Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Grancore
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	03 September 2019
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0022429

About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individuals need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
03 September 2019	09:30hrs to 18:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents and spoke with one resident who showed the inspector around the accommodation.

Other residents allowed the inspector to observe some of their routines during the day. A resident told the inspector she was happy with the supports she received in the centre. The staff were good to her and she enjoyed her activities. She did express some frustration with other matters not directly connected to the centre. The person in charge was aware of these.The residents were engaged in various activities such as family visits, watching their favourite TV programmes, using their sensory equipment and going out with staff during the day.They appeared to be content and looked well cared for.

The inspector also met and spoke with two of the residents' parents. They expressed their total satisfaction with the care provided, complimented the staff and the commitment to their adult children. They said their admissions to the centre resulted in hugely positive changes for them and they felt very confident and relieved with the care provided. They said there was excellent communication and support from the staff and managers with good consultation and involvement in all decisions.

Capacity and capability

The inspector found that the centre was well managed with good oversight systems in place. There were good reporting structures and clear lines of accountability between the person in charge and the national service manager for the region. These promoted the residents wellbeing and safety.

The person in charge had been appointed in January 2019. She was suitably qualified, experienced and demonstrated good knowledge of the role, the inherent responsibilities and the residents' needs. There was also a suitably qualified and experienced team leader who shares management responsibility for residents' care and supervision of staff. Regular audits of residents care, accidents, incidents and medicine errors were undertaken with remedial actions taken as a result.
Such features are not significant of this service and were managed well. Other effective systems for oversight and quality assurance were the detailed unannounced visits undertaken on behalf of the provider and an annual report for 2018. The outcome of the inspection indicates that the systems are effective and offer a good service to the residents.

The inspector was assured that sufficient resources including staffing, heating,

transport and maintenance systems were in place and well utilised for the residents benefit.

The inspector was satisfied from observation and records available that the numbers and skill-mix of staff were satisfactory to meet the needs of the residents. The residents were assessed as not requiring nursing care at this time. The staff ratios were high and based on the residents needs. There were up to four staff on duty at various times during the day, providing individual care to the residents with two waking staff available at night. The ratios had been maintained, despite the low resident numbers at the time of this inspection, based on the assessed needs of a new admission. This provided sufficient support for the residents' rehabilitative and social plans.

From a sample of personnel files reviewed the inspector found that recruitment practices were safe with all of the required documentation and an Garda Síochána vetting being sourced. Mandatory training including fire safety, safeguarding of vulnerable adults, and the management of challenging behaviours and aggression, medicines management were also up-to-date. A small numeral of relief staff required refresher training in manual handling which was scheduled. In addition to this, all staff participated in training specific to the needs of residents with acquired brain injury, including cognitive and communication difficulties. Staff spoken with were found to be knowledgeable in regard to the residents' needs and support plans. There were a small number of agency staff being used but these were consistent to promote continuity for the residents. The staff group have professional training across a range of different disciplines including social care, and FETAC level five. There were effective and good quality staff supervision systems in place. There were also good systems for ensuring care provision was consistent. Regular staff meetings were held, frequently attended by the clinical behaviour supports specialist. The records reviewed by the inspector indicated that the focus was primarily on ensuring that the residents' needs were understood and being prioritised.

There were no complaints recorded the time of the inspection but the provider had a satisfactory system in place should this occur.

From a review of the accident and incident logs and the notifications forwarded to the Chief Inspector the inspector was satisfied that the person in charge was complying with the requirement to notify the prescribed events which occurred in the centre, with the exception of a number of the restrictive practices used and in place.

All of the required documents for the renewal of the registration of the centre had been forwarded. The statement of purpose required some minor amendments in order to be fully compliant with the regulations. The person in charge agreed to rectify during the inspection. Care practices and admissions were found to be congruent with the statement of purpose.

Registration Regulation 5: Application for registration or renewal of registration

All of the required documents for the renewal of the registration of the centre had been forwarded.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been appointed in January 2019. She was suitably qualified, experienced and demonstrated good knowledge of the role, the inherent responsibility and the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied from observation and records available that the numbers and skill-mix of staff were satisfactory to meet the needs of the residents. The staff ratios were high and based on the residents needs. Recruitment procedures were safe and satisfactory.

Judgment: Compliant

Regulation 16: Training and staff development

There were good quality staff supervision systems in place. Mandatory training including fire safety, safeguarding of vulnerable adults, the management of challenging behaviours and aggression, medicines management were also up-to-date. A small numeral of relief staff required refresher training in manual handling which was scheduled.

Judgment: Substantially compliant

Regulation 21: Records

The records required by the regulations were maintained and satisfactory.

Judgment: Compliant

Regulation 22: Insurance

Evidence of insurance was forwarded as part of the application for the renewal of the registration.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre was well managed with good oversight systems in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions were scheduled following a detailed assessment of need and suitability. Each resident had a detailed contract of care, which outlined the services to be provided and the fees to be paid for these.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required some minor amendments in order to be fully compliant with the regulations. The person in charge agreed to rectify this during the inspection. Care practices and admissions were found to be congruent with the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was complying with the requirement to notify the prescribed events which occurred in the centre with the exception of a number of the restrictive practices used and in place.

Judgment: Substantially compliant

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

There are suitable arrangements in place for the absence of the person in charge and The Chief Inspector has been informed of these.

Judgment: Compliant

Regulation 34: Complaints procedure

Although there were no complaints recorded or being dealt with at the time of the inspection there was a detailed complaints process available to the residents and the residents families were also aware of this.

Judgment: Compliant

Quality and safety

The inspector found that each residents health, personal and social care support needs were fully assessed before admission, and frequently following this. These included physiotherapy, speech and language therapy, occupational therapy and sensory assessments. There were personal plans implemented for each resident. The plans were found to be concise and regularly reviewed with multi-disciplinary input from allied health services as required by the residents' needs for support and rehabilitation with life-skills. There were clear goals identified in personal plans in relation to maximising the potential of residents, according to their individual capacity and injury. Goals included skills building including social skills and small self-care tasks as the residents progressed.

There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents in accordance with their assessed needs.

Preferred activities were identified for each of the residents, and a record of activities kept. Leisure and social activities were facilitated for residents, including outings, and shopping trips, walks and meals out. There was also a range of activities in the house including sensory supports which the inspector saw the residents enjoying.

There were frequent reviews for each resident with an annual multidisciplinary review held which included the relevant clinicians, the resident and in this instance family members. In accordance with the residents' needs, there was an annual review by the national specialist unit in neuro-rehabilitation for the residents.

The inspector was informed that plans to move to more independent living arrangements would be made in a structured manner with identified supports available to manage this. This had occurred prior to the inspection. Where this was not the ultimate aim or possibility however, the residents were assured that the centre was their home and their plans centred on their quality of life.

The inspector found that there was an individualised approach based on each resident's preferences, skills and capacity. For example, a resident simply did not wish to leave the centre under any circumstances. All available resources and interventions had been trialled to achieve this. However, this was ameliorated by a busy and meaningful daily routine within the centre with one-to-one staff support and encouragement.

Each resident had a detailed communication passport compiled and it was apparent that the staff understood and were responding to the residents' non-verbal cues and were familiar with them.

The residents were consulted with on a day-to-day basis.The programs and choice of routines were primarily dictated by the residents own preferences, or agreed rehabilitative plans. The supports required were identified and provided. Their wishes were facilitated while they were encouraged to make good choices.

There was also a high level of consultation with the residents' parent/guardians and this was appropriate for the residents living in the centre at the time of the inspection.

The residents had complex and enduring healthcare needs and these were very well managed and monitored and frequently reviewed. There were directions and protocol in place for the management of epilepsy, diabetes, fluid and nutritional intake which staff were familiar with. The inspector found that following a recent diagnosis of serious illness, care decisions were taken in a consultative and fully informed manner. The person in charge was making plans for the additional supports which may be required including palliative care.

There were systems to ensure that if residents required admission or transfer to other services detailed information was available and staff was also available to support the residents. There was a pre-agreed pathway with the local acute services service regarding possible admissions or appointments as the residents would

requires ease of access.

There was an agreed contract which detailed the services and the fees to be paid for the service and signed on behalf of the residents. Residents who were the subject of subject of legal orders were supported in accordance with these. All of the residents at the time of the inspection were assessed as requiring full support with their finances. All transactions were managed carefully and documented.

There were systems in place to protect the residents from abuse and staff and the manger were aware of their responsibilities. There were also good procedural guidelines for the provision of personal and intimate care to the residents which provided details of gender preferences and the number of staff to be involved. The inspector was informed that no concerns or allegations of this nature had been raised.

There was a policy on the management of behaviour that is challenging and the use of restrictive procedures. Taking account of the specific needs of the residents there was very good support from and access to clinical behaviour specialists. The underlying causes and meaning of the behaviours for the residents were carefully assessed. These helped to ensure that the residents were supported in the most helpful manner.

However, the use of restrictive practices required improvements. There were several restrictive practices in place in the centre and not all had been identified clearly as restrictions. This prevented accurate assessment and review of the practices and the impact. The stair gate identified at the previous inspection had been reviewed by the occupational therapist and remained in use. An additional alarm was installed to ensure staff were aware that the resident wished to come down stairs as support was needed. Where PRN (administer as required) medicines were used for the management of behaviours that challenged this was carefully reviewed by the prescriber.

However, other systems were not clearly identified or recorded these included as all-in-one suits and on occasions covert medicines.The medicine was prescribed for use in this manner if necessary. It was of concern however, that there was a lack of clarity among the staff as to why or when these were to be used.There was no record maintained of the occasions when the medicines were administered covertly. This did not promote safe and transparent use of the restrictions. Consent for the use of restrictions was sought from relatives which is contrary to the providers own policy, although these was discussed on occasions with the individual residents and efforts were seen to made to support the residents to understand the need for the medicine.

Overall, residents were protected by systems in place to manage risk with detailed risk assessments and management plans implemented for the residents. These covered areas such as medical needs, physical and behavioural limitations, falls risks, activities of daily living and psychosocial risks. Strategies were implemented to address these. Incidents were fully reviewed so that there was evidence of learning from incidents when they occurred. However, there were some matters which had

not been assessed for risk or identified as such, for example, the stove is lit in the sitting room, and very homely, but no assessment or management plan had been implemented for its use.

The actions required relating to fire safety at the previous inspection had been addressed with the installation of a suitable integrated fire alarm system and evacuation drills simulating the night time staffing levels. The fire safety management equipment was found to be serviced as required. Residents are not accommodated on the third floor, which, although protected by the fire detection systems it does not have an external means of exit.

However, the inspector found that there were a number of rooms including bedrooms on the ground and second floor which were not protected by fire containment systems. Corridors were contained, but this may not provide sufficient protection for the residents.

The emergency plan was satisfactory and included the arrangements for the interim accommodation of the residents should this be required.

From observation the inspector found that the premises was fit for purpose and met the needs of the residents currently. The accommodation is spacious and the residents have ample private and communal space, suitable facilities for cooking and the bathrooms are suitable for use by the residents. The residents' bedrooms are large with ample space for personal belongings. There are ramps to the entrance and the ground floor is wide enough to accommodate wheelchairs if necessary. The provider ensures that residents who reside on the first floor are able to do so safely. Additional handrails were installed to support a newly admitted resident. There is suitable heating, lighting and ventilation available. An accessible garden is available to the rear. The house is domestic in style and furnished accordingly.

The inspector found that medicines management practices were safe and monitored overall. However, on the day of the inspection one residents blister pack of medicine did not contain the residents name on the dispensing container which could present a risk to this or other residents. This was rectified. The suitability of the overall storage area for medicines ,while safe, did not support ease of administration.This was discussed at the feedback meeting and the person in charge agreed to review this.

Regulation 10: Communication

Each resident had a detailed communication passport compiled and it was apparent that the staff understood and were responding to the residents' non-verbal cues and were familiar with them.

Judgment: Compliant

Regulation 11: Visits

There was ample space for the residents to have visits in private as they wished and the inspector observed that visitors were welcomed by staff. Family members confirmed this.

Judgment: Compliant

Regulation 12: Personal possessions

The residents had ample storage space for their preferred personal possessions.

Judgment: Compliant

Regulation 13: General welfare and development

In line with the statement of purpose the aim of the centre is to support the residents to regain skills for living in a community setting according to their own preferences and abilities. Where it is an option, independent living arrangements would be made in a structured manner with identified supports available to manage this. This had occurred prior to the inspection. Day services were available within the organisation where they had the opportunity for training if they wished to attend. Where this was not the ultimate aim or possibility however, the residents were assured that the centre was their home and their plans centred on their quality of life for day-to-day activities and undertaking life skill tasks.

Judgment: Compliant

Regulation 17: Premises

From observation the inspector found that the premises was fit for purpose and met the needs of the residents. The accommodation is spacious and the residents have ample private and communal space, suitable facilities for cooking and the bathrooms are suitable for use by the residents. The residents' bedrooms are large with ample space for personal belongings. There are ramps to the entrance and the ground

floor is wide enough to accommodate wheelchairs if necessary.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents had various dietary requirements due to their health needs and these were being supported and managed well by the staff.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were systems to ensure that if residents required admission or transfer to other services detailed information was available and staff were also available to support the residents. There was a pre-agreed pathway with the local acute services service regarding possible admissions or appointments as the residents would requires ease of access.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, residents were protected by systems in place to manage risk with detailed risk assessment and management plans implemented for the residents. These covered areas such as medical needs, physical and behavioural limitations, falls risks, activities of daily living and psychosocial risks. Strategies were implemented to address these. Incidents were fully reviewed so that there was evidence of learning from incidents when they occurred. However, there were some matters which had not been assessed for risk such as the stove in the sitting room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The actions requires relating to fire safety at the previous inspection had been addressed with the installation of a suitable integrated suitable fire alarm system

and evacuation drills simulating the night time staffing levels.

There were a number of rooms including bedrooms on the ground and second floor which were not protected by fire containment systems. Corridors were contained, but this may not provide sufficient protection for the residents in the bedrooms.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that medicines management practices were safe and monitored overall. However, on the day of the inspection one residents blister pack of medicine did not contain the residents name on the dispensing container which could present a risk to this or other residents. The overall storage area for medicines was discussed at the feedback meeting and the person in charge agreed to review this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector found that each residents health, personal and social care support needs were fully assessed before admission, and frequently following this.There were personal plans implemented for each resident.The plans were found to be concise and regularly reviewed with multi-disciplinary input from allied health services as required by the residents' needs for support and rehabilitation with life-skills. There were frequent reviews for each resident with an annual multidisciplinary review held which included the relevant clinicians, the resident and, in this instance family members. Leisure and social activities were supported for the residents, including outings, and shopping trips, walks and meals out. There was also a range of activities in the house including sensory supports which the inspector saw the residents enjoying. Where they wished they attended a specialised day service.

Judgment: Compliant

Regulation 6: Health care

The residents had complex and enduring healthcare needs and these were very well managed and monitored and frequently reviewed. There were directions and protocol in place for the management of epilepsy, diabetes, fluid and nutritional intake which staff were familiar with.

Judgment: Compliant

Regulation 7: Positive behavioural support

In accordance with the specific needs of the residents there was very good support from, and access, to clinical behaviour specialists. The underlying causes and meaning of the behaviours for the residents were carefully assessed.

However, here were several restrictive practices in place in the centre and not all had been identified clearly as restrictions. This prevented accurate assessment and review of the practices and the impact on the residents. For example, on occasions covert medicines were administered. The medicine was prescribed for use in this manner, if necessary. It was of concern that there was a lack of clarity among the staff as to when these were used. There was no record maintained of the occasions when the medicines were administered covertly.This did not promote safe practice in regards to this although it was discussed with the individual residents.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to protect the residents from abuse and staff and the manger were aware of their responsibilities. There were also good procedural guidelines for the provision of personal and intimate care to the residents which provided details of gender preferences and the number of staff to be involved

Judgment: Compliant

Regulation 9: Residents' rights

The residents were consulted with on a day-to-day basis.The programs and choice of routines were primarily dictated by the residents own preferences, or agreed rehabilitative plans. The supports required were identified and provided.Their wishes

were facilitated while they were encouraged to make good choices.

There was also a high level of consultation with the residents' parent/guardians and this was appropriate for the residents living in the centre at the time of the inspection.

Judgment: 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
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	Substantially compliant
Regulation 21: Records	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	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 28: Fire precautions	Not 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	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grancore OSV-0001520

Inspection ID: MON-0022429

Date of inspection: 03/09/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Staff due for Manual Handling Training have been enrolled on the next training course due on 12/11/19	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Submission of restrictive practice completed on 02/10/19.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • A risk assessment for use of the stove in the living room was completed on 13/09/19 • Full review of risk register to be completed by 31/10/19	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Chief Fire Officer has been contacted to arrange an inspection of the premises to asses compliance with current fire safety regulations. This will be carried out by 08/11/19.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Name and photograph of resident was placed back on the blisterpack on the day of inspection.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: ABI Ireland will ensure external medical and psychiatric documentation governing such decisions are in place and on file for relevant service users. The completion of internal Restrictive Practice Policy documentation and review will also be maintained on file and reviewed on an ongoing basis. ABI Ireland will ensure data is collated within the service by the staff team, led by a Behaviour Support Specialist, and from Incident Reporting documentation, and reviewed by both medical and psychiatric health care professionals. Written external rationale will be requested and stored on the relevant service user files, as well as reviewed on an ongoing basis. ABI Ireland will ensure the use of such medication is governed by an individualised protocol for all staff to follow for each relevant service user, to ensure that all staff are clear and consistent on when covert medication should be administered. It is to be documented in service each time the medication is administered covertly, recorded as a restrictive practice, as well as being notified to HIQA in line with other restrictive	

practices.

A meeting with the resident, keyworker and manager will be scheduled to ensure their right to choice and consultation is supported as part of this process, and reviewed on an ongoing basis.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/11/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	08/11/2019

	extinguishing fires.			
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.	Substantially Compliant	Yellow	04/10/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	02/10/2019
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	Not Compliant	Orange	18/10/2019

	evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Yellow	17/10/2019