

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Teresa's Services
Centre ID:	OSV-0004064
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 08 September 2017 10:00 To: 08 September 2017 18:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This centre is registered to provide respite services for up to six children under the age of eighteen years of age, with the exception of young people completing their final year of secondary level education. This inspection was conducted following the provider submitting an application to vary the conditions of registration of this centre. The provider requested that the conditions of registration be changed to allow one adult finished their secondary education to continue to live in the centre until the age of 19 years old.

The provider had transitional plans in place to discharge the adult resident once they finished full-time second level education in September this year; however, the scheduled discharge of this adult resident did not occur as expected, due to a lack of approved funding to allow them to move to an adult residential placement. This has resulted in the centre breaching its current conditions of registration.

The inspector also reviewed the actions issued from the previous inspection completed on the on the 8 June 2016. On that occasion 11 outcomes were inspected and the findings of that inspection were very positive with 10 of the outcomes found to be either compliant or substantially compliant; however, one outcome -

admissions and discharges, was moderately non-compliant. All of the actions have been rectified and are now complete.

How we gathered our evidence:

As part of the inspection, the inspector met with two of the residents staying in the centre. Although these residents were unable to tell the inspector about their views of the service, the inspector observed that they appeared comfortable in the centre and warm interactions between the children and staff caring for them.

The inspector interviewed the person in charge, the assistant director of service and two care staff. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The centre could accommodate up to six children per night, but on the day of inspection there were two children present. The person in charge told the inspector that they never admitted more than three children at any one time in the centre, due to the individual care needs of the children.

The centre provided full-time residential care for one young adult and a respite care service to ten other children with a moderate to severe intellectual disability. Some of these children had additional mobility needs which were accommodated in the centre.

The centre was located in a rural setting, but close to a town in the west of Ireland. It comprised of a bungalow set on its own grounds. There was a large garden and play area for the children to use.

Overall Judgement of our findings:

Overall, the inspector found that children received a good quality respite service and the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. However, there were some areas that need improvement including fire safety management, compliance with the conditions of registration and the suitability of the person in charge to be able to have full oversight of two designated centres.

Prior to the inspection, fire safety evacuation was identified as an issue in this centre as fire drills showed that it had taken up to seven minutes to evacuate residents from the premises. The person in charge had taken action to ensure residents could be evacuated safely from the centre by putting additional staffing on duty at night and by ordering double doors to be installed in a wheelchair accessible bedroom to aid evacuation of the centre. However, the inspector found that the evacuation procedure, which included the practice of hoisting residents into their wheelchairs to evacuate the centre the event of a fire, was a risk. The area manager agreed to

commission a fire safety expert following this inspection to discuss their evacuation procedures and to ensure that there were appropriate fire evacuation practices in place in the centre.

This service was specifically a child respite service. However, the inspector was told by the manager that they were providing a full-time crisis residential placement for a young person who had now reached the age of 18 and who had finished their last year of second level education. This was outside their conditions of registration and the centre's statement of purpose, but due to a lack of financial commitment to provide a full-time adult residential service for this individual, they could not be discharged from the centre.

A new person in charge has been appointed in this centre since the last inspection and a fitness interview was complete on the day of inspection. They demonstrated a good knowledge of the residents and competence during the inspection. However, during the interview, the inspector was told that the person in charge was also responsible for managing another centre in Galway city approximately 60km away. The inspector found that the geographical distance between both centres meant that the person in charge did not and could not have an active presence and oversight of both centres. The person in charge agreed and has since advised the inspector that they will resign from being the person in charge of this centre once a new person in charge is appointed in the coming weeks.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The inspector reviewed the practices and procedures in place for admissions and discharges in the centre and found that the provider was in breach of the conditions of registration due to extending services to an 18 year old adult that had finished their secondary education. The inspector also reviewed the actions from the last inspection and found that at that time, each child did not have a written contract of care in place which outlined with the support, care and welfare to be provided to them; however, on this inspection all individuals had service level agreements in place.

This centre specifically provides a respite service for children and their families for ages ranging between the age of 4 to 18 years old. However, in 2013 the provider was required to provide a full-time crisis residential placement for a child. This placement has continued until this year; however, the child has turned 18 years old and has finished their last year of second level education. The provider submitted an application to vary the conditions of their registration to enable the resident to continue to live in the centre while suitable alternative accommodation is found.

The provider told the inspector that they were unable to safely discharge the adult from the centre. The inspector found that while a transition plan was in place to move the adult resident to another service, another service provider would not take the admission without securing funding prior to admission. The inspector found that the individuals health care needs and behavioural needs were significant and required ongoing 1:1 support, which may not be compatible with sharing respite with younger children going forward.

The provider demonstrated to the inspector that they had communicated in writing with the funding body on several occasions of the seriousness of the situation in July 2017, but received no positive response.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Each child's well being and welfare was maintained by a high standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities.

At the time of the last inspection, inspectors found that children's' needs were not appropriately assessed. On this inspection, there was evidence that residents' health, personal and social care needs had been fully assessed. All plans were reviewed in September this year and are reviewed on an annual basis with input from the children's families and multidisciplinary team. There was evidence that progress against personal goals was monitored on each admission and recorded in daily logs. Each child was assigned a key worker or link named staff. These were found to consider the effectiveness of the plan in place.

Children and their families were supported and consulted with, when moving within the service or to a new service. Detailed transition plans were in place for one resident who it was proposed would transition to a new service. There was evidence that the child and their family had been consulted with regarding the planned move.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The health and safety of children and staff were promoted and protected but there were some areas for improvement in terms of fire safety evacuation.

There was a risk management policy and safety statement in place to guide staff to manage risk effectively and efficiently in the centre. This included the documentation and reporting of identified risks, and included a process of escalating the risks through the management system in the organisation. The inspector found there were nine reported accidents and incidents in this centre in 2017 and found that the provider had measures in place to control and manage the risks that had been reported. There was a computer based system used to report all incidents which also recorded actions taken.

The inspector reviewed track and trend reports that were produced twice yearly. Overall, there were a low number of incidents reported with the majority relating to minor medication recording issues. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were adequate precautions in place against the risk of fire. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were service and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

Furthermore, the inspector found that there were several means of escape and that all fire exits were unobstructed. However, some recent fire drills showed that it took more than 7 minutes to evacuate the children from the centre. This was found to be due to the practice of hoisting children from their beds onto their wheelchair during the fire drills. As a result of the delay in evacuating the residents, due to the safe moving and handling issues, the person in charge increased the staff support in the centre at night up to two staff on the days these children were in the centre. Furthermore, in order to minimise risk, the person in charge in consultation with person participating in management reviewed respite offers to limit the number of children present with mobility issues each night. The admission procedure now only allows one child with mobility issues into the centre at one time.

In addition, the person in charge told the inspector that they had ordered double doors to be installed to one of the wheelchair accessible bedrooms to allow fast egress from the centre. However, the double doors were not yet installed and the fire procedure continued to include the practice of hoisting children in the event of a fire. As a result of the inspector's requirements, assurances that children could be evacuated safely from the centre and the assistant director of services informed the inspector that they would increase the frequency of the fire drills and commission the services of a fire safety expert to review the evacuation procedures in the centre and report back to the authority on the recommendations of the fire expert.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, the inspector found the use of restrictive practices in place were not identified as restrictive and required review to ensure that residents rights to access areas in the centre and its facilities were available as much as possible to the residents.

The centre had a child protection procedure in place dated January 2015. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff reported that they had attended training in understanding abuse and on Children First, National guidance for the protection and welfare of children, 2011. The picture and contact details for the designated person for the centre, (as per Children First, 2011) were observed in the hallway. There had been no incidents, allegations or suspicions of abuse reported in the previous 12 month period. There were up to date intimate care plans on children's files which provided a good level of detail to guide staff in meeting the intimate care needs of children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a behaviour that challenges policy and practice guideline in place. The inspector found that two children were prescribed physical restraint (if required) as a means of safeguarding children while out walking in the community, as they had a tendency to run out in front of traffic. In addition, these children had behaviour support plans in place and the inspector found that they contained sufficient detail to guide staff and support children in the management of behaviour that challenges.

There was evidence that plans had been reviewed at personal plan review meetings with parents. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques and had attended appropriate training.

The inspector found that one adult living in the centre on a full-time basis had complex behavioural issues and while the staff were familiar with managing the behaviour's in a positive manner, the impact of this persons behaviour's on the younger children had not been appropriately assessed.

On review of the restrictive practices in this centre, the inspector found that their were restrictive practices in place, such as, locking the two kitchen doors when staff were not present. This was an environmentally restrictive practice and not the least restrictive measure available. Although the person in charge had identified the practice as restrictive and had forwarded a referral to the Human rights committee, lesser restrictions had not been considered at the time of inspection and the person in charge had not assessed the impact of locking these doors, on all of the children receiving care in this centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the record of all incidents occurring in the centre and found that the provider had submitted all required notifications to the Authority as required by the regulations. However, the inspector found that all restrictive practices were not notified to the Authority on a quarterly basis. This reporting of restrictive practices was an issue identified on previous inspections, and had been addressed, but had not been maintained.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children's healthcare needs were met in line with their personal plans and assessments.

The inspector reviewed a sample of children's files and found that each child's healthcare needs had been assessed. There was adequate information available on the files reviewed regarding children's health needs and history. An annual health check had been undertaken and was on file for the child on a long term placement in the centre.

Children were provided with varied and nutritious food which suited their routines. There was a nutrition policy in place to support staff. The kitchen was well stocked with a good range of healthy and nutritious options. Children were involved in the choice of all their meals on each respite stay and there was a record of each child's daily dietary intake.

A folder with pictures of meal options was available to help them make choices about their meals. However, access to the kitchen was limited to when staff were present for safety reasons and staff told the inspector that there was a cupboard in the dining room where drinks and snacks were stored when the kitchen door was locked, but when this was checked by the inspector there was no drinks or snacks available in the cupboard.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were protected by the designated centres' policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Individual medication plans were appropriately implemented and

reviewed as part of the individual personal plans. Furthermore, the inspector saw that the person in charge had completed audits of medication practices to ensure safe medication administration practices were in place in the centre.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that all staff members were adhering to appropriate medication management practices. For example, staff were trained in the appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were management systems in place to support and promote the delivery of safe, quality care services. Since the last inspection, the provider had appointed a new management team to this centre, namely a new person in charge, and a new person participating in the management of the centre. Since their appointments the managers had reviewed the quality of care and experience of the residents on an ongoing basis, while the standards of care in the centre was found to be in general compliant with the regulations, the management team had identified that improvements were required in fire safety management, such as fire evacuation procedures. However, the person in charge failed to identify restrictive practices and report the number and frequency of the restrictions to the chief inspector on a quarterly basis.

The centre was managed by a suitably qualified person, who had a social care qualification including a management qualification and had the skilled and experienced required for the post of person in charge. The person in charge was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis and was very responsive in this centre. However, not only were they managing this centre, but they were also responsible for managing another designated centre approximately 60km away. This was identified as an issue during the

inspection as the person in charge confirmed to the inspector that it was difficult to have an active presence in both centres due to the geographical distance between both centres. Following the end of this inspection, the assistant director of services advised the inspector that the person in charge would only be managing one centre and that a new person in charge would be appointed for this centre in the coming weeks.

An annual review of the service was completed as well as the six monthly reviews of the quality and safety of care in the designated centre, and the action identified had been addressed by the person in charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The on-call rota was shared among a number of persons in charge and the service area manager. Staff were made aware of who was on call at any given time.

Judgment:

Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and ensure the safe delivery of services. Inspectors were satisfied that residents were receiving continuity of care.

The inspector found that the staff roster reflected the staff working in the centre and on the day of inspection there was one to one staff working with both a child and an adult who had complex health and behavioural issues. In addition, the inspector saw that there were arrangements in place to support and supervise staff on a regular basis.

Staff had completed mandatory training and had access to education and training according to the needs of residents and in accordance with the provider's policy

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004064
Date of Inspection:	08 September 2017
Date of response:	20 October 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The discharge of a resident had not occurred in line with the residents transition plan.

1. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

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

Discussions have commenced at Senior Management level of the Registered Provider and another service provider and the statutory body with responsibility for funding, regarding resource provision for discharge of a resident to an adult residential placement. The funding agency has advised the other service provider that funding is available for the provision of an adult residential placement. Senior management of the other service provider has informed Ability West that they expect to be in the position to provide a suitable residential placement by June 2018

Proposed Timescale: 09/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Recent fire drills in the centre identified that it took up to seven minutes to evacuate the centre, when some children were hoisted into their wheelchairs as part of the evacuation procedure. This practice did not ensure that all residents would be evacuated swiftly in the event of an emergency.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

2nd staff on duty overnight when children who required hoisting in the event of an evacuation being necessary. Reconfiguration of respite offers to ensure that no more than one child who required hoisting availed of respite on any given night.

External fire safety consultant was employed to undertake a review of evacuation procedures in the service, which took place on September 26th, arising from which Double Doors have been fitted in one of the bedrooms on 18th October which will assist in the prompt evacuation of children in the event of a fire. Children availing of this room can be now be evacuated directly in the event of a fire, with no requirement for hoisting.

Fire drill carried out on 19th October with a significantly reduced timeline.

Further fire drills will take place with all children who will be utilising this room.

PEEPs and CEEP's will be further updated now that double doors are in situ, and all staff made aware of the changes, both at staff meeting and in communication book.

Proposed Timescale: 30/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The suitability and compatibility of an adult sharing accommodation with younger children, who displayed behaviours of concern had not been assessed.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Risk Assessment has been undertaken again assessing the compatibility of an adult sharing accommodation with younger children, who displayed behaviours of concern. This risk assessment has ascertained that up to this time there has not been any negative interaction between residents in this service. Support will be sought from Psychology and behaviour support team in the event of any negative interactions taking place.

Proposed Timescale: 15/09/2017

Theme: Safe Services

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

There were environmental restrictions in place in this centre, in the kitchen and sitting room, but the restraint used, were not applied in accordance with national policy and evidence based practice.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

An environmental review looking at restrictive practices has taken place. Kitchen door is now only locked when cooking taking place and staff have to leave kitchen untended.

Safety locks being put in place on kitchen press doors and refrigerator doors where food is stored, in order to prevent any choking related incidents, as a number of residents are subject to swallow care plans.

A safety cabinet is being constructed for the kitchen to store kettle, toaster and sharp

utensils.

Proposed Timescale: 01/11/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider did not submit a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

5. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

An environmental review looking at restrictive practices has taken place.

All restrictions will be reported on a quarterly basis.

Proposed Timescale: 15/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents did not have alternative access to drinks and snacks in the centre during the times when the kitchen door was locked.

6. Action Required:

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

Residents have alternative access to drinks and snacks in the centre during the times when the kitchen door is locked. As noted earlier the kitchen door is now only locked when staff cooking and kitchen untended.

As a number of residents are subject to swallow care plans, in order to prevent any choking related incidents, alternative access only occurs when those residents who are able to eat and drink independently are present.

Proposed Timescale: 09/09/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management team failed to monitor and evaluate practices and procedures in the centre, such as restrictive practices.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Ongoing provider led audits taking place and action plan follow up.

All restrictive measures will be reported on a quarterly basis.

Ongoing support and supervision meetings held with PIC.

PIC has a team leader in situ to assist in administrative duties in both designated centres under her remit, the registered provider has advertised and will be interviewing candidates for Person in Charge positions.

Once this interview process has been completed, and successful candidates identified, a dedicated PIC for St Teresas will be instated.

Proposed Timescale: 31/12/2017