

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cork City North 5
Centre ID:	OSV-0003291
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Liza Fitzgerald
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 15 August 2017 08:00 To: 15 August 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the third inspection of a centre that was registered as a designated centre with the Health Information and Quality Authority (HIQA). This inspection was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre. The centre was managed by COPE Foundation who provided a range of day, residential and respite services in Cork.

Description of the service

The centre was a congregated setting and provided a home to 28 residents on the main campus of the service in Cork city. The centre was designed to support the older adult with intellectual disability. The majority of residents were actively retired and presented with complex needs associated with ageing. Residents were supported to age with dignity and respect. The service could provide care for residents receiving palliative or end of life care.

Accommodation was provided for residents in three distinct parts of the one building: - part I had nine single bedrooms and one double bedroom. This part of the premises had a large sitting room where formal activities took place, a kitchen and

dining room, a family room and an art room

- part II was an accessible part of the building. There were eight single bedrooms, some of which looked out onto a courtyard garden. There was free access to communal areas such as hallways, bathroom, a dining room and sitting room. There was a wheelchair-accessible lift to the remainder of the building
- part III was the new wing in the centre which comprised six single bedrooms, one double bedroom, two bathrooms and a 'wetroom'. There was also communal space including a kitchen and dining area and a lounge room.

How we gathered our evidence

The inspector met with approximately 20 residents currently living in the centre. Residents said to inspectors that they liked living in the centre, with one resident saying 'they look after me very well and I can do what I want'.

Six resident and two family feedback forms were received by HIQA prior to the inspection with one of the families saying that residents 'are exceedingly well cared for'. The inspector met with two families during the inspection and both families were very positive about the care and support being provided. One family said that 'COPE provided a great service not only to residents but to families also'.

The inspector met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

Overall judgment of findings

Staff were very committed to improving the quality of life of residents and there was an engagement from staff in additional training so that residents could be adequately supported in all aspects of their lives. There were training records to show that all nursing staff had up-to-date skills, knowledge and experience to appropriately support residents at end of life, in the use of percutaneous endoscopic gastrostomy (PEG) and catheterisation. Other staff were being facilitated to attend courses on for example, dementia care. There was the pending appointment of a replacement activity coordinator who was undertaking particular training to ensure that residents would have appropriate activities during their day.

There were suitable management arrangements in place. In particular, the person in charge had significant experience and relevant post graduate qualifications to support residents with complex care needs

However, improvement was required in relation to two outcomes :

- the process for admission of residents required review as the centre was failing to meet one individual resident's emotional, social or developmental needs in an appropriate way (Outcome 4: Admissions)
- restrictions were being implemented and reviewed without interdisciplinary input for the protection of a person's rights (Outcome 8: Safeguarding and Safety) .

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 was evidence that residents had an opportunity to voice their concerns about issues.

There was a complaints policy which was also available in an easy-to-read format. The policy was displayed throughout the centre and identified that the person in charge was the complaints officer. During the inspection one resident said that 'I know that if I have a problem I know who to bring it to'. The complaints log, since January 2017, noted three issues including one that had been sent to the director of nursing in COPE Foundation. Of note is that two of the three recorded complaints related to residents being unhappy following incidents with other residents who accessed the service on a respite basis.

There was a residents' forum meeting where residents could discuss issues that were impacting on their lives in the centre. Issues discussed at the most recent meeting in May 2017 included things like a new activities support person now in place and changes to the building and environment.

Residents could keep control of their own possessions. There was an up-to-date property list that identified when the resident bought or received items like furniture or bedside lamps. All of the bedrooms were tastefully decorated with many personal possessions and items on display.

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:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Some of the external gardens had been designed and landscaped by a group of students from a local college. One of the residents outlined that he was friends with a local volunteer and that they went to various concerts, events and activities throughout Cork. The family of a resident had made a donation to this centre to improve the kitchen and bathroom facilities for residents.

There was a policy on visiting and residents said to the inspector that families were welcome and free to visit. A log was maintained of all visitors. There was adequate communal space in each house to receive visitors with each house having a kitchen and dining room and a separate living room.

The inspector received a number of completed relative questionnaires from family members which were highly complementary of the service. During the inspection families spoke very highly of the quality of care being provided to residents.

The service had recently asked families to participate in a survey with the aim of seeing if families were satisfied with the quality of care provided. The review found that, in general, people were satisfied with the attitude of staff, the level of consultation and communication with families and the level of choice offered to residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract that captured the support care and welfare being provided to each resident. However, the process for admission of residents required review. The centre was failing to meet one individual resident's emotional, social or developmental needs in an appropriate way.

The statement of purpose, which is a document that describes the service provided in the centre, provided clear guidance as to how residents were admitted to the centre. In one case a resident had been recently admitted to the centre and was living with residents many of whom were actively retired and presented with complex needs associated with ageing. The statement of purpose did outline that a resident could be admitted as an emergency and the admission was 'necessary to promote the safety and well being of an individual'. However, there was no evidence available as to what consultation there had been with other service users and what consideration had been given to the impact on their lives of a new resident being admitted to the centre.

One resident had been admitted on an emergency basis. It had previously been identified by an occupational therapist in 2016 that a congregated setting was not a therapeutic environment for this resident. Staff outlined and there were incident report records to show that this was having a negative impact on both the resident who required alternative accommodation more suited to their needs and older residents in the centre who required a quieter environment.

Each resident had written agreement in place in relation to the provision of services that had been agreed and signed by each resident and or their families. The contracts included details of the:

- services and supports
- food and nutrition
- clothing
- personal property
- visits
- access to religious services
- availability of telephone
- care planning
- nursing and medical care
- finances
- resident rights
- absences.

The centre also supported seven residents to access the centre directly from their homes on a respite basis. These admissions to the centre were coordinated through a respite admissions coordinator. The directory of residents was updated to include residents who attended on a respite basis.

Judgment:

Non Compliant - Major

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of plans to support their care.

There were two sets of resident records; the person-centred planning folder and a separate file for medical records. In the person-centred planning folders, there was a summary profile of the resident which outlined matters that staff and carers must know about the resident. There was a comprehensive assessment of how each resident communicated and staff were observed during the course of the inspection to be following any communication recommendations. This included how the resident communicated, including any assistance they may need to communicate.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. In relation to social care needs, there was a lifestyle plan that was developed each year with the resident. This plan outlined activities that each resident liked to do and priority goals for the year were also developed.

In relation to healthcare needs, there was evidence of coordinated input from members of the multidisciplinary team and that their recommendations were in place. For example, one person's recommendations included structuring activities of daily living to further enhance the resident's engagement in routine activities.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in the management of the risk register.

There was an incident management system in place and the inspectors reviewed all of the records of incidents from May 2017 to September 2017. There had been 25 reported incidents with over 48% of incidents relating to residents falling. The person in charge had introduced a safety meeting that included a review of all incidents and accidents in the centre. In the most recent safety meeting, the review of incidents had led to one resident being referred for a physiotherapy review following an increase in the number of falls.

It was noted during the inspection that there were documents seen in residents' files which recorded residents' sleep pattern during the night. While there were healthcare concerns for one resident to validate the use of these physical checks, for the other residents there was no safety, or other reasons, either documented or outlined during the inspection. This issue had been raised at the most recent safety meeting and there was an action plan in place in relation to this issue.

The centre had a risk register in place that was designed to log all the hazards that the organisation was actively managing. There were eight hazards identified as a 'moderate' risk and 40 'low' risk hazards. The hazards identified as 'moderate' were the management of epilepsy, slips, choking, moving and handling, fire safety, end-of-life care and infection control.

The risk register as provided to the inspector did not accurately reflect the active hazards in the centre. For example, the emergency admission of a resident was not included. In addition, it was also unclear if, or how, hazards on the risk register were being escalated to the management team of COPE Foundation.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management. Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation.

Procedures were in place for the prevention and control of healthcare associated infections. Medical equipment and supplies were stored in secure areas. Staff demonstrated a knowledge and understanding of how to prevent and control the spread

of any healthcare associated infection.

Judgment:

Substantially 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:

Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, restrictions were being implemented and reviewed without interdisciplinary input to the protection of a person's rights.

There was a COPE Foundation policy for the protection of a person's human rights when considering the use of a rights restriction. This policy defined a restriction as 'the limitation or control of any aspect of a person's life that is not typical for other valued members of society of the same age, gender and culture'. The policy also outlined that 'advocacy and interdisciplinary input contribute to the protection of a person's rights when considering restrictions'.

The service provider had notified HIQA in June 2017 that seven residents had bedrails in place as a restraint while they were in bed. There was a rights restriction log in the centre that identified 11 issues including:

- seven residents using bedrails
- one resident using a lapbelt while in a wheelchair
- one safety monitor
- keypads on all external doors.

For each restriction a risk assessment was in place that considered if the restriction was proportional to the risk, if it was the least restrictive alternative available and that it was agreed with the person and their support team.

However, as explained to the inspector, any restriction was to be implemented on the recommendation of the person in charge of the centre. The restrictions were then to be audited by a representative from the human rights committee. These arrangements, as

outlined to the inspector, did not ensure that restrictions were being implemented and reviewed based on interdisciplinary input for the protection of a person's rights.

There was a policy on safeguarding of residents. There were records to show that all staff had up-to-date training on protecting vulnerable adults. All residents who spoke to the inspector said that they were happy with where they lived and one resident said that 'I feel very safe here'.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Residents were being supported to achieve and enjoy the best possible health.

The centre was designed to support the older adult with intellectual disability. The majority of residents were actively retired and presented with complex needs associated with ageing. There was advanced care planning in place for all residents who could consent to that process. There was clear documentation available in residents' healthcare records in relation to this. There were training records to show that all nursing staff had up-to-date skills, knowledge and experience to appropriately support residents at end of life.

A number of staff had additional qualifications and expertise in the areas of dementia and gerontology. 22 residents had been screened as part of a dementia research assessment by a clinical psychologist in March 2017. It was proposed to have a dementia- care pathway in place as required but this had not yet been developed following these assessments.

There were up-to-date records of referrals to consultant specialists maintained for all residents and in particular there was evidence of follow up communications with hospitals in relation to procedures. Residents in the centre received a community epilepsy outreach service, coordinated through the neurology and epilepsy department in Cork University Hospital.

There was evidence that residents were referred, as required, to allied health professionals including the speech and language therapist, occupational therapist and

dietitian.

Dinner was prepared in a kitchen off site and the food was delivered in thermally insulated trolleys. There was a dedicated catering officer who had good knowledge of residents' food likes, dislikes and also which residents required their meals adapted to suit their needs. Due to some residents' dependency levels staff assisted these residents with their meals. Staff were observed assisting residents in a sensitive manner and engaged in a positive way with residents throughout the meal.

Some residents, as required, received nutrition via a percutaneous endoscopic gastrostomy (PEG) tube, or directly into their stomach. Staff had received training on the use of the nutrition giving sets.

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:

Medicines management policies and practices were satisfactory.

A sample of medicines prescription and administration records was reviewed by an inspector. The prescriptions were transcribed by the pharmacist who supplied the medication. The pharmacist had undertaken a number of audits of medicines practice and any recommendations from these audits had been implemented.

A number of residents required medicines that were on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs, schedule 2 drugs). There was a register for the recording stock balance of the schedule 2 medicines. On inspection it was found that there were adequate security systems in place for monitoring and checking of a stock balance at each transaction of pain medication as two staff were counting the medication. In addition, at the changeover of shifts, two staff completing the count of these medicines.

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 centre was managed by a suitably qualified, skilled and experienced person in charge. Effective management systems were in place.

The person in charge had been appointed in January 2016 and was a registered nurse in intellectual disability. She had a degree in nursing studies from UCC, a degree in business and postgraduate qualifications in palliative care.

The person in charge was employed full time and was found to have the qualifications, skills and experience necessary to manage the centre. He was available to talk to residents at any time and this was evident during the course of the inspection. There was also a clinical nurse manager in place who was also appropriately skilled and qualified.

The statement of purpose clearly defined the management structure and identified the lines of authority and accountability. There were regular and scheduled senior management team meetings.

The provider had arranged for unannounced visits to the centre in the last six months to assess the quality and safety of care provided to residents. The inspector read a report of an unannounced inspection from March 2017 and it contained a review, with a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

The annual review of the quality and safety of care in the centre undertaken by the COPE Foundation was found to be comprehensive and informative. The review had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action. There was evidence that progress had been made in relation to deficiencies identified.

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:

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

In the feedback received from families prior to the inspection, one family said that “I would like to see more staff. Residents all get good care but there is great pressure on the staff. I would like if they had more time to sit and chat with residents”. From a review of the staff rota there was a complement of between four and five nurses every day on duty with a further eight or nine healthcare assistants also available to support residents in the three units. Both the person in charge and the clinical nurse manager were additional resources available to residents. It was noted that a number of residents attended a day service from Monday to Friday.

At night there were two nurses and three care assistants. The inspector was told that if there was an acute medical issue or a resident requiring prolonged care at end of life for example, more nursing staff would be on duty at night. There was separate housekeeping and catering staff; and an activities coordinator available Monday to Friday.

There were training records to show that all nursing staff had up to date skills, knowledge and experience to appropriately support residents at end of life, in the use of percutaneous endoscopic gastrostomy (PEG) and catheterisation. Other staff were being facilitated to attend courses on for example, dementia care. There was the pending appointment of a replacement activity coordinator who was undertaking particular training to ensure that residents would have appropriate activities during their day.

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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003291
Date of Inspection:	15 August 2017
Date of response:	13 October 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The process for admission of residents required review. The centre was failing to meet one individual resident's emotional, social or developmental needs in an appropriate way.

1. Action Required:

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

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Each application for admission will adhere to the Organisational Admission/Transition & Discharge Policy. All applications for Admission, Transfer and Discharge will be dealt with through the Organisation's Adult Forum. The centre's statement of purpose will be referred and referenced to in any decision making at the Adult Forum. This forum is a robust process within the Organisation.

Proposed Timescale: 31/10/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register as provided to the inspector did not accurately reflect the active hazards in the centre.

2. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk register will be reviewed to ensure that all active hazards are reflected. A clear guide on how risk is escalated will be included.

Proposed Timescale: 31/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictions were being implemented and reviewed without interdisciplinary input for the protection of a person's rights.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The Organisation's policy for the Protection of a Person's Human Rights states that it is the responsibility of the Rights Review Committee to promote the implementation of this policy and to monitor and audit the use of rights restrictions .

All rights restrictions will be reviewed regularly by the Rights Review Committee at least annually or as deemed necessary by the Committee.

Multi disciplinary input will form part of restrictive practice decision making, use , implementation and review .

Proposed Timescale: 30/11/2017