

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oak Services
<b>Centre ID:</b>	OSV-0004065
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	1

## **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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 13 February 2017 09:00 To: 13 February 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 21 and 22 July 2015. As part of this inspection, the inspector reviewed the 11 actions the provider had taken since the previous inspection. The inspector found that these actions had been addressed in line with the provider's response

How we gathered our evidence:

As part of the inspection, the inspector met with three residents. Residents appeared relaxed in their surroundings and interacted in a positive manner with each other and staff. The inspector observed that residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with five staff members, including the person in charge and an area manager. The inspector observed staff work practices and the interactions between residents and staff. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

#### Description of the service:

The designated centre comprised a two story, detached house that accommodated up to four residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to four individuals who used of the service on a shared basis. The centre had a specific bedroom for respite users. The house had an adequate amount of shared bathrooms and toilets. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a large town where transport links such as trains, buses and taxis were available. Suitable transport was made available on a shared basis, to residents who wished to access the community.

#### Overall judgement of our findings:

The findings of this inspection included compliance with the regulations in five outcomes including residents rights dignity and consultation, notification of incidents, governance and management, workforce and records. However, the inspector also found that improvements were required in relation to health and safety and safeguarding which were found to be major non-compliant. Outcomes, including healthcare and medications also required improvements and were found to be in moderate non-compliance.

The reasons for these findings are explained under each outcome and the regulations that are not being met are included in the Action Plan at the end of this 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.**

**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:**

On the day of inspection, the inspector found that the rights and dignity of residents was supported in the designated centre.

The centre had maintained a record of complaints, the inspector noted that all the complaints had been addressed in a prompt manner by the person in charge. There were no active complaints on the day of inspection. Staff interviewed had a good knowledge of the complaints procedures and could identify the people nominated to manage complaints. The centre also had information available which informed residents, families and visitors on how to make a complaint.

Residents attended a daily consultation meeting with staff in regards to making choices within the centre. Records of these meetings were available for review. Information on residents' rights and advocacy was available in the centre. The inspector noted that one resident was currently availing of an independent advocate.

Each resident had an intimate care plan in place which guided staff on the personal care needs of residents. Each plan viewed by the inspector detailed the areas of care the resident required assistance with and the areas of care they could complete independently.

Residents who required assistance with managing their finances, had detailed records of money received and purchases made. The centre had a nominated staff member to conduct daily balance and receipt checks of residents' finances. The person in charge also audited residents' finances on a weekly basis.

**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:**

On the day of inspection, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. However, the inspector found that some residents' activities were not reflective of their documented interests.

All residents, in the designated centre, had a personal plan in place on the day of inspection. The inspector reviewed a sample of personal plans and found they reflected the assessed needs of residents. Each plan contained details such as, family and friends, social interests, intimate care needs, healthcare needs and risk assessments plans. Residents had good family contact, with all plans viewed containing a log of family contact, which was well-maintained.

The inspector reviewed the documented personal goals for residents. These goals had been formulated through circle of support meetings which involved the resident, their key workers and staff. The inspector found that each goal had been supported by an action plan, which identified the person responsible for assisting the resident to achieve their goal and the timeline for its completion. All residents had achieved goals within the specified timelines. Each plan also contained photographs of the resident achieving their goals.

Each resident had an activity log maintained in their personal plan, which detailed activities within the centre and local community. The inspector found that each resident was supported to access the community, however, some residents' recorded activities were not reflective of their documented interests. One resident had recorded in their personal plan that they liked to go to the cinema and public houses, however, these activities were not being effectively implemented.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

On the day of inspection, the inspector found that the health and safety of residents, families, visitors and staff was promoted in the designated centre. The action from the previous inspection had been addressed with all residents having participated in a fire drill. However, the inspector found that further improvements were required in relation to fire precautions and infection control procedures.

The centre was conducting regular fire drills, which were recorded. Staff were also performing detailed fire checks of the fire panel, emergency lighting, fire extinguishers and emergency exits. The centre had some fire doors installed, however, these were not located throughout the centre and did not have automatic doors closers attached. The inspector also found that some door panels had been replaced by see-through plastic panels, however, the provider was unable to confirm if this had affected the integrity of the door. The inspector also noted that a carbon monoxide alarm was not checked on a monthly basis as indicated in the centre's fire register.

The centre had an emergency evacuation plan in place, which guided staff in the co-ordinated response to evacuating the centre. This plan accounted for the individual needs of residents, such as the use of emergency packs to encourage residents to evacuate the premises in the event of an emergency. Each resident had a personal emergency egress plan (PEEP), which guided staff in relation to the individual needs of residents, in the event of a evacuation. Each PEEP had been recently up-dated, however, the inspector noted that one resident's PEEP failed to include the risk of that resident absconding.

The centre had procedures and policies in place to manage identified risks within the designated centre. The centre maintained a risk register, which identified risks, their risk rating and listed control measures for each risk. Residents also had risks identified, which again were rated and had control measures listed. However, the inspector found that not all risks for residents had been identified, such as the use of physical and chemical restraint.

The centre had infection control procedures in place and alcohol gel was available throughout the centre. An organised cleaning schedule was on display and the centre

appeared clean on the day of inspection. However, the inspector found that some mops were stored on the ground outside the premises, while other mops were hanging separately.

The centre had systems in place to monitor adverse events such as accidents, incidents and medication errors. The person in charge had responded to each logged adverse event with actions put in place to address any issues.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

The centre had policies and procedures in place to ensure that residents were free from abuse or harm. Staff who were interviewed had a good knowledge of safeguarding procedures and could identify the designated person to manage allegations of abuse. However, improvements were required in relation to the use of restrictive practices, behavioural support plans and the referral of residents for psychological input.

A number of restrictive practices were in place, on the day of inspection. These included access to the kitchen when staff were preparing meals and the use of physical and chemical restraint. One resident had restricted access to the kitchen when staff were preparing meals, due to the risk of burns, which was implemented without appropriate clinical input. This restriction was upheld by the organisation's rights committee with a recommendation that the staff team to explore ways of reducing this restriction. This was discussed with the person in charge who stated that no alternative measures had been explored to reduce this restriction.

One resident had a revised positive behavioural support plan in place on the day of inspection. This plan listed areas such as the resident's baseline behaviour and various stages of escalation and interventions, which may assist staff in managing behaviours that challenge - including physical interventions. However, the behavioural support plan contained interventions which were no longer in use or assessed as required, despite



the plan being recently reviewed.

Chemical restraint was prescribed for a resident by the mental health consultant on an as required basis and a protocol was in place for its use. However, the inspector found that the behavioural support plan for this resident, failed to mention the use of chemical restraint and when this should be used.

The inspector reviewed the policy on restrictive practices which stated that consent must be sought from either the resident or family member in regards to the use of a restrictive practice. However, the inspector found that residents or families had not consented prior to the use of physical restraint, chemical restraint or the restricted access to the kitchen. The inspector also noted that the use of physical and chemical restraint had not been referred to the organisation's rights committee.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the person in charge (PIC) had maintained a record of all notifications which were submitted to HIQA. The PIC had a good knowledge of the notifications which are required to be submitted to HIQA and the associated timelines for their submission.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the best possible health of residents was promoted in the centre. However, some improvements were required in relation to the completeness of residents' medical histories and the implementation of recommendations from occupational therapists.

Residents had been supported to regularly attend their general practitioner and specialist services, such as neurology and cardiology. Residents had also been reviewed as required by allied health professionals such as physiotherapy, speech and language therapy and occupational therapy. However, the inspector found that a recommendation from occupational therapy, which occurred 30 July 2015, for the placement of a handrail had not been implemented.

The inspector reviewed a sample of healthcare plans for residents and found that medical histories were incomplete. The person in charge stated that one resident had a history of low blood pressure, however this was not recorded on the resident's personal plan. A resident with epilepsy did not have a care plan in place, however, general information was available for staff in regards to epilepsy.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the centre had procedures and a policy in place for the receipt, storage and administration of medications. However, improvements were required in relation to the prescribing of rescue medication, information contained on residents' prescription sheets, the recording of the administration of medications and the assessment of residents to self-medicate.

The inspector spoke with two staff members who had good knowledge of the reporting procedures following a medication error. The person in charge conducted regular audits of medication practices within the centre and there was a recording system in place for the receipt and return of medications.

A sample of prescription sheets were reviewed, each of which contained information in-line with best practice such as the resident's photograph, date of birth, prescribing general practitioner, medications and times for administration. However, the inspector noted that some prescription sheets listed conflicting information in regards to prescribed doses of medications and one prescribed medication was not signed for by the general practitioner. The inspector reviewed a sample of medication administration recording sheets and found that one sheet had not been appropriately signed when a resident had been absent from the service.

A rescue medication care plan was in place to guide staff in the administration of midazolam. However, this plan failed to identify how many doses of the medication may be given in response to a seizure occurring. The plan also failed to highlight that the medication may be administered via two separate routes.

The inspector also reviewed a sample of residents' personal plans and found that residents had not been assessed to self-medicate.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

On the day of inspection, the inspector found that the designated centre had appropriate governance and management arrangements in place. The centre had a full-time person in charge (PIC) who had 12 hours protected time to carry out their role. The centre had procedures in place to audit medications and residents' finances, which were overseen by the PIC.

The provider had carried out an annual review of the service provided to residents. The provider had also conducted a six monthly audit of the care and quality of support within the designated centre in the days prior to the inspection. This audit focused on areas such as:

- complaints
- adverse events
- resident and family consultation
- summary of six monthly audits
- summary of HIQA audits

The inspector found that a quality improvement plan had been formulated as part of this audit and the person in charge was in the process of responding to this plan.

**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:**

On the day of inspection, the inspector found that the designated centre had appropriate staff numbers, who had been trained to support the assessed needs of residents.

The inspector reviewed the staff roster, which was found to be accurately maintained. The centre also maintained a record of staff training which showed that staff were up-to-date with their training and had received training in areas such as positive behavioural support, manual handling and fire safety. The person in charge had also identified further training for staff in response to the health needs of residents.

Regular team meetings were occurring and staff received support and supervision on a planned basis. Staff interviewed by the inspector said they felt supported by the organisation and could seek assistance from the person in charge if they had any concerns.

**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):**

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

**Findings:**

On the day of inspection, the inspector found that records and documentation were maintained to a good standard within the designated centre and supported both residents and staff in the delivery of care. All actions from the previous inspection had been addressed by the provider with improvements noted to the staff roster, residents plans and risk management policy. The centre also had all policies as listed in Schedule 5 of the regulations.

**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:***

Ivan Cormican  
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 Ability West
<b>Centre ID:</b>	OSV-0004065
<b>Date of Inspection:</b>	13 February 2017
<b>Date of response:</b>	16 March 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 05: Social Care Needs

**Theme:** Effective Services

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

The provider failed to ensure that residents were supported to engage in activities which were reflective of their documented interests.

**1. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The Person in Charge has addressed the importance of recording accurate detail on both log notes and activity recording forms at a staff meeting on 22/02/2017. The Person in Charge and keyworkers are exploring visual timetables for service users to ensure service users are supported to engage in activities of interest.

Proposed Timescale: 22/02/2017 (staff meeting issue addressed)  
28/03/2017 (visuals in place)

**Proposed Timescale:** 28/03/2017

**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 provider failed to ensure that:

- the use of chemical and physical restraint were listed on residents' risk assessments.
- regular checks were carried out on the carbon monoxide alarm.
- a resident's personal emergency evacuation plan highlighted the risk of that resident absconding.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The Person in Charge has updated risk assessments to include the use of chemical and physical restraint.
- The Person in Charge has liaised with nominated staff member to ensure checks of Carbon Monoxide alarm are being carried out as required.
- The Person in Charge has updated residents' personal emergency evacuation plan to include the risk of absconding.

**Proposed Timescale:** 22/02/2017

**Theme:** Effective Services

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

The provider failed to ensure that mops were appropriately stored.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The Person in Charge has discussed appropriate mop storage at all times at a staff meeting held on 22/02/2017

**Proposed Timescale:** 22/02/2017

**Theme:** Effective Services

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

The provider failed to ensure that fire doors had automatic door closers in place. The provider also failed to ensure that suitable fire doors were in place throughout the designated centre.

**4. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Person in Charge has liaised with Ancillary Manager and obtained certificates for rating of fire doors in situ. There are suitable fire doors in place, where required, in this designated centre and this has been assessed by a suitable person. The Person in Charge has liaised with the Manager of Ancillary Services to ensure that the designated centre has automatic door closers in place. It is envisaged that this work will be completed by 22/03/2017.

**Proposed Timescale:** 22/03/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider failed to ensure that consent had been sought from residents and their representative in regards to the use of restrictive practices.

**5. 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 Person in Charge is liaising with residents and their representatives to ensure they have read and signed off on all risk assessments and Behaviour Support Plans which include restrictive practices.

**Proposed Timescale:** 23/03/2017

**Theme:** Safe Services

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

The provider failed to ensure that appropriate clinical input was sought prior to the implementation of all restrictive practices.

**6. 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:**

The Person in Charge had made referral to Psychology in December 2016 and a clinic has been arranged for a resident on 04/04/2017. Psychology guidelines will be put in place following the clinic to review/support the upholding of restrictions.

**Proposed Timescale:** 20/04/2017

**Theme:** Safe Services

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

The provider failed to ensure that the least restrictive practice was explored in relation to accessing the kitchen, as recommended by the organisation's rights committee.

**7. Action Required:**

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 Person in Charge and keyworker have compiled a protocol for use of restrictive practices in relation to accessing the kitchen, which outlines the least restrictive practice. The protocol will be reviewed annually to ensure least restrictive practices continue to be implemented. The current restriction will be reviewed annually by the Human Right's Committee, and any recommendations will be followed.

**Proposed Timescale:** 01/03/2017

**Theme:** Safe Services

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

The provider failed to ensure that staff were supported by behavioural support plans which included the use of chemical restraint. The provider also failed to ensure that behavioural support plans reflected current practice.

**8. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Behaviour Support plan has been updated to include the use of chemical restraint as prescribed. PRN protocol has also been put in place for resident. Behaviour Support Plan has also been updated to ensure it is reflective of current practice.

**Proposed Timescale:** 22/02/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The provider failed to ensure that the recommendations from an occupational health report were implemented as described.

**9. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Person In Charge organised for a reassessment of this resident with an Occupational Therapist and further recommendations have been made. A bath rail will be put in place to fully meet all recommendations of the report.

**Proposed Timescale:** 24/03/2017

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

The provider failed to ensure that residents' personal plans contained full medical histories and associated care plans as required.

**10. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Person in Charge has compiled a comprehensive Care Plan for all health related practices in supporting a resident. Historic health notes are maintained and annual health reviews are completed for all residents.

**Proposed Timescale:** 23/02/2017

**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:**

The provider failed to ensure that residents were assessed to manage their own medications.

**11. Action Required:**

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Self-administration of medication assessment tool has been completed for all residents.

**Proposed Timescale:** 27/02/2017

**Theme:** Health and Development

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

The provider failed to ensure that:

- appropriate prescription sheets were available
- staff were appropriately guided in regards to the administration of rescue medication
- medication administration sheets were appropriately maintained

**12. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- The Person in Charge has liaised with pharmacy to ensure prescription sheets include dosage and max dosage.
- Midazolam care plan has been updated to include that the medication can be administered nasally and forwarded to Consultant to review and sign off on same.
- The Person in Charge discussed the fact that medication administration sheets should be clearly marked 'H' when residents are not staying in the centre, at a recent staff meeting on 22/02/2017

**Proposed Timescale:** 22/02/2017