



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

Name of designated centre:	Tonniscoffey House Designated Centre (with Lisdarragh as a unit under this centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	07 June 2018
Centre ID:	OSV-0002452
Fieldwork ID:	MON-0021034

About the designated centre

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

Tonniscoffey and Lisdarragh House provides 24 hour full-time residential support to both male and female residents some of whom have complex support requirements. The centre can accommodate 10 adults and comprises of two detached houses, one is a dormer bungalow and the other is a split level bungalow. They are located within close proximity to a large town in Co. Monaghan. A service vehicle is provided in each house to accommodate residents access to community facilities and day services. Each resident has their own bedroom which includes an en suite bathroom. Both houses have considerable collective space and spacious gardens. Nursing staff and health care assistants are on duty during the day and health care assistants are on duty at night time.

The following information outlines some additional data on this centre.

Current registration end date:	05/10/2018
Number of residents on the date of inspection:	10

How we inspect

To prepare for this inspection the inspector or 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
07 June 2018	10:00hrs to 17:30hrs	Anna Doyle	Lead
07 June 2018	09:30hrs to 17:00hrs	Michael Keating	Support

Views of people who use the service

Inspectors met with six residents some of whom communicated with the support of staff to interpret gestures and actions. Residents were comfortable in the company of staff who were well able to communicate and understand them.

Residents expressed satisfaction with their homes and with the staff providing support to them. They spoke about some of the activities they were involved in the centre including meals out, art work, shopping, going to concerts and football matches. In addition, some residents showed inspectors elements of their lives which they deemed important to them such as showing inspectors their bedrooms and personal belongings such as family pictures. Another resident showed an inspector their computer and hand held devices. One resident also showed an inspector the evacuation procedures and showed the inspector the fire alarm panel and evacuation routes.

Questionnaires received also indicated that residents were happy with the quality of services provided in the centre.

Capacity and capability

The inspectors found that the registered provider and the person in charge were ensuring that a good quality and safe service was provided to residents. This was achieved through clear lines of accountability with all members of the workforce aware of their responsibilities and who they were reporting to. Policies and procedures were designed and implemented in a way which supported the centre to run effectively. There were also adequate resources in place to support the effective delivery of care and support to the residents which were reviewed and altered in response to the changing needs of residents. Some improvements were required under the management of complaints in the centre.

The person in charge was a qualified nurse with a qualification in management. They provided good leadership to their staff team and ensured the centre was adequately resourced to meet the individual and assessed needs of the residents. They ensured staff were appropriately trained, supervised and supported so as they had the required skills to provide a person centred, safe and effective service to the residents.

The centre was staffed 12 hours a day with staff nurses and care assistants and at night time with care assistants. An out of hours on call support system was provided by senior members of staff. The roster was kept under review and adjusted in line

with the changing needs of residents. For example, in one location a second member of staff was put on duty in response to the changing needs of residents and requests from residents and their families.

The director and assistant director of nursing provided regular support to the governance and management of the centre. They ensured it was monitored and audited as required by the regulations. Such audits were bringing about positive changes to the operational management of the centre in turn ensuring it remained responsive to the needs of the residents.

For example, the level of monitoring had identified a key issue in the centre as compatibility of residents, which was leading to increased peer to peer incidents and an associated recognition of the changing presentation and support requirements of a number of residents. In response the provider had put appropriate interim measures in place such as the increased staffing referred to. However, essentially it was recognised through a compatibility review within these houses and others houses under the remit of the provider that the centres could be reorganised to better meet and respond to the needs of individual residents. For example, one lady was currently living with four men. Through reviewing her assessed needs it was determined that this lady would be more comfortable in an all female environment. There was a plan at an advanced stage for the transition of three residents to more suitable accommodation.

The person in charge had also completed a recent audit of social care needs in the centre and from this found that improvements were required to the quality of some activities to ensure that they were more varied in the evening times and weekends.

Of the staff spoken with, the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. They had undertaken a suite of in-service training courses to include safeguarding, children's first, fire training, food hygiene, manual handling and basic lifesaving skills. This meant they had the skills necessary to respond to the needs of the residents in a consistent and safe way. Staff were facilitated to raise concerns through regular staff meetings and supervision with the person in charge. All staff met felt very supported in their role by the person in charge. A sample of supervision minutes viewed found that areas of discussion included training needs, knowledge of specific policies and positive behaviour support plans for residents.

The inspectors found that residents were able to raise of concerns in the centre. The registered provider had established and implemented systems to address and resolve issues raised by residents or their representatives. These included access to advocacy services and complaints being discussed at the residents' monthly meetings with residents being asked if they had anything they wanted to put forward as a suggestion. However, there was one complaint which had not been responded to appropriately and the complainant was not satisfied with the outcome of the complaint. This was discussed at the feedback meeting and the inspector was provided with assurances that this would be followed up.

A number of questionnaires were also received which had been completed by some

of the residents representatives. An inspector also spoke to one residents family member over the phone. Overall the feedback was very positive about the services provided in the centre and representatives felt involved in the lives of the residents.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and person centred manner.

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

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required documentation in their application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill-mix of staff provided to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training records maintained demonstrated that all staff had completed mandatory training and other training had been provided in order to meet the needs of the residents. All of the training records were up to date at the time of the inspection. Staff were facilitated to raise concerns through regular staff meetings

and supervision with the person in charge and all met felt very supported in their role by the person in charge.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained appropriately and included the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted insurance records as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was effectively resourced to ensure the effective delivery of care and support in line with the statement of purpose. There was a clear line of accountability within the management structure and the registered provider was fulfilling their regulatory requirements. An annual review and six monthly unannounced quality and safety review had also been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for all residents. Transfers of residents was taking place between the houses under this designated centre as well as to other centres. Transition plans were in place and prospective residents were involved in the decision making and had visited the receiving house.

Judgment: Compliant

Regulation 3: Statement of purpose

The residential service had a publicly available statement of purpose that accurately and clearly described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A sample of incidents were reviewed by the inspectors and all incidents were notified to the Authority as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their obligation to notify HIQA if the person in charge was absent for more than 28 days.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of their obligation to have arrangements in place for the management of the centre in the event of the person in charge being absent from the centre for more than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There were systems in place for the management of complaints in the centre. However, one complaint had not been dealt with appropriately and the complainant

was not satisfied with the outcome of the complaint.

Judgment: Substantially compliant

Quality and safety

Overall inspectors found that management and staff had appropriate arrangements in place to ensure that the care and support residents received was to a good quality and ensured residents were safe. Inspectors found that all decisions taken were actioned in the best interest of residents and utilised best available evidence to deliver best outcomes for residents. The provider recognised through audits and information gathering when changes were required in response to the assessed needs of residents.

The premises were clean, well maintained, and homely and had been personalised to the individual tastes of residents. All residents had their own en-suite bathrooms and equipment had been provided to ensure that the residents' needs were met which included equipment for showering. Adaptations had also been made to ensure that the centre was accessible for residents. For example, ramps were in place outside to promote a safe egress for residents.

Residents communication needs were recorded in their personal plans. However, residents did not have access to a speech and language therapist in order to enhance their communication skills. For example, one resident had been referred to an external provider and the services were not available. However, the inspectors were informed that the provider is currently addressing this.

Personal planning documentation detailed the needs and support requirements for each resident with a clear focus on maximising the personal development and quality of life for each resident. Enhanced efforts were made to identify individual interests and preferences and to ensure residents had a meaningful day. Various day services were availed of by a number of residents while others chose not to attend day services, instead requesting individualised supports provided from their own homes.

The healthcare of each resident was protected and promoted appropriately with regular appointments with identified clinicians and consultants. This included psychology and psychiatry, physiotherapy and occupational therapy, dietary and mental health supports. In addition the skill mix of staff in each house was aligned to the assessed needs, including the health care needs of each resident. The healthcare needs of all residents were very well known to the staff who were spoken with over the course of the inspection.

Residents were appropriately protected through clear and robust safeguarding practices and for the main part the provider was taking responsive actions to ensure that residents were safe in the centre. However, some improvements were required

as the actions outlined in one safeguarding plan had not been fully implemented at the time of the inspection.

Positive behaviour supports plans were in place as required and monitored accordingly. There was a clear focus on reducing and removing restrictions, and a clear rationale was provided for any identified restrictions. Staff were trained in the use of physical restraint, with transport techniques only permitted. However, there was a lack of clarity on the level of physical (transport) hold permitted for use and also in relation to the residents whom it could be used for.

There was evidence to demonstrate that alternative methods to reduce and respond to the anxiety of residents was always used. Additionally, it was noted that the number of physical interventions had reduced significantly. For example, a transport hold was used five times in 2014, twice in 2015, not used in 2016 and once in 2017 (with none to date in 2018). The supporting documentation in relation to the use of the technique in 2017 refers to 'Level 3' being used. However, staff report that only Level 1 or 2 techniques can be used. In addition, all previous use of restraint was supported with a 'physical intervention review document' which was not on record in this case.

There were medication management systems in place for the storage, administration and disposal of medication. Reporting procedures were in place in the event of a medication error occurring in the centre. Medication audits were also completed in the centre on a weekly basis.

There were adequate precautions against the risk of fire in place. This included the provision of fire fighting equipment which had been serviced appropriately. Residents had personal emergency evacuation plans in place and regular fire drills had been completed to ensure a safe evacuation of the centre.

Regulation 10: Communication

All residents were assisted and supported to communicate in accordance with their needs and wishes. This was supported primarily through staff which understood residents communication methods and also through communication passports and efforts to simply planning documentation such as through the use of photographs in personal planning and goal setting. However, residents did not have access to a speech and language therapist in order to enhance their communication skills.

Judgment: Substantially compliant

Regulation 11: Visits

There was a visitors policy in place in the centre and residents could receive visitors in line with their own personal wishes.

Judgment: Compliant

Regulation 12: Personal possessions

There were mechanisms in place to ensure that residents personal possessions were safe and financial records were regularly audited and checked.

Judgment: Compliant

Regulation 17: Premises

The residential centre is homely, maintained to a high standard, accessible and promotes the privacy, dignity and safety of each resident.

Judgment: Compliant

Regulation 18: Food and nutrition

Food provided in the centre was observed to be nutritional and a varied menu plan was in place which considered residents preferences. Residents who required specialised diets had been assessed and staff were knowledgeable around the needs of the residents in this area. Some residents were involved in meal preparation as observed on the day of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were being appropriately supported to transition between houses within the designated centre and also to other designated centres in line with their assessed need.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place in the centre to prevent the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were effective medication management systems in place in the centre including regular audits to ensure best practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual plan which details their needs and outlines the supports required to maximise their personal development and quality of life in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were being responded to in a timely manner and staff were knowledgeable around the supports in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The use of a restrictive practice was not clearly documented in order to guide the practice consistently and ensure it was carried out in line with the requirements of the regulations and in line with best practice.

Judgment: Not compliant

Regulation 8: Protection

Appropriate measures were taken to ensure residents were free from all types of abuse and that their safety and welfare was protected and promoted. However, the actions outlined in one safeguarding plan had not all been implemented at the time of the inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Tonniscoffey House Designated Centre (with Lisdarragh as a unit under this centre) OSV-0002452

Inspection ID: MON-0021034

Date of inspection: 07/06/2018

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The registered provider has made available an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and:</p> <ol style="list-style-type: none"> ensured that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability made each resident and their family aware of the complaints procedure as soon as is practicable after admission ensured the resident has access to advocacy services for the purposes of making a complaint displayed a copy of the complaints procedure in a prominent position in the designated centre <p>The registered provider has ensured that:</p> <ol style="list-style-type: none"> a person who is not involved in the matters that are the subject of complaint is nominated to deal with complaints by or on behalf of residents all complaints are investigated promptly complainants are assisted to understand the complaints procedure the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process any measures required for improvement in response to a complaint are put in place the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint and any action taken on foot of a complaint and whether or not the resident was satisfied <p>The registered provider has nominated a person, other than the person nominated to deal with complaints in paragraph (2)(a), to be available to residents to ensure that:</p>	

- a. all complaints are appropriately responded to
- b. the person nominated to deal with complaints maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied

The registered provider has ensured that any resident who has made a complaint is not adversely affected by reason of the complaint having been made

In response to the area of non-compliance found under this Regulation 34(2) (d): The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.

- 1. Formal correspondence issued to the complainant on 5th July with an invitation to meet and discuss the complaint
- 2. Follow up phone contact made with the complainant on 11th July during which the complainant acknowledged receipt of the letter
- 3. Complainant agreed to submit date for meeting by last week in July
- 4. Meeting will be then be arranged according to complainants wishes

Regulation 10: Communication	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication: The provider has ensured that each adult has access to information provided in a format that is appropriate to their needs. In as much as is practicable, the provider has ensured that all communication supports and assistance have been put in place in line with the regulation 10 and each individuals will and preference.

Through the PCP process and clinical governance forums, the PIC has ensured that all staff are aware and are familiar with the communication supports of each individual in their care.

- All residents have communication Passports
- Picture schedule of activities are available to residents to support communication
- Lamh signs and communication cues are available in the individual residents Person Centered Plan
- Environments are set up in such a way that all forms of communication is supported and respected
- Written communication needs are also available in easy to read formats.
- Each Resident has access to TV, radio, internet and newspapers

In response to the area of non-compliance found under this Regulation 10(3)(b) The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

- Following the opening of a new designated centre in Castleblayney there have been changes to the residents living in this centre
- All individuals living in this centre have been assessed as to their need for assistive technology
- Two residents have been assessed as requiring re-referral to the CRC for specialised assessment
- These residents will be rereferred to the CRC for these assessments
- The difficulty in accessing this service has been escalated to the General Manager Disability Services for appropriate action.
- Disability manager and Director of Nursing met with the Principal Speech & Language therapist in Primary care on 11th June to highlight this issue and agree a collaborative plan to overcome this obstacle.
- PIC and Assistant director of Nursing met with Principal S & L Therapist on 15th June to discuss the particular need in the Designated centre
- Form A and Business case for S & L therapist for Disability services submitted for approval to Head of service in CHO 1 in July

Please see section 2 for compliance dates.

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Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The provider has the following measures in place to ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with schedule 5 policies, evidence based practice and are used as therapeutic interventions within a multi - disciplinary approach which is reflective of minimising harm and reducing injury.

- A Multidisciplinary team which includes Psychology,, Behaviour Therapy, Psychiatry, Physiotherapy and Occupational therapy.
- Registered Nurses trained in Intellectual Disability.
- Person Centred Care planning in place for each resident which is subject to a multidisciplinary review annually or should a change in need or circumstances arise.
- A schedule of mandatory staff training which includes Positive Behaviour Support and Safeguarding Awareness training in line with national policy.
- Regulatory notification to HIQA at the end of each quarter.
- A suite of policies and guidelines for staff which include;
 - The Restrictive Practices Policy.
 - Positive Behavioural Support Policy.

- Risk Management Escalation Policy
- Safeguarding Vulnerable Persons at Risk of Abuse.
- Open Disclosure

The person in charge ensures that where a resident's behaviour necessitates intervention under this regulation every effort is made to identify and alleviate the cause of the residents behaviour of concern, this includes;

- An individual assessment of need with a corresponding person centred plan which are subject to review.
- Referral to other departments as appropriate such as Psychology, Behaviour Therapy, and the Mental Health team to ensure all alternative measures are considered before a restrictive procedure is used; and the least restrictive procedure, for the shortest duration necessary, is used.
- Residents are provided with information on advocacy services, the Confidential Recipient, the Safeguarding Team, Complaints Officer and HIQA and are supported to access these services if they so choose.
- Staff have up to date knowledge and skills, appropriate to their role, to respond to behaviours of concern and to support residents to manage their behaviour.
- Staff receive training including refresher training in the management of behaviour of concern including de-escalation and intervention techniques.
- Staff training records are monitored and training is maintained within the required time frames.
- Routine audits to ensure compliance with this regulation which includes the audit of ;
 - accidents and incidents,
 - complaints
 - Resident's personal plans
 - Administration of PRN Medication

In response to the area of non-compliance found under this Regulation 7 (4):

The use of a restrictive practice was not clearly documented in order to guide the practice consistently and ensure it was carried out in line with the requirements of the regulations and in line with best practice.

The documentation pertaining to the particular restrictive practice in question has been reviewed and amended to reflect the intervention used. The use of this particular restrictive practice as it applies to one resident has been clarified with all staff. (8-6-18)

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The registered provider has ensured that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection

The registered provider has protected residents from all forms of abuse

Where the person in charge is the subject of an incident, allegation or suspicion of abuse, the registered provider will investigate the matter or nominate a third party who is suitable to investigate the matter

The registered provider has ensured that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with

Person in charge's responsibilities:

The person in charge will initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse

The person in charge has put in place safeguarding measures 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

The person in charge has ensured that all staff have received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse

The person in charge has ensured that where children are resident, staff have received training in relevant government guidance for the protection and welfare of children

In response to the area of non-compliance found under this Regulation 8(3): The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

The PIC has reviewed the incident and the relevant documentation. The documentation pertaining to the particular restrictive practice in question has been reviewed and amended to reflect the intervention used. The use of this particular restrictive practice as it applies to one resident has been clarified with all staff. (8-6-18)

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 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	30 th sep 2018
	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	30 th sep 2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Not Compliant	Orange	8-6-2018

	are applied in accordance with national policy and evidence based practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	8-6-2018