readily retrievable.

**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:***

Julie Pryce  
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 Muiríosa Foundation
<b>Centre ID:</b>	OSV-0002743
<b>Date of Inspection:</b>	29 and 30 March 2017
<b>Date of response:</b>	08 June 2017

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

Restrictive interventions were not recorded in accordance with best practice.

#### 1. 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

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

accordance with national policy and evidence based practice.

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

A system has been implemented to record the use of restrictive practices within the designated centre.

Proposed Timescale: Implemented

**Proposed Timescale:** 08/06/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all policies were in line with best practice.

**2. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- a) Consultation has taken place with the policy developer.
- b) A new policy on 'intimate care' will be developed in line with best practice.
- c) In the interim a local guidance document will be completed for the designated centre.

Proposed Timescale:

- a) Completed
- b) 01/12/2017
- c) 30/06/2017

**Proposed Timescale:** 01/12/2017