



## Office of the Chief Inspector

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

Name of designated centre:	Knocklofty Residential
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 August 2019
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0022543

## About the designated centre

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

Knocklofty Residential is a full-time residential service located in Co. Tipperary. The centre can offer a service to eleven adults over the age of eighteen years with an intellectual disability and dual diagnosis. Currently ten residents reside within the centre. The service is operated on a 24 hour 7 day a week basis ensuring residents are supported by a care staff team in line with their individual assessed needs. Supports provided to residents are regularly reviewed and reflected within the individualised personal plans with an emphasis on promotion of independence and participation in meaningful activities. The premises consists of one bungalow with an adjoining annex, a large two storey home and two supported living apartments which provides residents with a homely safe environment. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
20 August 2019	08:30hrs to 17:30hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with and speak with seven residents during the day. On return from work the inspector spent time in one house with a number of residents having a cup of coffee. There was great excitement following a GAA match at the weekend. The residents spoke of their enjoyment of going to the pub and watching the match, getting something to eat at half time and one resident winning the raffle. One individual decided that their goal for next year was to go to the match. Their goal this year was to go skiing in January. They told the inspector that they all sit down once a week and have a chat about the house. They spoke about such things as planning their weekly activities and what dinners they were going to have during the coming week. Residents were observed at this time actively interacting with staff in a jovial yet respectful manner. Residents also engaged positively with each other.

One resident did tell the inspector that while they did like living in the centre, they did find their bedroom a bit small and would like their new bedroom to be organised. This had been agreed a long time ago and it still had not happened. They were aware that this was something that management of the centre was actively looking at but stated it was frustrating having to wait.

One resident in another house was relaxing in the kitchen area having a hot drink. They told the inspector that they were happy in the house. They had gone in to town that day for a cup of coffee with staff and had bought her lottery ticket.

The resident jokingly told the inspectors and staff what she would do with their lottery winnings should they win.

The inspector met with one resident whom spoke of their "love" of the music group Il Divo. They had recently attended a concert with staff and really enjoyed it; they stated that they would definitely be going back for another trip. They were currently organising a trip to Cork for the pantomime at Christmas with a few of their friends from the centre. This individual was supported by staff members to live independently. The individual informed me that whenever they required support from staff there was never a problem and staff.

The inspector did speak with one resident who felt that things might be a bit better if there was more staff around. When this was discussed further with the resident, they did speak of staff supporting them to participate in activities that they wished to such as their weekly supermarket and going out and about. Whilst the inspector was in the resident's apartment, they were observed ringing staff for a bit of help with their tea. Staff came to the apartment immediately to offer support. The resident chatted with the inspector about their recent trip to their family in Dublin.

Eight questionnaires for residents were sent to the inspector prior to the inspection. The feedback received within these was overall positive in nature and reflected

the conversations and interactions had with residents throughout the day of inspection.

## Capacity and capability

Knocklofty Residential services presented as a person centred service which afforded supports to residents in accordance with their assessed needs. These supports were regularly reviewed and adapted as required. Effective organisational management systems were in place, being implemented by members of the allocated governance team. Improvements were required to ensure that within the governance structure, each member of the governance team had a clear understanding of their roles and responsibility within the designated centre.

The registered provider had ensured the allocation of a suitably qualified and experienced person in charge to the centre. This person possessed a clear understanding of their regulatory requirements. For example, the notifications of incidents and the ongoing review of the statement of purpose. The person in charge reported directly to the person participating in management and was supported within their governance role by two whole time equivalent team leaders. Whilst a number of roles had been delegated to the team leaders such as specific staff supervisions, it was, at times unclear what duties were allocated to whom, for example monitoring systems. A directory of residents however had not been established for the designated centre. This was corrected by the person in charge prior to the cessation of the inspection.

The registered provider had ensured the implementation of organisational level monitoring systems such as the annual review of service provision and six monthly unannounced visits to the centre by a delegated person. These reviews were comprehensive and incorporated the views of the service users. However, where an action plan had been developed, this was limited evidence of adherence to the action plans documented. This was also evident within centre level monitoring systems. The person in charge was currently piloting a number of centre level systems such as resident file audits, training audit and health and safety audits. It was also unclear who was responsible for completing which audit and the time frame for the completion. The person in charge explained that this was discussed with the team leaders at regular meetings. However, minutes were not maintained for these meetings, no records were available.

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents. Staff were supported to express their concerns or raise issues through a number of avenues, such as monthly team meetings. Staff were encouraged to participate in well-being sessions such as yoga, and team building exercises were also encouraged. Staff spoken with were cognisant to the support needs of the residents.

All interactions observed were positive and respectful in nature.

The person in charge had ensured that staff were supported and facilitated to attend relevant training including refresher training. Training needs were discussed and highlighted through formal supervisory meetings. Full time staff received for this supervision from an allocated member of the governance team. However, no formal supervision had been implemented for relief staff members since quarter 1 of 2019. Whilst regular agency staff were recently allocated to the centre, they were not incorporated in to the supervision schedule. An actual and planned rota had been developed; however, this was difficult to navigate, with it unclear who was allocated to certain units within the centre.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy staff and residents were provided with guidance on procedures to adhere to should a complaint arise. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. Complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

The registered provider had ensured a clear admission process was in place within the centre, including compatibility and consultation with the current residents. A comprehensive contract of care had been developed which incorporated the service to be provided and any fees to be incurred. Improvements were required to ensure that contracts of care located within resident's files were up to date and reflective of the correct documentation. For one resident the active document did not contain the fees to be incurred.

#### Registration Regulation 5: Application for registration or renewal of registration

Whilst the registered provider had applied for the renewal of registration a number of prescribed information remained outstanding.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person had a clear understanding of their regulatory

responsibility.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents.

Whilst an actual and planned rota was in place and reviewed as required.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff were facilitated and supported to receive required training including refresher training.

Whilst effective systems were in place for the appropriate supervision of permanent staff improvements were required to ensure that this supervision was afforded to staff completing relief and agency roles.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents had not been developed within the centre. This was amended by the person in charge on the day of inspection.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured .

Judgment: Compliant



### Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure within the centre. Improvements were required to ensure the roles and responsibilities of each individual was clear.

Effective measures were in place for the implementation of an annual review of service provision and six monthly unannounced visits to the centre. Internal audit systems were in place. Where actions plans had developed following the implementation of all monitoring systems improvements were required to ensure actions completed were documented.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured a clear admission process was in place for the centre. No emergency or respite admissions was accepted within the centre.

Whilst a contract of care had been developed for the centre to include any fees to be incurred. Improvements were required to ensure that active documents reflected this for all residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had had prepared in writing a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured the notification of all notifiable incidents to the office of the chief inspector within the regulatory required time frame.

Judgment: Compliant

## Regulation 34: Complaints procedure

A complaints policy was in place which provided staff with procedures to adhere to should a complaint arise. There was evidence of adherence to the complaints policy. Residents were facilitated and supported to make a complaint if they choose.

Information relating to the complaints officer was visible within each unit allocated to the centre.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. Enhancements were required to ensure that all policies were updated to reflect best practice at intervals not exceeding 3 years or within the time frame allocated by the provider.

Judgment: Substantially compliant

## Quality and safety

The inspector reviewed the quality and safety of the centre and overall a high level of compliance was evident. Residents were consulted in the day to day operations of the centre through regular resident meetings. Social activities, menu planners and safeguarding are examples of what are discussed at these meetings. Participation in meaningful individualised activities was supported and facilitated by staff members with the planning stage incorporated in monthly keyworkers meetings. The registered provider had ensured each resident was supported and assisted to communicate at all times in accordance with their assessed needs and documented within their personal plan to encourage this consultation and participation in goal planning. One resident utilised email to communicate their queries and weekly planner with the person in charge and their keyworker.

Each area allocated to the centre was designed in accordance with the individual's interests and personal tastes. The premises of the centre presented a clean, tastefully decorated. Residents proudly displayed family photographs and their favourite animals in their personal space. Whilst houses were spacious, the design and layout of one house required improvements to ensure the bedrooms were of suitable size and met the individual assessed needs of all residents. This

area of improvement was actively being addressed by the person in charge as funding was required to complete the building requirements. One resident spoke of push buttons on doors do not always increase their accessibility.

The person in charge had ensured the development of a comprehensive individual personal plan for each resident. These plans incorporated multi-disciplinary recommendations and guidance. A plethora of support needs were addressed and regularly reviewed through the previously mentioned keyworker meetings. However, person centred planning meetings were not occurring yearly to ensure the participation of the resident was ongoing. Where goals have been set evidence of progression of same was limited, and no rationale for non-implementation of goals present. Staff could articulate this rationale but goals were not adapted to reflect the current needs of residents.

The registered provider had ensured that residents had access to facilities for occupation and recreation which they chose. Opportunities for meaningful activities were facilitated in accordance with their unique and individual interests and hobbies. Residents spoke of future goals such as visiting cork for the Christmas pantomime and going skiing in the New Year. Group activities were encouraged within the designated centre, for example a number of residents had attended the local pub on the previous weekend to watch the much anticipated hurling match.

The centre was operated in a manner which promoted the safety of residents. The registered provider had ensured that effective fire safety systems were in place, including containment measures, detecting and extinguishing of fires. Residents and staff are provided with guidance on the safest evacuation procedures with regular evacuation drill occurring to ensure adherence to relevant guidance. Residents spoken with articulated an awareness of these procedures the necessity for additional supports. The evacuation supports required were documented within personal emergency evacuation plans.

An organisational policy with regard to safeguarding vulnerable adults from abuse was in place which guided staff on procedures to keep residents safe. In conjunction to this, staff were facilitated to attend training in the area of safeguarding. Improvements were required to ensure that clear guidance were in place for staff to support residents in a consistent manner where a safeguarding concern was identified. Staff spoken with could articulate measures which had been implemented to support the resident including referral to multi-disciplinary team members for additional supports. However, this was not documented within the personal plan for staff to refer to ensure a consistent approach was utilised and that control measures were in place for all aspects of the individual's life not just within the centre.

This guidance was required to incorporate the use of restrictive practices to ensure the well-being of residents. Whilst a restrictive free environment was promoted, the use of restrictive practices were not always recognised as such. For example, the use of content controls software. This required review to ensure that practices in place were the least restrictive in nature and utilised for the shortest period

necessary. It also required review to ensure that this software was not impacting in on all residents whom utilised the same computer.

The registered provider had ensured a risk management policy was in place incorporating the regulatory required information. The registered provider had ensured that effective systems were in place for the assessment, management and ongoing review of risk. An environmental risk register was in place which incorporated a plethora of identified risks including fire, lone workers and traffic accidents. These risk assessments incorporated existing controls in place to reduce the likelihood and impact of the risk. This process was also incorporated in to individualised personal risk assessments such as epilepsy, mental health and social activities.

### Regulation 10: Communication

The registered provider had ensured each resident was supported and assisted to communicate at all times, in accordance with their assessed needs and documented within their personal plan.

Residents were provided with access to appropriate media such as television and Internet.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had ensured that residents had access to facilities for occupation and recreation which they chose. Opportunities for meaningful activities were facilitated in accordance with their unique and individual interests and hobbies.

Judgment: Compliant

### Regulation 17: Premises

Each was area allocated to the centre was designed in accordance with the individuals interests and personal tastes. The premises of the centre presented a clean, tastefully decorated.

The design and layout of one unit required improvements to ensure the bedrooms were of suitable size and met the individual assessed needs of all residents. This was actively being addressed by the organisation at the time of inspection.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect of the designated centre and ensured a copy was provided to each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured a risk management policy was in place incorporating the regulatory required information.

The registered provider had ensured that effective systems were in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place, including containment measures, detecting and extinguishing of fires.

Residents and staff were provided with guidance on the safest evacuation procedures with regular evacuation drill occurring to ensure adherence to relevant guidance

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Suitable practices are in place relating to the ordering, receipt, prescribing, storing,

disposal and administration of medicinal products.

Residents are supported and facilitated to to administer and store medications in accordance with assessed needs.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of a comprehensive individual personal plan for each resident these plans incorporated multi disciplinary recommendations and guidance. a plethora of support needs were addressed and regularly reviewed

However, person centred planning meetings were not occurring yearly. Where goals have been set evidence of progression of same was limited, and no rationale for non implementation of goals present.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Whilst a restrictive free environment was promoted, the use of restrictive practices were not always recognised as such and required review to ensure that practices in place were the least restrictive in nature and utilised for the shortest period necessary. Also, improvement was required to ensure that staff were aware of what a restrictive practice entailed.

The person in charge had ensured that staff have up to date knowledge and information to respond to behaviours that is challenging and to support residents to manage their behaviours.

Judgment: Substantially compliant

### Regulation 8: Protection

An organisational policy was in place which guided staff on procedures to keep residents staff. In conjunction to this staff were facilitated to attend training in the area of safeguarding. Improvements were required to ensure that clear guidance was in place for staff to support residents in a consistent manner where an

identified safeguarding concern was identified to ensure the safety of all residents.

Intimate care needs of residents were clearly laid out within individualised personal plan as required.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The registered provider had ensured the centre was operated in a manner which was respectful of the residents. Residents were consulted in the day to day operations of the centre

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Knocklofty Residential OSV-0003637

Inspection ID: MON-0022543

Date of inspection: 20/08/2019

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• All outstanding information has been forwarded to the HIQA Registration Offices.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Agency Staff have been added to the supervision schedule for the service. Relief staff supervision schedule has been reviewed and updated to ensure all supervisions are carried out in accordance with Organisation Policy and statutory regulations. 2020 supervision schedule developed with planned dates for all supervisions, individual management team member's responsibility for supervision reviewed and updated to ensure standard is achieved This was completed by 02/09/2019.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A review of the visual format of the current rosters for the service has been completed. This review has resulted in a new template being developed which sets out a more accessible roster which clearly shows the roles and responsibilities of all staff on duty on each day of the week. This roster will be discussed at next team meeting on 16/10/2019 with a view to piloting it for the remainder of 2019 with a review date to be set for Jan 2020 or sooner if required.</li> <li>• Internal auditing tools which were in the pilot stage have now been reviewed with Team Leaders and a schedule developed for qtr. 4 2019 and each quarter for 2020. This schedule clearly defines the roles and responsibilities of the management team within the service. The schedule clearly sets out the agreed timeframe for completion of internal audits. These audit tools include measures to ensure that all action arising from the provider's six monthly unannounced visits are completed. Action arising from the provider's six monthly unannounced visits will now be uploaded to Organisation's new online action tracking system.</li> <li>• Planned monthly Team Leader and PIC meetings have been scheduled for the remainder of 2019 with the first meeting taking place on 04/09/2019 and the next meeting scheduled for 02/10/2019. Minutes for meetings are record in a designated folder.</li> </ul>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Documentation viewed on the day was recorded on the incorrect version of the organisations contract of care template and did not reflect the charges associated with the service being provided to one resident. The correct template has now been completed with the resident and a copy is available on file. This was completed by 21/08/2019.</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

- All Schedule 5 policies that are overdue a review are currently being actively reviewed and will be disseminated to each designated centre by 31/10/2019.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Any outstanding Annual Reviews have or will be completed by 31.12.2019. A schedule is in place for the completion of these reviews. Going forward the service provider will ensure that reviews are completed on an annual basis.
- Actions completed but not recorded in individual resident's personal plans have been updated and there is documented evidence to reflect these changes.

Where there was limited information in relation to the progression of goal planning for one resident this has been updated with staff knowledge around the matter increased through discussion at team meeting on 04/09/2019.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- A review of the supports in place for one resident has taken place, the practice in place with regard to content control software has been removed following discussion with relevant Multi-Disciplinary team members.

Restrictive Practice continues to be a standing agenda item on all team meeting to ensure all staff are knowledgeable in relation to restrictive practice.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- Review of all support areas and identification of risk areas was completed in day, residential and family home environment to ensure that clear guidance is in place for

staff to support residents in a consistent manner. This was completed on 28/08/2019 & 30/08/2019.

- Training both on a group and one to one basis has been provided for residents in the area of Internet Safety. Completed 17.09.2019
- SCAT Screening meeting held 17.09.2019 with HSE appointed psychologist, further assessment recommended. Currently awaiting appointment for same, private assessment being sought due to waiting list length. Relevant family and staff members have been informed of increased support needs. Risk assessment in place and reflected of needs and specific control measures in place. Ongoing review of situation with relevant multi-disciplinary professionals.

## 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	27/08/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	02/09/2019

	are appropriately supervised.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	16/10/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/09/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	16/09/2019

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	21/08/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/10/2019
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be	Substantially Compliant	Yellow	31/12/2019



	multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/09/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	31/10/2019

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	17/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	17/09/2019