

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview
Centre ID:	OSV-0003392
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Andrew Mooney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 January 2018 10:30	09 January 2018 18:00
10 January 2018 10:00	10 January 2018 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
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 was a monitoring inspection of a designated Centre operated by Nua Healthcare Services, to inform a registration decision. Four residents lived within the Centre. It was a large, single storey house, on large grounds in a quiet rural setting in County Kildare. Although in a rural setting, the house was easily accessible by car to number of towns.

How we gathered our evidence:

As part of the inspection, the inspector visited the Centre and met with residents and

spoke staff members, members of the management team and the Person in Charge. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Overall judgment of our findings:

Residents received a high standard of care and support. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

There was a high level of compliance found within the Centre, with 17 Outcomes being deemed to be in compliance with the Regulations. Improvement were required within Outcome 8 Safeguarding and Safety, it was deemed to be moderately non-compliant.

These matters are discussed further in the report and in the action plan at the end of the report.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Effective systems were in place for consulting with residents and residents had a say in the running and operation of the centre.

Residents' had weekly "Service Users Forum" meetings and a record of these meetings was maintained. The inspector read a sample of the minutes and found that they were used to consult about routines and menus.

There was a system in place for receiving and responding to complaints. An easy read format for complaints was displayed for the residents on a notice board in the centre. Furthermore, the complaints procedure was outlined with residents individually and the supports they required to utilise the procedure was documented in their personal plans. A review of recent complaints within the centre, found that they were responded to promptly, and the record of the complaint outlined whether the complainant was satisfied with the outcome of the investigation.

An independent advocacy service was available in accordance with the requirements of the Regulations. The name and contact details of an independent advocate were displayed in the centre. All residents were provided with an information folder concerning their rights and how to make complaints and access an advocate.

Residents' religious beliefs were respected and promoted. Personal plans' documented residents' preferences with regard to this area of their lives and residents' were supported as appropriate.

Residents who required support with intimate care had detailed care plans in place to enable staff to support them in a dignified manner. Alternative support plans were also in place to encourage residents to maintain their own privacy and dignity.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents' in the centre were supported to communicate in accordance with their preferences.

Residents' communication needs were assessed and a detailed communication guide had been drawn up for each resident and formed part of their personal plan. There was also access to a speech and language therapist (SALT) as required.

Easy to read versions of documents such as residents' guide and the annual review of quality and care were in place. Some of these documents were available in a communication folder held in each resident's bedroom. Additionally, where residents expressed a desire not to have this folder, easy read documents were available on the communal notice board and by request.

Residents had access to television, radio, social media and internet as required.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships.

Individualised arrangements were in place for each resident to receive visitors. Some choose to meet outside of the designated centre and others met within the centre. Adequate private communal space was available within the centre to support this.

Where appropriate families were informed of residents' wellbeing. From a sample of personal plan reviews, it was clear that in accordance with residents' wishes, families were invited to attend these meetings.

Residents' were supported to maintain links with their wider community, in line with their assessed needs.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Admissions and discharges to the service were timely. Each resident had a written agreement in place, detailing the services to be provided to them and any fees to be charged.

There was a policy on, and procedures in place for admissions, including transfers and discharges. There was one planned discharge scheduled within the centre and this was being managed in line with the policy.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The provider had developed and implemented a systematic approach to the assessment of residents' needs. As a result, the health and social care needs of residents were adequately assessed and supports were in place to meet those needs.

Each resident had a comprehensive assessment of their health and social care needs. If a need was identified, there was a plan in place to identify the supports residents required. On the day of inspection staff were familiar with the supports that residents required.

Personal plans detailed the individual needs and choices of each resident. Personal plans were made available in an accessible format and were fully implemented. They were reviewed annually or sooner, if required. If changes were required to the personal plan following this review, amendments were made.

Residents had access to a range of allied health professionals. If an assessment was required, this occurred within a timely manner and recommendations arising from that review were incorporated into the personal plan and implemented.

Family members were informed and consulted regarding the care and support provided to their loved ones in line with residents wishes.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

There was adequate private and communal accommodation for the residents. Each resident had their own private bedroom and three of the four had their own en-suit. There were also adequate baths, showers and toilets to meet the needs of residents within the centre.

Each room was individualised with the residents' needs and preferences' in mind. There was also suitable storage facilities to meet resident's needs.

The centre was well ventilated, bright and warm throughout the inspection.

There was a kitchen with suitable and sufficient cooking facilities, kitchen equipment and tableware. There was a separate utility room, that provided adequate facilities for residents to lauder their own clothes if they so wished. If residents did not wish to do this, they were supported by staff in line with their personal support plan.

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 residents, visitors and staff was promoted and protected.

The centre had policies and procedures in place for risk management and emergency planning. There was an up to date location specific Health and Safety statement in place.

There were systems in place to identify location based risks and individual risks for residents'. These risks were assessed by the Person in Charge and appropriate control

measures were identified to alleviate the risk. Incidents were documented and reviewed regularly by the Person in Charge. Serious incidents were discussed at multi-disciplinary meetings and learning from these incidents was shared through team meetings.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident. Fire drills were undertaken four times a year and they included night time drills. Clear records of fire drills undertaken and response times were maintained. All staff within the centre received appropriate fire safety training and knew what to do in the event of a fire.

The centre was visibly clean and hand hygiene facilities were available.

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):

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

Findings:

The provider had put systems in place to promote the safeguarding of resident's and protect them from the risk of abuse. However, some improvements were required with the management of environmental restrictions.

There was a policy on the protection of vulnerable adults in place. Staff members spoken with were knowledgeable regarding the contents of this policy. All staff who attended the centre had received training in the protection of vulnerable adults and the person in charge had a system in place to ensure that this training was up to date and provided to all new staff.

Safeguarding plans were in place to negate the risk of abuse and these plans had been agreed with the safeguarding and protection team. Staff spoken with were knowledgeable about these plans and understood how to implement them.

The inspector observed staff interacting with residents in a respectful, warm and caring manner. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours, if they arose. Residents had access to appropriate allied health professionals such as the psychiatrist or members of the behavioural support team in the event that they needed this. The inspector read a sample of positive behaviour support plans, which had been drawn up in order to support a resident. The inspector found that staff were familiar with them and adhered to the recommendations contained within them.

Some environmental restrictions were being monitored and reviewed appropriately. However, there were other restrictive practices in place that were not being monitored in line with the Regulations. For example, a bathroom was locked throughout the day. This was not recognised as a restriction and was therefore not reviewed as such. Additionally, a bed monitor was in place to alert staff if a resident woke during the night. It was unclear if this was the least restrictive option for the shortest duration possible.

Systems were in place to protect residents from financial abuse and to promote the financial independence of the residents. Some residents had their own bank accounts and these were managed by staff on resident's behalf. As residents required assistance with their finances, there was a clear and accountable system for checking transactions. Receipts were maintained and staff members signed where transactions were made on behalf of residents. Audit systems were in place to check that this system was working to protect residents.

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 practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. There was a notification system in place within the centre to ensure all pertinent incidents are drawn to the attention of the person in charge in a timely manner.

To date all relevant incidents had been notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Systems and practices were in place to promote residents' quality of life and this included opportunities for new experiences and social participation.

Residents' choose not to attend day services or education but their interests were supported by the centre.

Residents had a schedule of activities each week with some residents preferring to leave the centre for limited periods only. The inspector saw that arrangements were being put in place to facilitate and encourage meaningful social participation and the steps towards achieving this were set out in the personal plans. A record of each resident's participation in activities was maintained. Regular shopping trips and visits to local restaurants and coffee shops were also important to the residents.

Judgment:

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:

Residents were supported to achieve good health in the centre.

From a sample of plans viewed inspectors found that an assessment of residents' healthcare needs had taken place. Healthcare interventions were in place to guide staff practice and staff spoken with were aware of the residents healthcare needs.

Hospital passports were in place that outlined the residents support needs should they require hospital stay.

Residents had access to a range of allied health professionals to support them which included a psychologist, dietician and occupational therapist. Regular multi-disciplinary meetings were held to review supports in place

Healthcare plans were in place for residents who required modified diets. Speech and language assessments were regularly conducted to inform these plans. Staff were clear about these support needs and this was also observed in practice.

Residents' meals were prepared by staff in the centre. Menus were displayed in pictorial form on the notice board in the dining room and residents were supported weekly meetings to plan meals.

Judgment:

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.

A review of prescription practices, administration records and procedures for the storage of medication, illustrated that medication management practices were in compliance with the Regulations.

Staff had received appropriate medication management training and received clinical assessments prior to administering medication.

Monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions were carried out. A review of medication errors found evidence of good practice, which included thorough follow up by the person in charge. Proactive actions were taken to prevent reoccurrence of medication errors.

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The statement of purpose had been maintained and was up-to-date. It reflected services and facilities provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep the statement of purpose under review.

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:

This inspection found that there was a clear management structure in place which identified the lines of authority and accountability in the centre. There was a full-time Person in Charge in place who was a suitably skilled, qualified and experienced.

Regular staff meetings were held and minutes were kept of these meetings. A sample of agreed actions from the meetings reviewed by the inspectors had been implemented. There were also regular meetings between the person in charge and the regional director.

A monthly supervision process was in place to support staff.

Audits had been conducted in the management of medication, Health and Safety, general administration and residents' files. There had been six monthly unannounced visits on behalf of the Provider as required by the regulations and an annual review. Any identified actions reviewed by the inspector had been implemented. The annual review outlined very high levels of satisfaction from residents and their families.

The Person in Charge was suitably qualified, skilled and experienced. He was knowledgeable regarding the requirements of the regulations and had detailed knowledge of the health and support needs of the residents. The Person in Charge was clear about his roles and responsibilities and provided evidence of continuing professional development.

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):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
There were sufficient resources provided to meet the needs of residents.

On the day of inspection the centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry area.

Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

The person in charge had the authority to authorise additional staff hours as required. The inspector noted that additional night staff had recently been provided in response to the changing needs of one of the residents.

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):
No actions were required from the previous inspection.

Findings:

The number and skill mix of staff was appropriate to the assessed needs of the residents.

There was a planned and actual roster onsite and it clearly identified the staffing arrangements within the centre.

Records were maintained of staff training. These records showed that there was on-going training in a range of areas such as first aid, medication management, behaviours that challenge and food safety. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue. The staff members interacted with residents in an informed, caring and professional manner throughout the inspection.

There were also regular meetings with the staff with regard to the management of the centre. Minutes of these meetings outline operational developments and learning from incidents.

Effective recruitment and vetting procedures were in place. The inspector reviewed a sample of staff files during the inspection and found that appropriate procedures and documentation were in place. No volunteers were attending the centre at the time of inspection.

Staff supervision was conducted monthly and staff described it as a supportive process.

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):

No actions were required from the previous inspection.

Findings:

Records and documentation were securely stored and the required policies were in

place.

The residents guide provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. Staff met with were sufficiently knowledgeable regarding these operational policies. Medical records and other records, relating to residents and staff, were maintained in a secure manner.

The directory of residents was maintained up-to-date.

Evidence of appropriate insurance cover was in place.

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:

Andrew Mooney
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 Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003392
Date of Inspection:	09 January 2018
Date of response:	14 February 2018

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 08: Safeguarding and Safety

Theme: Safe Services

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

Environmental restrictive procedures were not applied in accordance with national policy and evidence based practice.

This is discussed further in the body of the report.

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

1. 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:

1. Under regulation 31(3) (a), The Person in Charge submitted a DCD NF39 Form on 31 January 2018, which documented any occasion on which a restrictive procedure was used in the Designated Centre.
2. All restrictive procedures in the Centre are scheduled for review with the Director of Services and the Person in Charge to ensure all restrictions implemented in the Centre are the least restrictive procedure possible and that the rationale for any restriction is clearly identified, documented, reviewed and monitored effectively. This review will ensure that any restrictive procedures are applied in accordance with national policy and evidence-based practice.
3. A schedule for regular review of restrictive procedures to be developed and implemented to ensure that no restriction remains in place longer than necessary.
4. The Organisations policy on Restrictive Procedures [PL-C-005] and Regulation 07(5) will be discussed and reviewed at the next team meeting on the 16th February 2018, that every effort is made by the Person in Charge and their Care Staff Team to ensure all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.
5. The above points will be reviewed and discussed at the next team meeting on the 16th February 2018.

Proposed Timescale: 19/03/2018