



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	The Bridge
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 July 2019
Centre ID:	OSV-0005789
Fieldwork ID:	MON-0025418

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Bridge is a community residential house situated in a town in Co. Louth. This house is home to four male and female residents over the age of eighteen, some of whom have mobility issues, health care needs and emotional needs. The house is a large bungalow with four bedrooms one of which has an en-suite bathroom. There is also a large bathroom, kitchen/dining area, a utility room and two sitting rooms. At the back of the property there is a large garden where seating areas are provided for residents to enjoy. The property has been adapted to meet the needs of the residents who have mobility issues.

The residents are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and two waking night staff.

The person in charge is responsible for three centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. A shift leader is also assigned to oversee the care and support provided each day.

The residents do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre to facilitate this and other appointments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 July 2019	10:30hrs to 17:50hrs	Anna Doyle	Lead

Views of people who use the service

The inspector met all of the residents who lived in the centre. Residents communicated through a variety of mediums to include facial expression, objects of reference and non verbal cues.

Staff were observed to understand and respect the communication style and preference of each resident and supported them to make their own choices throughout the day.

All of the residents had moved to the centre from a large campus based setting last year and at the time of the inspection were being supported to settle in to their new home and community.

Staff informed the inspector of how this transition was having a positive impact on residents. Residents could access all areas of their home and were enjoying being able to watch their meals being prepared with staff in their own kitchen. One resident had joined a local club which they attended on the day of the inspection. Another resident had joined the library and other residents were enjoying getting to know the local community as they were now within walking distance to shops and community amenities.

Residents' meetings were also held weekly. A sample of minutes viewed found that residents were consulted on menus/ activities and were also being informed of issues pertaining to the centre. For example; residents were informed that a new staff member was joining the team.

On the day of the inspection residents were visited by family members. Some family members told the inspector about their views of the services provided. They were very satisfied with the staff team and the new community house. They said that their family member now referred to the centre as their home.

Capacity and capability

The centre was for the most part well resourced and the provider had systems in

place to monitor and evaluate services. However, since the centre opened in October 2018, there had been a number of changes in the management structures which may have impacted on the findings from this inspection. Improvements were found to be required in a number of the regulations inspected, with significant improvements required to ensure that residents had access to meaningful activities.

There was a defined management structure in place. The person in charge was supported in their role by a clinic nurse manager. An assigned shift leader was also in place everyday to assure that practices were monitored. The person in charge reported to a director of care who was also a person participating in the management of this centre.

The person in charge who only recently had been appointed to this centre was a qualified nurse, with considerable experience of working in and managing residential services for people with disabilities. They were not present at the inspection. The clinic nurse manager who had also only recently been appointed facilitated the inspection.

This meant that both managers were still getting to know the residents needs in the centre and the arrangements in place to support the residents there. The inspector was assured from speaking to the clinic nurse manager that they had already identified areas for improvement. For example: the need to review residents activity schedules in the centre.

The provider had systems in place to ensure that the centre was monitored and audited as required by the regulations. An unannounced six monthly quality and safety of care audit had been conducted in May 2019. However, some of the areas for improvement identified had not been completed at the time of this inspection and there was no plan in place to address these.

A number of other audits were also conducted in areas such as infection control, and residents' personal finances. These audits were to assure the provider that the service was responsive, safe and bringing about improvements in the centre. The results of these audits were positive with no areas of improvement required. A schedule of audits was also in place for the year in other areas to include restrictive practices and medication management.

The provider also had systems in place to respond to adverse incidents and was making changes to the risk management processes in this centre and across the wider organisation to improve the oversight and management of risk.

A planned and actual staff rota was maintained in the centre. The staffing levels in the centre were sufficient to meet the needs of the residents for the most part. The provider had already increased the staffing in the centre one morning a week to facilitate residents being supported to go grocery shopping. However, some activities could not be facilitated given the mobility needs of the residents. And while staff assured the inspector that additional staff was made available to support residents with planned community activities, the level of activities that residents engaged in on a day to day basis required significant review (this is detailed further

in this report).

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. All staff had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the knowledge and skills necessary to respond to the needs of the residents.

While there were some gaps noted in refresher training for staff, there was a plan in place to address this. The provider has also implemented work practices to ensure that residents were supported by trained personnel at all times. For example; staff who had not completed refresher training in medication management were not permitted to work on their own in the centre.

Staff also reported that they felt supported in their role and were able to raise concerns (should they have any). A sample of supervision records viewed showed examples of this and outlined how areas of concern were being addressed. Staff meetings had also been held in the centre and while these had not been held regularly, one was scheduled to take place on the day of the inspection.

At all times throughout the course of this inspection, staff demonstrated a very good knowledge of the residents needs. They were observed to be warm, friendly and respectful in their interactions with the residents.

The provider demonstrated that the service was responsive to residents' individual needs. One resident had recently transitioned to the centre. The inspector found some good practices in this area. For example; a staff member who knew the resident well transferred to this centre in order to support the resident. A transition plan diary had also been maintained to review the residents progress during this time. This record indicated that both the resident and their representatives had visited the centre prior to the transition. However, the inspector found that one issue raised prior to the transition had not been fully explored to assure that the resident and their representative were fully satisfied with the transition. This was discussed with the clinic nurse manager on the day of inspection.

The contracts of care had recently been reviewed by the provider and these new contracts had been sent to the residents representatives to sign where appropriate at the time of the inspection. The inspector was shown a copy of this new contract and found that it outlined the services to be provided and the fees to be incurred. The fees were based on a financial assessment as per the Residential Support Services Maintenance and Accommodation Contributions (RSMACC) which guides the fees to be charged to residents.

The provider was listening to residents' feedback. A complaints log was maintained in the centre. The complaints form contained a section to record whether the complainant was satisfied with the outcome of the issue raised. On review the inspector found that a number of complaints had been raised by staff on behalf of the residents. The issues raised had been addressed. A number of compliments had also been recorded expressing satisfaction about the residents new home and how

well it had been decorated.

There were no volunteers employed in the centre.

Regulation 14: Persons in charge

The person in charge who only recently been appointed to this centre was a qualified nurse, with considerable experience of working in and managing residential services for people with disabilities.

The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre.

Judgment: Compliant

Regulation 15: Staffing

Some activities for residents could not be facilitated and this was attributed to the support needed for the mobility needs of the residents in the centre.

Personnel files were reviewed at an earlier date by the inspector and were found to contain the requirements of the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. Some gaps were noted in refresher training for staff but there was a plan in place to address this.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre which contained all of the

information required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Some of the areas for improvement identified from an unannounced six monthly quality and safety of care audit had not been completed. Therefore the provider was not demonstrating that they were using information to drive continual improvement in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

One resident had recently transitioned to the centre. A transition plan diary had been maintained to review the residents progress during this time. This record indicated that both the resident and their representatives had visited the centre prior to the transition.

One issue raised prior to this transition had not been fully explored to assure that the resident and their representative were fully satisfied with the transition. This was discussed with the clinic nurse manager on the day and specific details are not included in this report to protect anonymity.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations. This had been reviewed in June 2019 to reflect the recent changes in the management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that all incidents had been notified to the Chief Inspector, as required by the regulations, of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that the provider had systems in place to respond to complaints raised in the centre.

Judgment: Compliant

Quality and safety

Overall the inspector found that the services provided were contributing to a number of positive outcomes for the residents. Some improvements were required in a number of the the regulations inspected with residents access to meaningful activities requiring significant review.

The centre was clean, modern, adapted to suit the needs of residents and decorated to a very high standard. Each resident had their own bedroom with en-suite bathrooms. Bedrooms were well decorated and personalised. There was adequate storage facilities to store personal belongings. The kitchen/ dining area looked on to a large landscaped garden where seating was provided for residents to sit and enjoy the outdoors. All maintenance issues were logged and reported to senior personnel. The inspector found that there was a plan in place to fix one outstanding maintenance issue regarding flooring in the centre at the time of the inspection.

Each resident had a personal plan in place which included an assessment of need. From a sample viewed there were plans of care in place which outlined how residents were to be supported with their assessed needs. These plans were reviewed on a regular basis. An annual review had also been conducted to review a residents care and support needs. This had been attended by the residents representative who indicated that they were included in decision making arrangements.

Residents had goals in place that reflected activities that were important to them. For example; one resident wanted to start swimming every week and this was now being facilitated. In addition, staff had been provided with training on ways to

identify meaningful goals for residents. This was still in process at the time of the inspection.

Residents had access to a range of allied health professionals in order to support their needs. This included a general practitioner, psychiatrist and chiroprapist. Residents were being supported to attend medical appointments where required.

Weekly residents meetings were held in the centre during which daily activity schedules were planned for the week. However, this required review as the residents activity plans for the week only included one activity during the day. As stated earlier residents activities were also sometimes impacted by the staffing levels in the centre due to the needs of other residents.

There were adequate fire precaution equipment in the centre which included a fire alarm, fire doors, emergency lighting, fire extinguishers and fire blankets. This equipment had been serviced appropriately.

Documentation viewed by the inspector informed that a fire drill had taken place in order to demonstrate that residents and staff could be safely evacuated during the day and at night time. Residents' had personal emergency evacuation plans in place which had all been reviewed in May 2019 and included the support needs of the residents. However, the fire drill conducted at night time had been simulated and the records did not indicate how this drill had been conducted.

The provider had implemented a new risk management recording system in recent months at organisational level. All risk assessments and incidents were recorded and updated on a computer database. All incidents that occurred in the centre were reviewed by the person in charge. The records viewed indicated that incidents were not occurring regularly in the centre. Staff spoken to were aware of the individual risks posed to residents in the centre and the control measures in place to mitigate those risks. While improvements were required to ensure that incidents were reviewed to identify any potential trends and inform learning, the inspector was informed that this new system would enable this process.

One vehicles was available in the centre and the records indicated that it was road worthy and insured.

Residents who required positive behaviour support, had plans in place to guide practice. Staff had also received specific training in positive behavioural support and of the staff met, they demonstrated a good knowledge of the residents needs in this area.

Some mechanical restrictive practices were in place in the centre based on the assessed needs of the residents. These included the use of bed rails, lap belts and bed bumpers. While records were maintained to document when restrictive practices were implemented, some had not been referred to the human rights committee for review as outlined in the organisational policy.

All staff had been provided with training on safeguarding vulnerable adults. Of the staff met with, they were aware of what constituted abuse, the reporting procedures

in place and outlined what they would do to ensure that the resident was safe in such an event.

Residents had intimate care plans in place which outlined the care and support needs to ensure that their dignity and privacy was upheld. Improvements were required to ensure that one intimate care plan included all of the residents support needs.

A staff member went through medication management practices in the centre with the inspector. The inspector found that for the most part these practices assured a safe service to residents. For example all medicines were stored safely and medicine prescription sheets were maintained and reviewed regularly by the prescribing doctor. Medicines received into the centre were checked in by staff to ensure they were correct. Each resident had a medication support plan in place which outlined how they liked their medicines administered. An assessment had also been completed to see if residents could be supported to self medicate if they wished.

There were mechanisms in place to record, report and review medication errors in the centre.

Some residents were prescribed as when required medication. On review of a sample of records the inspector found that one protocol required review to ensure that it guided practice for staff.

Regulation 11: Visits

The registered provider and the person in charge ensured that residents were facilitated to receive visitors in accordance with the resident's wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported by staff to have some meaningful activities and to access community facilities. However, this required review as the residents activity plans for

the week only included one activity per day inside and outside the centre.
Judgment: Not compliant
Regulation 17: Premises
The premises were clean well maintained and decorated to a high standard. All maintenance issues were logged and reported to senior personnel. The inspector found that there was a plan in place to fix one outstanding maintenance issue in the centre at the time of the inspection.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents who required support with food and nutrition had this outlined in their personal plan. These plans had been developed with the assistance of allied health professionals. Staff had been provided with training to support residents in this area. Residents' likes and dislikes were considered as part of menu planning process which was discussed weekly in the centre. One resident was being supported to go grocery shopping with staff support.
Judgment: Compliant
Regulation 26: Risk management procedures
The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and that the provider was also implementing risk management processes to enhance this.
Judgment: Compliant
Regulation 28: Fire precautions
There were adequate fire precaution equipment in the centre which included a fire

alarm, fire doors, emergency lighting, fire extinguishers and fire blankets. This equipment had been serviced appropriately.

Documentation viewed by the inspector informed that a fire drill had taken place to in order to demonstrate that residents and staff could be safely evacuated during the day and at night time. Residents' had personal emergency evacuation plans in place which had all been reviewed in May 2019 and included the support needs of the residents. However, the fire drill conducted at night time had been simulated and the records did not indicate how this drill had been conducted. Therefore the provider had not assured itself that the centre could be effectively evacuated at all times fo the day and night.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector was satisfied that medication management practices in the centre were for the most part safe. One area of improvement was required to ensure that one protocol was reviewed in order to guide practice for staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which included an assessment of need. From a sample viewed there were plans of care in place which outlined how residents were to be supported with their assessed needs. These plans were reviewed on a regular basis.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was provided for. Residents had access to a number of allied health professionals including a general practitioner in their local community, a speech and language therapist, dietician and behaviour support specialists. Where required residents had been supported to avail of national health screening services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required positive behaviour support, had plans in place to guide practice. Staff also had received specific training in positive behavioural support and of the staff met, they demonstrated a good knowledge of the residents needs in this area.

Improvements were required to ensure that all restrictions were referred to the human rights committee for review as outlined in the organisational policy

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training on safeguarding vulnerable adults. Of the staff met with, the inspectors were assured were aware of what constituted abuse and the reporting procedures in place and outlined what they would do to ensure that the resident was safe in such an event.

Residents had intimate care plans in place which outlined the care and support needs to ensure that their dignity and privacy was upheld. Improvements were required to ensure that one intimate care plan included all of the residents support needs.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was not clear how one resident had participated in and consented to decisions about their care and support in relation to health screening in the centre. The inspector acknowledges that this decision was made prior to the resident transitioning to the centre and needed to be reviewed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Bridge OSV-0005789

Inspection ID: MON-0025418

Date of inspection: 11/07/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Residents will be supported daily to meet their individual goals both in their home and community activities, current staffing arrangements are sufficient to meet the mobility needs of the residents. 2. Individual activity schedules have been reviewed and discussed at team meeting and they are devised weekly in consultation with each resident to ensure each person has access to meaningful activities both within their home and in the community. Staff supports have been reviewed and are sufficient to support the individual activity schedules. Staff will also receive further support and information on how best to support residents under the model of Supported Self-directed Living. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Areas for improvement identified with in the Six monthly unannounced Quality inspection report have been uploaded to the Designated centres Quality Enhancement plan and subsequently actioned</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

1. The regional service's Transforming Lives Team and family representative were involved and took a leading role with the transitioning plan for the resident into their new home
2. The Transition plan has detailed accounts of both resident and family satisfaction with the transition process.
3. Residents who reside in the home were informed of the new resident transitioning to their home in at a resident house meeting. Current and future house managers along with Transforming lives met with family representatives in the proposed new home prior to the resident transitioning. During the meeting family members received information with regard to the profile of the residents currently living in the home. The sharing of this information addressed the initial concern raised at the commencement of the transition phase. Following on from this meeting the family gave full support for the transition to proceed.

Regulation 13: General welfare and development	Not Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

1. Residents will be supported daily to meet their individual goals both in their home and community activities, current staffing arrangements are sufficient to meet the mobility needs of the residents. Staff supports have been reviewed and are sufficient to support the individual activity schedules. Staff will also receive further support and information on how best to support residents under the model of Supported Self-directed Living.
2. Individual activity schedules have been reviewed and discussed at team meeting and they are devised weekly in consultation with each resident to ensure each person has access to meaningful activities both within their home and in the community.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. A repeat Night Time Fire Drill will be carried out and the detail of how it was conducted/simulated, and the outcomes, will be recorded by the observer for PIC review and follow up action if/as required.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>1. Medication protocols will be updated to include clear direction of the administration and route.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>1. Residents who reside in the center are prescribed lap belts/groin strap by suitably qualified/registered Allied Health Professionals in order to maintain optimal function position while in the comfort chair and wheelchair, and for general safety during transport and outdoor activities.</p> <p>2. Bed rails are nurse prescribed for residents safety while in bed Regional Pathway for the Approval of Restrictive Practices now provides guidance for processes on how these restrictions are formulated, see appendix 1 Regional Pathway for the Approval of Restrictive Practices</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p>	

1. The intimate care plan highlighted in the report has been amended to reflect the support and comfort measures required for the individual during invasive procedures
2. The Organisation is developing a policy on the Provision of Intimate Care which will contain guiding principles around the invasive procedures.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The resident mentioned in the report had participated in a Health Promotion review with the GP in relation to health check and screening initially in 2011; participation in the screening process was discussed with the Resident and supporting staff, mother and GP. A decision was reached to opt out of the screening programmes, at this time, as it was felt that the resident would not be able to co-operate with or consent to the screening process as they would find it very invasive/intrusive.
2. The GP has monitored the overall health of the resident since that time which included regular/yearly examinations and staff report any visual abnormalities noted to the GP.
3. The resident has been invited by the Clinical Nurse Specialist in Health Promotion to complete a Person Centered Health Promotion Programme, individually tailored to their needs and abilities. This Programme will include body awareness, other health issues and areas for Health Promotion. The resident has had an introductory session which went well and the Programme will commence on September the 2nd and will run for 4 weeks initially but will be extended if required.
4. Health Promotion information will be available from this Programme for the staff to continue to work with the resident in their own time.
5. Through the course of this Programme consent will be looked at, also ability and willingness to participate in the screening process. On completion of this Programme participation in screening can be discussed with the resident and the G.P, CNS in Health Promotion, Staff Nurse/Keyworker and Manager and a plan will be devised to best suit the needs of the Resident. This decision will be reviewed each year in conjunction with the CNS in Health Promotion and the GP.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(3)(a)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child has opportunities for play.	Not Compliant	Orange	30/07/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/07/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	30/07/2019

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/07/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	30/07/2019

	of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/07/2019
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30/07/2019
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	30/10/2019

	age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
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