

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Moorehall Disability Service
<b>Centre ID:</b>	OSV-0003481
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Moorehall Disability Services Ltd
<b>Provider Nominee:</b>	Sean McCoy
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	13
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

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

From:	To:
26 June 2017 10:30	26 June 2017 19:00
29 June 2017 10:00	29 June 2017 15:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to Inspection.

This was an announced inspection to inform a registration decision after an application to vary conditions of registration were submitted to the Health Information and Quality Authority (HIQA) by Moorehall Disability Service (the provider).

The centre was previously inspected May 2015. Following that inspection a decision to register the centre was made.

In May 2017 the provider made an application to vary the conditions of the registration for the overall centre, to increase the capacity of residents that could be accommodated from 15 to 17 residents, with the closing of the current respite residential unit which had the capacity for three residents and the opening of a new residential unit which had a capacity for five residents.

How we Gathered Evidence.

For the purpose of this inspection, the inspector visited all four residential units that made up the centre and the newly acquired residential unit that would become part of the centre following the processing of the provider's application to vary

registration conditions.

As part of the inspection, the inspector met eight residents and spoke more in-depth with one resident. The inspector also met with the newly appointed person participating in management (PPIM) for the centre, the director of care. The inspector also met with the person in charge and the provider of the service.

Documentation reviewed included a sample of personal plans from each residential unit including the personal plan for a resident identified to move into the newly acquired residential unit once the application to vary conditions of registration was processed. The inspector also reviewed the resident's personal risk assessments, risk registers, fire safety and management procedures, staff files, policies and procedures, a sample of audits and visual inspections of all premises that comprised the centre.

Description of the Service.

The designated centre currently comprises four separate houses a short distance from each other and supports 15 residents. The residential units making up the centre are located in Ardee, County Louth. All residential units provide residents with access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and shops. Each house is furnished and maintained to a good standard and residents told the inspector they liked their homes and felt safe in them. The newly acquired residential unit had been refurbished by the provider to a high standard throughout.

Overall Judgment of our Findings.

The actions from the previous May 2015 inspection had been addressed. Overall, the inspector found a good standard of compliance and where issues were identified by the inspector the provider had a plan in place which was of a comprehensive nature to address the issue.

Governance structures and reporting systems had improved with a new director of care in post in the service. This would provide the person in charge with support in the management of the centre and the overall governance and auditing of practices to ensure and promote compliance and standards for residents.

Of the nine outcomes inspected, seven were found to be compliant and two were found to be substantially compliant.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

**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 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:**

Actions from the previous inspection relating to assessment of needs and creation of support planning had been addressed. Comprehensive assessments of residents' needs were maintained in residents' personal plans and support planning was documented for each need identified. However, there was a lack of consistency in the quality of residents' personal planning, for example some personal plans included evidence of person centred planning meetings and goals setting others did not. There was evidence of reviews taking place in some plans but not in all.

The inspector reviewed a sample of personal plans and found them to be in the main comprehensive with regards to assessment of residents' needs and support planning. Each resident had received a comprehensive assessment of need. Where needs were identified care planning was in place to support residents with that need. There was evidence of updates and reviews but this was not consistently implemented across the sample of plans looked at within each of the four residential units that made up the centre.

Personal plans for residents contained evidence of review and recommendations by allied health professionals, for example, speech and language therapy assessments, behaviour support recommendations and clinical reviews by residents' medical practitioners.

A key worker was assigned to each resident whose role was to support residents in identifying person centred goals and to maintain their personal plans and review and update them as required. Where goals had been identified they were supported by an

action plan which set out how the goal would be achieved or by what date and who was responsible for what, for example. However, there was a lack of consistency in the implementation of this process. Some personal plans included goals and action plans to achieve those goals other plans did not have evidence of this.

At the time of inspection a resident had recently transitioned into the service on a full time basis. The inspector reviewed the transition process and planning that had taken place for the resident and found a person centred, inclusive approach had been taken to the transition. The inspector spoke with the resident during the inspection, they were happy with the care and support they received.

**Judgment:**

Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

As part of this inspection the inspector visited all residential units that comprised the centre and the house recently purchased and refurbished by the provider which would become the respite/residential house within the centre.

All houses visited, including the newly purchased house were maintained to a high standard. Each house presented as a warm and inviting home which was personalised, tastefully decorated and fitted with discrete but effective accessibility arrangements to meet residents mobility requirements.

The recently purchased house had been renovated and refurbished by the provider to a high standard throughout. Bathrooms were accessible and bedrooms were of a reasonable size with adequate storage space in all. Provisions would be in place for residents to lock their bedrooms if they so wished.

External premises of each residential unit making up the centre were equally maintained to a high standard. The inspector noted the large spaces to the rear of each residential unit which provided residents with space to engage in personal hobbies, such as gardening and vegetable growing, fixing bicycles and owning a pet.

The inspector was assured, following review of the newly purchased house, that it would meet the respite/residential services it was intended to provide.

During the course of the first day of the inspection, the inspector noted an issue with a bathroom in one of the houses. This was brought to the attention of the provider towards the close of the first day of inspection. By the beginning of the second day of inspection the issue had been resolved and the provider had assessed the other residential units in the centre and took to resolve a similar issue in another house.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, visitors and staff was promoted in the centre.

There was a risk management policy in place which reflected the legislative requirements of Regulation 26. Separate policies which set out the specific requirements of Regulation 26 (1) (c) (i-iv), for example, risk of absconding, violence and aggression and self harm were in place to guide staff in the management of these risks.

Each resident had individual risks assessments which identified specific personal risks to residents, analysed the impact and severity of the risk and detailed control measures in place to manage the risk. These were maintained in residents' personal plans. A hazard and risk identification register was also maintained with one for each residential unit in place.

Incidents that occurred in the centre were documented using a paper system. The inspector reviewed a sample of incident recordings and found they were detailed, documented in a timely way following the incident and reviewed by the person in charge following the incident to ensure learning from adverse incidents occurred.

There was an up-to-date localised health and safety statement in place. Emergency planning was also in place which outlined the measures and procedures for staff to take in the event of an emergency such as a gas leak, loss of water or power and loss of heating.

Records confirmed fire equipment, including fire extinguishers, fire blankets and

emergency lighting had been tested and serviced. Daily and weekly fire safety checks carried out by staff and were up-to-date. All staff had completed fire safety training and staff spoken with had an understanding of the procedure to be followed. Residents spoken with also said they knew they needed to leave the house when the fire alarm sounded.

All staff had received up-to-date manual handling training and refresher training was made available to staff. Some residents required supports with mobilising and required staff to implement manual handling procedures. The inspector observed suitable equipment was available for implementation of manual handling procedures. There was evidence of up-to-date servicing of equipment and individualised slings for residents to ensure they met their manual handling needs and negated any infection control risks.

Infection control procedures for the centre were adequate. Colour coded mops were used for cleaning floors. Hand wash and alcohol hand gel was available in each residential unit of the centre. Hand washing facilities were adequate in all houses visited.

**Judgment:**  
Compliant

### **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

### **Findings:**

There were systems in place to safeguard residents in the centre. Staff had received training in safeguarding vulnerable adults. Residents that required support to manage behaviours that challenge had necessary support planning in place to direct staff. However, there was some improvement to ensure all residents requiring such planning had them in place.

There was a policy in place on safeguarding vulnerable adults and all staff working in the centre were trained in it. Refresher training was also available to staff and a training matrix was available which set out clearly the dates staff had received training and when it was next due. The person in charge demonstrated good knowledge of the policy and



procedures for the management of allegations of abuse and there was evidence which demonstrated residents bringing forward concerns to management and those concerns being listened to and managed well.

There was also a policy in place for the provision of behaviour supports to residents. A sample of residents' behaviour support plans were reviewed by the inspector. Most residents that required a behaviour support plan had one in place which followed the principles of positive behaviour support.

Where residents presented with challenging behaviour risks, specific personal risk assessments were in place to guide staff in how to mitigate the risks and reduce their likelihood of occurring. Residents that may be at risk of financial abuse had associated risk management plans in place and systems to reduce the likelihood of this occurring.

However, in one instance a behaviour support plan, which required specific recommendations and assessment by an allied health care professional, was not in place and was required in order to provide specific supports in relation to mental health concerns and associated behaviours that challenge.

The provider was aware of this and had made a referral to the HSE for the provision of such supports. While there was an agreement in place that this support would occur, at the time of inspection there was no support plan in place and therefore this required addressing.

Residents were also supported to avail of mental health services and counselling where deemed necessary or appropriate. Psychiatry input was also available and residents were supported to attend psychiatry multi-disciplinary meetings and there was evidence of consistent reviews of residents requiring these supports.

Intimate care planning was also in place for each resident that required such supports. A review of a sample of intimate care plans evidenced person centred information specific to residents to guide staff in how to support residents in a way that promoted their independence and maintained their personal integrity.

A restraint free environment was promoted throughout the centre. In some instances restrictions were in place to manage a specific personal risk to residents, for example, access to sharp cutlery. Where this was necessary a risk assessment and control measures were in place.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

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

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

**Findings:**

Overall, residents were supported on an individual basis to achieve and enjoy their best possible health. Some residents had healthcare needs which required comprehensive management and ongoing review to ensure they achieved their best possible health. At the time of this inspection the inspector found residents' healthcare needs were managed well.

Residents had access to a range of allied health care services which reflected their different care needs such as speech and language therapy, occupational therapy, physiotherapy and chiropody. Systems were in place for staff to make referrals to these allied healthcare professionals.

The inspector reviewed a sample of care plans of residents that had particular healthcare needs. Staff knowledge in the management of dealing with the complex needs was found to be good. Support planning was in place to direct staff in the care and support of residents' complex needs. Directives and recommendations by allied health professionals was incorporated in the support planning for residents which ensured interventions were evidence based and in line with residents' assessed needs.

The inspector noted some residents required support to attend appointments and clinics in order to manage their symptoms or diagnosed health issues. Staff supported residents to attend appointments as required. The inspector noted that this required planning, deployment and management of staff by the person in charge of the centre on a regular, sometimes weekly basis which she managed well.

The provider had identified residents living in one of the residential units of the centre required significantly more healthcare management than the other residential units in the centre. The provider had appropriately resourced this residential unit with full time nursing staff in response to this need.

Some residents required specific supports which required specific nursing care procedures in order to implement them. There was evidence to indicate staff had received training to carry out this specific healthcare need and specialist nursing advice was available to staff in the event of an issue or complication. Some residents had also been supported to undergo surgery to treat an underlying physical condition. They were afforded the opportunity to convalesce after surgery to build up their strength before returning to their work or day services.

The management of epilepsy related conditions was also well managed. Residents were supported to attend neurology clinics as required and had comprehensive epilepsy management support planning in place to direct staff in how to manage residents needs in the event of them experiencing a seizure including emergency management guidelines and medication to be administered.

Suitable kitchen space and facilities were provided in each residential unit of the centre for residents who wished to prepare and make their own meals and support was available from staff to help them with this. There was evidence that dietician advice and recommendations had been sought for residents with an assessed dietary need. In some instances where residents had lost weight due to a healthcare condition, there was evidence that they were putting on weight following dietetic recommendations implemented by staff.

**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:**

Medication management policies were in place to guide practice and protect residents. The policy was reflected in practices described by staff and the person in charge, which the inspector found to be safe and suitable.

Medication prescription, administration and storage was suitable and in line with the centre's policy. A comprehensive medication management policy had been recently drafted which set out descriptive guidelines for staff to implement to ensure best practice in relation to the management and administration of medications.

All staff responsible for medication management had received comprehensive training appropriate to their role.

Medications were stored in lockable cupboards within each residential unit. Medication administration charts were clearly written and up-to-date from a sample of files reviewed.

Where medication administration errors did occur these were documented on the incident recording system and followed up on by a review by the person in charge to ascertain the circumstances which led to the incident. Control measures were put in place to mitigate the risk. The inspector did identify on the incident recording system there were a high number of medication management incidents however, on closer review of the incidents a significant number of incidents were not due to poor medication administration practice but rather issues relating to the packaging system of

the medication, for example. The person in charge informed the inspector the provider was in the process of reviewing this system and were planning to make changes where required.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had revised the statement of purpose for the centre to reflect the new configuration of the centre with regards to the increase in capacity of the centre and the residential/respite service that would be provided in the residential unit due to become part of the centre.

**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:**

There was evidence to indicate that the quality of care and experience of the residents

living in the centre would be monitored on an ongoing basis. A competent and knowledgeable person in charge managed the centre. Management systems in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose were appropriate to the size of the centre.

The inspector found that the person in charge was a suitably qualified, skilled and experienced. She was knowledgeable about the requirements of the regulations and standards and had a good knowledge of the support needs and person centred plans for residents. She was also involved in the development and creation of policies and procedures within Moorehall Disability Service and auditing of the centre on a regular basis.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by the newly appointed director of care who in turn reported to the provider and had responsibility for oversight of the disability services provided by Moorehall Disability Service.

The director of care had taken up her role approximately five weeks prior to the inspection. She had carried out a provider led audit in that time and had also devised an annual audit schedule which would review key quality indicators within the centre. The inspector met with the newly appointed director of care and found her to be a fit and competent person to carry out her given role. She also demonstrated a good knowledge of the regulations and had worked in disability for a number of years. In the absence of the person in charge she would assume the role to manage the centre and provide support and supervision to staff.

The inspector reviewed the most recent provider led audit and found it was of a good quality, it had reviewed a number of aspects of the service provided and reflected the feedback of residents and their families. Some actions to improve the service included a resident council for residents to give feedback about their service and to raise issues. Residents had also welcomed this suggestion. It had also identified the need for staff to receive training in Irish Sign Language and augmented communication systems to support residents with hearing difficulties. Medication management incidents had also been reviewed and had identified changes to systems were required. The audit included an action plan, a timescale for actions to be addressed by and also the person(s) responsible to carry out the action.

**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):**

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

**Findings:**

Staff working in the centre demonstrated as competent persons with a good knowledge of residents' person centred needs and communication styles. Appropriate vetting procedures were in place. An action from the previous inspection relating to induction and supervision of staff had been addressed and was being implemented at the time of inspection.

Staff working in the centre were supported to meet their continuous professional development needs in order to meet the needs of residents. Staff had received training in safeguarding vulnerable adults, fire safety, medication management, behaviours that challenge, manual handling and food safety and hygiene. Staff that carried out specific healthcare procedures for residents had also received further training in relation to supporting residents with that specific need.

There was a planned and actual rota in place. Generally there was one staff available in the centre in the morning and evenings and one waking night staff allocated to each residential unit. Where required additional staff could and were rostered to meet the needs of residents.

The person in charge had begun to implement supervision and support meetings with all staff. Copies of staff supervision meetings were available for the inspector to review during the inspection. With the recent appointment of the director of care role to the service this would afford the person in charge more time to carry out supervision meetings with staff. An induction process for all new staff had been implemented and there was evidence of a specific programme for newly recruited staff to complete which included workshops and training in employee policies and HR procedures.

There were no volunteers working in the centre at the time of inspection.

Staff personnel files reviewed as part of this inspection. Of the sample reviewed the inspector found they met the matters required of Schedule 2 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:***

Ann-Marie O'Neill  
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 Moorehall Disability Services Ltd
<b>Centre ID:</b>	OSV-0003481
<b>Date of Inspection:</b>	26 June 2017 and 29 June 2017
<b>Date of response:</b>	20 July 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:**

Some personal plans included evidence of person centred planning meetings and goals setting others did not.

**1. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident

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



no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

All care plans have had an annual multidisciplinary review which has generated goals. On day of inspection the hard copy of the goal was not available in file. All PCPs will be reviewed and documentation in place in next three months.

**Proposed Timescale:** 15/10/2017

**Theme:** Effective Services

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

There was evidence of reviews taking place in some plans but not in all.

**2. Action Required:**

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

All care plans have had an annual multidisciplinary review. The information is currently recorded only on hard copy. During the inspection evidence of the PCP review was not present in all care plans despite having been done. All PCPs will be reviewed and documentation in place in next three months. The service is in the process moving to an e-recording system to ensure efficiency and effectiveness of maintaining accurate records.

**Proposed Timescale:** 15/10/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

In one instance a behaviour support plan, which required input from an allied health care professional, was not in place and was required in order to provide specific supports in relation to mental health concerns and associated behaviours that challenge.

**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:**

At time of inspection the referral had been sent to allied health care professionals to request behavioural support for the resident who was very recently presenting with behaviours of concern. A tracking of behaviours was being done and the PIC had received confirmation of psychology input and a date was being arranged for initial assessment. Since the inspection the clinical psychologist has met with the resident and carried out an assessment. A behaviour support plan which has involvement from the psychiatric team is currently being drafted based on the residents individualized needs. All relevant allied health care professionals are involved in the consultation of the draft at the request of the PIC. The behaviour support plan will have a review date to ensure its effectiveness.

**Proposed Timescale:** 31/08/2017