

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	White Lodge
Centre ID:	OSV-0005591
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Grainne Fogarty
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 19 April 2017 08:45 To: 19 April 2017 17:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the first inspection of this centre by the Health Information and Quality Authority (HIQA) and was carried out to inform the decision to register the centre. The centre was not operational at the time of this inspection.

How we gathered our evidence:

Prior to the inspection the inspector reviewed the documents submitted by the provider with the application for registration of the centre. The inspection was facilitated by the person in charge and the team leader who was the person participating in the management of the service, (the PPIM). The regional manager met with the inspector at the commencement of the inspection and also attended the verbal feedback on the inspection findings.

The inspector met with four of the five residents for whom this house had been sourced; staff brought residents to the house from their current designated centre to meet with the inspector. Some residents were able to express their views of the

house and their proposed move; others expressed their views non-verbally, in the manner in which they relaxed in the house, interacted with staff and responded to the presence of the inspector.

It was evident that some residents were developing a sense of ownership of the house as they invited the inspector to view their bedrooms which had been painted and furnished in line with their expressed choices. The inspector saw that they were relaxed in the house and comfortable with the staff that were to support them once the service was operational. One resident had a good understanding of the role of the inspector and was anxious to know when he could move in to this house.

For some residents, there was evidence that they would require more support to transition successfully to a community model of care; this was a significant life transition for them; staff fully recognised this and were confident that with time, the required support and assurance, and respect for resident choices, that the transition process would have positive outcomes for residents.

Description of the service:

The premises had been refurbished and redecorated to a high standard. The provider planned to provide residential services to five male residents who had similar and compatible requirements.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service to be provided was as described in that document.

Overall judgment of our findings:

Overall the inspector was satisfied that the provider and staff were committed to providing residents with a home that was suited to their needs and preferences. A significant amount of work had been completed to ensure that there were no obstacles to a decision to register the centre.

While the centre was not operational, there was evidence of compliance where this was possible to evidence. The inspector was satisfied that there was a management team, systems, policies and procedures that should ensure positive outcomes for residents and regulatory compliance once the centre was operational.

Thirteen regulatory Outcomes were inspected and the provider was judged to be in compliance with ten and in substantial compliance with two. One moderate non-compliance was identified as assurance was required that arrangements were finalised prior to admission to the designated centre that each resident would have access to a general practitioner (GP) of their choice or acceptable to them.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures governing admission to the designated centre; these procedures and the criteria for admission were also included in the document the statement of purpose.

There was an identified group of residents for admission to the centre once it was registered. These residents had a reported established history of living amicably together in another designated centre. Staff said and records seen by the inspector indicated that this group of residents had been selected for admission as they had similar needs and support requirements.

It was evident therefore that admission procedures considered the needs of all residents; the admission policy also referenced the requirement for the assessment of risk to existing residents with each new admission. However, the admission policy seen did not specifically reference the requirement to protect residents from the specific risk of abuse from peers as required by Regulation 24 (1) (b).

A contract for the provision of care, support and services was prepared for distribution and agreement with residents and or their representative. The contract was seen to set out the service to be provided, any applicable fees and services that may be availed of but which were not included in the basic fee, for example, social events or personal items.

Judgment:

Substantially Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

An assessment of each resident's health, personal and social care needs had been completed. Staff knowledge of residents' needs and their required supports were informed by these assessments, by supporting residents and shadowing their care in their current designated centre.

Support plans informed by the assessments and associated risk assessments were in place; these plans were currently utilised by the transition team and were to transfer to the centre with each resident on admission.

The assessment had informed and established the suitability of the designated centre for meeting the needs of the residents.

The person in charge was clear that these support plans would require review and amendment as necessary once the resident's context of care changed.

The transition plan addressed supports to be delivered to support successful transition; these supports included the introduction of the new staff team, resident participation in the preparation of the house, an assessment of daily living skills, the introduction of residents and their families to the house and continued access post discharge to established day services in line with residents' expressed wishes.

Records were seen of pre-discharge meetings between the current provider, the transition team and the incoming staff team.

All staff spoken with articulated a commitment to the identification and delivery of supports that maintained resident well-being and safety but also maximised the potential for resident development in line with their expressed wishes and personal objectives.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The premises was single storey and consisted of the main house and an annexed self-contained apartment. The premises had been refurbished, fitted and redecorated to a high standard. The premises was situated on a spacious private site midway between two busy local towns; transport was to be provided.

While somewhat compact in elements of design and layout, the availability of the apartment mitigated somewhat for this and there was no evidence that the premises was not suited to the current assessed needs of the residents.

The apartment consisted of a bedroom, a bathroom with a floor-level shower, toilet and wash-hand basin, a sitting-room and a fully fitted kitchen with dining area. The apartment could be accessed externally and internally from the main house. It was proposed to accommodate one resident in this apartment.

Four residents were to be accommodated in the main house each of whom would have their own bedroom. Bedrooms were decorated to the residents expressed choices and residents spoken with confirmed this. Three of the bedrooms were compact but met the current needs of the residents; sufficient personal storage space was provided.

There was one main bathroom that was spacious and fitted with a floor-level shower, toilet and wash-hand basin; grab-rails had been fitted.

There was an additional separate toilet with wash-hand basin.

The communal room was accessed from the main hallway and the kitchen, was pleasant and homely in presentation, offered sufficient space and a view of the main roadway that residents were seen to enjoy.

There was a fully fitted kitchen that was appropriately equipped with a separate area for dining; the room was bright and welcoming and offered sufficient space.

The utility area was located in the corridor between the main house and the apartment. Provision was made for storage including secure storage and laundry facilities were in place; there were additional laundry facilities in the apartment.

One room was allocated to staff and functioned as the office and the staff sleepover

room.

Fencing and electronic gates secured the premises from the busy main road. Residents would have access to a secure garden area to the rear of the house; this was not fully complete at the time of inspection but plans were in place for its completion.

The main entrance supported accessibility; it was ramped and a handrail was in place.

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):

This was the centre's first inspection by the Authority.

Findings:

Systems were in place to promote and protect the health and safety of residents, staff and other persons.

The inspector saw up-to-date organisational and local safety statements.

The risk management policy was also current and set out for staff the procedures for the identification of hazards, the assessment and review of risks, and the procedures for the management of accident and incidents. All staff had signed as having read these procedures.

The person in charge had completed a register of risks. The register included the risks as specified in Regulation 26, for example the risk of a resident missing from the centre, and a comprehensive range of centre specific and work-related risk assessments, for example safe access and egress from the centre. Based on the sample of risk assessments reviewed by the inspector, identified controls were relevant to the risks identified and to the centre. Risks and their assessment as they pertained to individual residents were available to staff but the person in charge was clear that these would require review once the centre was operational. There was evidence that staff had a positive, enablement approach to risk, for example a single-cup, self-pouring kettle had been sourced to safely support resident independence.

The inspector saw that the refurbishment of the house had included the completion of fire safety works. The house was fitted with an automated L1 fire detection system, emergency lighting, fire fighting equipment and all internal doors were fire rated doors (clearly labelled as such) fitted with self-closing devices. There was a contract for and

certificates were available for the inspection and testing of fire safety measures to the specified standard most recently in March 2017.

Records seen indicated that all proposed staff had attended fire safety training and a simulated fire evacuation drill on 14 April 2017; these were to be repeated with residents once the centre was operational and at a minimum on a quarterly basis.

There was a centre specific business continuity plan (emergency plan).

The person in charge confirmed that to support good practice, local infection prevention and control personnel had been requested to review the premises and provide advice and recommendations; the report was awaited.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to protect residents from harm and abuse; these included organisational and national safeguarding policies and procedures, designated persons, risk assessments and staff training. The inspector saw that the contact details of relevant persons such as the local designated person, the national safeguarding lead and the confidential recipient were prominently displayed.

Training records indicated that staff had received recent training in safeguarding and in responding to behaviours of concern including de-escalation and intervention techniques; staff spoken with confirmed this.

The completed assessments of residents' needs indicated that residents may at times present with behaviours of concern or risk to themselves or others; existing behaviour support plans were available to staff. The person in charge confirmed that following admission, residents would have continued support as required from mental health services and the recently recruited behaviour support therapist who had already

completed a site visit.

There were policies and procedures standardised across the provider's designated centres for the use of, and the review of any ongoing requirement for restrictive practices. The person in charge said that staff aimed to provide supports and a safe environment without unnecessary restrictions on residents' rights and choices. However, the inspector noted that access and egress was restricted by electronic keypads; their requirement required review in line with the provider's own procedures and guidance published by HIQA on restrictive practices.

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):

This was the centre's first inspection by the Authority.

Findings:

It was evident on speaking with staff that they had knowledge and information of residents' healthcare needs and how these would be supported following admission to the designated centre.

Links were established by staff with a local community based pharmacist, the community general and mental health nursing teams, the infection prevention and control team and diabetic support services.

Records were available to staff of existing healthcare needs, reviews by members of the multidisciplinary team and their recommendations; for example psychology, speech and language and dietetics.

Staff were to prepare residents' meals on a daily basis in line with residents' expressed choices and any specific requirements based on the above recommendations, for example diet of a modified consistency.

However, based on records reviewed and staff spoken with, assurance was required that arrangements were finalised to ensure that each resident post discharge had access to a general practitioner (GP) of their choice, or a GP who was acceptable to them, and that the GP was furnished with the information necessary to ensure that the resident was discharged in a safe manner and in a manner that ensured continuity of information and care.

<p>Judgment: Non Compliant - Moderate</p>

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):
This was the centre’s first inspection by the Authority.

Findings:
There were policies and procedures to guide medicines management practice.

The person in charge confirmed that arrangements had been put in place with a local community pharmacist to supply medicines to residents once the centre was operational; medicines were to be supplied in a compliance aid on a weekly basis.

Secure storage was available as was a secure medicines refrigerator.

All staff had completed training in the administration of medicines including the administration of rescue medicines if required. Records were seen of the assessment of staff competency in medicines management.

The provider had standardised procedures for the ongoing monitoring of the safety of medicines management practice, for example, daily balance reconciliation checks, that were to be implemented once the centre was operational.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose was reviewed and amended based on verbal feedback received from the inspector. The revised document contained all of the information required by Schedule 2 and was an accurate reflection of the services and supports to be provided in the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

Based on these inspection findings the inspector was satisfied that there were appropriate persons appointed and systems in place to ensure ongoing regulatory compliance and the safety and quality of supports and services provided to residents once the centre was operational.

The management team was in place and consisted of the regional manager, the person in charge and the team leader. All reported established and supportive working relationships and were clear on their respective roles and responsibilities.

The person in charge worked full-time and was responsible for two designated centres. Though recently appointed to the role of person in charge, the inspector found the person in charge to have a sound understanding of regulatory requirements and what was required to demonstrate compliance. The person in charge had gained management experience as a team leader and held appropriate qualifications in social care and management and was pursuing further education in management. The person in charge readily answered any queries in relation to regulation, resident's needs and the operational management of the centre.

On a day to day basis the person in charge was supported by the team leader. The team leader had established experience in the provision of community based and residential

services to vulnerable persons (with and without disabilities) and was also suitably qualified in healthcare support and counselling. The person in charge and the team leader had previously worked with each other and described to the inspector how they planned to work in a manner that ensured that one of them was available to residents and staff at all times until the centre was solidly established.

Staff spoken with described the management team as accessible, supportive and focussed on resident well-being and development.

Additional support was available from the regional manager who was the person in charge's direct line manager; they met and spoke as necessary and met formally once a week.

The provider also operated a structured out-of-hours on call support rota, the details of which were available to staff.

The person in charge participated as an auditor in the provider's schedule of announced and unannounced reviews of its designated centres and had direct contact with quality and standards personnel. The person in charge confirmed that these reviews would be undertaken in this designated centre in a timely manner once it was operational.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider was clear on its responsibilities. The provider had notified the Chief Inspector as required of expected absence and had put suitable arrangements in place for the management of the centre in the absence of the person in charge. The person in charge was supported by a team leader in each of the designated centres that she had responsibility for.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

Based on these inspection findings there was evidence that the centre was effectively resourced. The premises had been refurbished to a high standard; required works for resident safety including fire safety upgrading works had been completed. Adequate numbers of suitably qualified staff had been recruited.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

Based on the evidence available, the inspector was satisfied that staffing levels and arrangements were based on the number and assessed needs of the residents identified for admission to the centre. The night-time staffing arrangement was to be one waking and one sleepover staff; generally three staff would be on duty at peak times daily up to 19:00hrs. Two residents were to attend day services off-site on a regular basis Monday to Friday.

The staff team was recruited and in post; this included the person in charge, the team leader and front-line care staff; the inspector met with approximately 50% of the staff team on the day of inspection. Staff were currently working with the residents and shadowing their support and care in their current service. The inspector saw that

residents were relaxed and at ease with staff and that staff spoken with had good knowledge of residents, their needs and required supports.

Staff files were available for the purpose of inspection. The sample reviewed was well presented and contained all of the documents required by Schedule 2.

Staff files also contained evidence of core relevant qualifications in social care, healthcare support and nursing studies. Training records indicated that staff mandatory training requirements in safeguarding, fire safety, manual handling and behaviours that challenged were substantially completed in February and March 2017. Additional training completed by staff included first aid, food safety and planning resident supports. Resident's needs informed the programme of staff training; training for staff on the management of diabetes was scheduled for the 16th May 2017.

The person in charge confirmed that there was a formal process of staff supervision; probationary performance appraisals were seen to have been completed.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

As discussed in the outcomes reported on the inspector was satisfied that the records listed in part 6 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place or would be in place once the centre was operational.

There was documentary evidence that the provider had appropriate insurance in place.

The person in charge had secured a suite of Schedule 5 policies and procedures.

The statement of purpose and residents guide was available and a directory of residents had been established.

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:

Mary Moore
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 RehabCare
Centre ID:	OSV-0005591
Date of Inspection:	19 April 2017
Date of response:	27 April 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 admission policy seen did not specifically reference the requirement to protect residents from the specific risk of abuse from peers as required by Regulation 24 (1) (b).

1. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and

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

practices take account of the need to protect residents from abuse by their peers.

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

The organisation's admission policy is currently being reviewed. The revised version of the policy will specifically reference the requirement to protect residents from the specific risk of abuse from peers in the context of planning and facilitating admissions of new service users.

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Access and egress was restricted by electronic keypads; their requirement required review in line with the provider's own procedures and guidance published by HIQA on restrictive practices.

2. 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:

Restrictive Practice Committee meeting took place on 25/04/2017.

Planned restrictive practice has been implemented with the view to eliminate/ reduce the restriction as soon as is reasonably possible.

Proposed Timescale: 25/04/2017 - Complete

Proposed Timescale: 25/04/2017

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:

Assurance was required that arrangements were finalised to ensure that each resident post discharge had access to a general practitioner (GP) of their choice, or a GP who was acceptable to them, and that the GP was furnished with the information necessary to ensure that the resident was discharged in a safe manner and in a manner that ensured continuity of information and care.

3. Action Required:

Under Regulation 06 (2) (a) you are required to: Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available.

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

Access has been confirmed for each resident to a GP of their choice on discharge from their current residential placement

GP will be furnished with all the necessary information prior to the residents transfer to their care.

Proposed Timescale: 02/05/2017