



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

Issued by the Chief Inspector

Name of designated centre:	No 5 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 January 2020
Centre ID:	OSV-0005793
Fieldwork ID:	MON-0026068

About the designated centre

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

The designated centre provides residential supports for a maximum of five individuals aged over 21 years in a small town on the outskirts of Cork City. The service provides supports to individuals with moderate to severe levels of intellectual disability, including those with autism and visual impairment. The house has been decorated and refurbished to meet the needs of the people living there in consultation with multi-disciplinary clinicians and any refurbishing plans are brought to house meetings to hear people's views. The house is spacious offering an open plan living arrangement. Residents are supported at all times by staff members working in the designated centre. Staff supports are provided by social care leaders, social care workers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 January 2020	09:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The residents living in the designated centre had recently moved there, following the reconfiguration of the centre from campus style accommodation. Residents and their families had been afforded the opportunity to visit the residents' new home, before they moved there. Staff spoken with informed inspectors of the positive impact the transition has had for these residents.

On the day of the inspection, the inspector had the opportunity to meet the four residents who lived in the designated centre. One resident no longer attended day service, and this resident was supported by staff during the day. The inspector had the opportunity to meet this resident on the morning of the inspection, and spent some time in their company throughout the inspection. The inspector had the opportunity to meet the other three residents on their return from day service.

On the morning of the inspection, the inspector observed staff members supporting the resident to get ready for the day ahead. It was observed that the telephone rang a number of times on the morning of the inspection, which caused disruption to the provision of personal care to the resident.

Staff members spoken with told the inspector that the resident took some time to get to know individuals before they would interact. The resident appeared happy for the inspector to remain in their personal view, for the majority of the inspection. Interactions between the inspector and the resident were kept to a minimum in line with the resident's preferences. However, the resident was observed to appear relaxed and comfortable at all times. It was evident that the resident knew the staff members working in the designated centre. At the end of the inspection, the resident shook hands with the inspector and gestured goodbye.

The resident was observed participating in a number of activities including shredding and folding laundry. The choice of such activities provided to the resident was discussed with staff members who identified that the resident enjoyed these activities. The resident was observed to be laughing and smiling when using the shredder, and showing staff members the laundry they had folded. Staff members identified that these activities were carried out by the resident in their past, which they appeared to find comfort in participating in.

Staff members spoke at length with the inspector about their attempts to support the resident to engage in more meaningful activities. Staff members told the inspector that in recent years, the resident had a small number of local amenities that they would visit. However, the number of local cafés and restaurants that the resident would now visit had increased significantly. Staff members discussed how they identify new activities and amenities for the resident, and that they bring the resident there on a number of occasions, to become familiar with the location. The resident would then be supported to sit on the bus for a period of time, before they may decide if they would like to go inside or participate in the activity. During the

inspection, the resident was supported to go on an outing, with the support of two staff members. It was evident that staff members supporting the resident were aware of their assessed needs, likes and preferences.

The inspector met the other three residents who lived in the designated centre, on their return from day services. Residents were supported to have a drink and a snack. Staff members facilitated conversation between the residents and the inspector, and these interactions were noted to be respectful in nature. One resident told the inspector that they would be going to a concert in June, which they were looking forward to.

Staff members told the inspector that one of the residents had a box of sensory items that they liked to use. This box contained items such as sensory objects, books and toys that the resident liked. These items were left beside the sofa, where the resident liked to sit. After their drink and snack, the resident was observed using the items in the box and they showed them to the inspector. Staff members told the inspector that on occasions, one of the other residents will bring the box to the resident. It was evident that residents were comfortable in each others presence.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that it was of a good standard. Clear lines of authority and accountability were evident in the designated centre. The registered provider had appointed a person in charge, who held the necessary skills and qualifications to carry out the role. An unannounced six monthly visit had been completed, which identified actions to be completed and the staff responsible to carry them out.

The designated centre was staffed by a social care leader, social care workers, staff nurses and care assistants. Most of the staff members working in the designated centre had worked with the residents in their previous home. Therefore, consistent staffing had been provided to residents at the time of their transition.

Although staffing levels were in line with the designated centre's statement of purpose, it was evident that on a number occasions, a second staff member had not been rostered to support a resident to access the community in line with their weekly schedule of activities. It was noted that the weekly schedule required two staff members on three days each week to facilitate an outing for the resident who did not attend day services. On the day of the inspection, the inspector was informed that the resident would not be going on an outing as one staff had been rostered. However, during the inspection it was noted that a second staff member would be coming in to facilitate the outing. This was not reflected on the roster in the designated centre. The inspector raised this with staff members on duty, who told the inspector that this was a fortnightly schedule. However, alternative activities were not identified in the schedule, to indicate the activities to occur on alternative

weeks, when staff members were not rostered.

Staff members had access to appropriate training, including refresher training, as part of a continuous professional development programme.

An easy read complaints procedure was available to residents which included an appeals process. However, the easy read complaints procedure stated that residents could make a complaint by putting complaints into a complaints box. When discussed with the person in charge, it was noted that there was no complaints box in use in the designated centre. The easy read complaints procedure required review to ensure that residents were aware of the correct methods of raising a complaint in the designated centre. An individual had been appointed as the complaints officer. There were no open complaints in the designated centre, at the time of the inspection.

One resident living in the designated centre was regularly supported by a volunteer. Staff members told the inspector about the positive nature of this relationship, and the impact this had for the resident. The volunteer received regular supervision from the person in charge.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number of staff on duty on a number of occasions was in line with one resident's weekly schedule of activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records of the information and documents in relation to staff specified in Schedule 2 were maintained and available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge had ensured that volunteers in the designated centre received support and supervision.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that the complaints procedure accurately reflected the process used by residents in the designated centre, to make a complaint.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of supports in the designated centre and identified that a number of improvements were required.

The designated centre presented as welcoming, warm, bright and clean. Each resident had their own bedroom which was decorated to meet their individual preferences. The residents' home was spacious and modern. Staff members spoke about their plans to purchase garden furniture in the summer time, so that residents could enjoy their garden area.

The staff office was located in an open plan area, in the kitchen, sitting and dining area of the designated centre. Residents' personal identifiable information was displayed on the walls, notice boards and desk space in the office area. It was evident that this information could easily be viewed, compromising residents' privacy. It was also noted that residents were subjected to night time checks every two hours during the night. When discussed with staff members, the rationale for the night time checks, for all residents, was not evident. The rationale for the night time checks was not documented within the residents' personal plans.

The inspector requested the records of meetings with residents in the designated centre. On the day of the inspection, staff members told the inspector that they did not have residents' meetings, as the residents would not understand these meetings. When asked how residents choose the menus in the designated centre, staff members told the inspector that the staff choose the meals on offer for residents based on their likes and preferences. However, it was identified that staff members used picture references, objects of reference and assistive technology, to support residents to communicate. Staff members identified that they used these methods to support residents to make meal choices in restaurants. It was evident that residents were not supported to make choices regarding their food and nutrition, in the designated centre, in line with their assessed needs and abilities. After the inspection, the person in charge submitted evidence of one residents' meeting in November 2019. It was evident that residents' meetings were not common practice, in line with the designated centres statement of purpose.

Residents in the designated centre participated in a wide variety of activities. Staff members told the inspector that residents enjoyed going to local coffee shops, shopping centres and restaurants. One resident had their own vehicle, which they used with the support of staff members. Before residents moved to the designated centre, staff members supported their transition by visiting local amenities in their new community. As discussed previously, staff members discussed that they bring one resident to new locations on a number of occasions, to become familiar with them. The resident would then be supported to sit on the bus for a period of time, before they may decide if they would like to go inside or participate in the activity. It was evident that residents were being supported to become more involved in their local community. The person in charge told the inspector that they were planning on implementing a programme to support residents to learn new life skills, in line with their needs and abilities. These plans were in the early stages of development at the time of the inspection.

A comprehensive assessment of the health, personal and social care needs of each

resident was carried out to inform their personal plan. Residents had been supported to identify goals, including activities they would like to participate in during the year. One resident identified in April 2019, that they would like to go to a concert and on a holiday. These goals were reviewed every quarter by staff members. However, the most recent review for this resident in December 2019, did not reference the progress on meeting these goals. When discussed with staff members, it was identified that these goals had been put on hold for the resident. The rationale for this was not evident in the quarterly review. It was evident that tickets had been bought to support the resident to go to a concert in June 2020, however plans for a holiday had not yet been discussed.

Residents were provided with access to nursing staff, and allied health professionals, as required. The inspector reviewed communication between staff members, where a nurse on night duty had identified that one resident may be presenting with an infection. An appointment had been made with the resident's general practitioner two days after the symptoms were first identified. The nurse on night duty had requested that staff members on the day shift attempted to obtain a specimen sample from the resident, for testing. However, there was no documented evidence that staff members had attempted to obtain a sample, or check the resident's temperature on the following two days shifts.

Improvements were required in the storage of medicines in the designated centre. The inspector noted during the inspection that the medicines storage press was not locked, and could easily be accessed. This was not in line with the practices for the storage of medicines in the designated centre.

The designated centre was equipped with gloves and aprons, which were used as personal protective equipment for the protection against infection. It was observed that after the provision of personal care, that gloves were not always removed before contact was made with surface and objects in communal areas. This was highlighted to the person in charge during the inspection. The inspector reviewed the designated centre's infection control policy which identified that alcohol hand gels and foot operated pedal bins should be used in the designated centre. These controls were not in place at the time of the inspection.

The registered provider had ensured that effective fire management systems were in place within the designated centre. Emergency lighting and fire doors were in place. Break glass panels were available throughout the centre and the fire extinguishers had been serviced.

Regulation 10: Communication

The registered provider had not ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes. Although alternative methods of communication were in use in the designated centre, it was evident that residents were not supported to communicate their choices regarding their food and nutrition, in the designated centre, in line with

their assessed needs and abilities.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises was clean, warm and suitably decorated.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had not ensured that residents were protected by adopting procedures, consistent with the standards for the prevention and control of healthcare associated infections.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had not ensured that the designated centre had appropriate and suitable practices relating to the storing of medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had not ensured that following a review, residents' goals reflected proposed changes and the rationale for any such proposed changes.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge had not ensured that where medical treatment was recommended, that this was facilitated. There was no evidence that medical treatment recommended by nursing staff, had been implemented on two consecutive day shifts.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that each resident, in accordance with his or her wishes, age and the nature of their disability, had the freedom to exercise choice and control in their daily life. The registered provider had not ensured that each resident's privacy and dignity was respected in relation to their intimate and personal care and personal information.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for No 5 Seaholly OSV-0005793

Inspection ID: MON-0026068

Date of inspection: 30/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge will ensure that the Services staffing procedures are fully implemented in No.5 Seaholly. • On a quarterly basis, the staffing budget is reviewed with the Person in Charge and Financial Manager and appropriate actions are put in place to support each resident in terms of resources. • The person in Charge carries out quarterly staffing audits, this includes staff skills mix audits to ensure that the staff’s skills are adequate to meet the assessed needs of the residents they are providing direct support to. • Where nursing support is identified as required it is provided. • The Person in Charge holds regular meetings with the Social Care Leader to identify any staffing requirements they may have and recruits accordingly. • Copies of the house rosters are held with the Person in Charge and the staffing compliment is in line with the details on the Statement of Purpose. • The person in Charge will arrange for the community activity timetable to be changed from weekly to fortnightly to accord with the staffing scheduling roster. 	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- An easy read complaints procedure is available to residents and stored in an easy read policy folder in each bedroom.
- The service has a Complaints Officer and complaints are dealt within the timeframe outlined in the Services' Complaints Policy.
- A complaints box will be introduced in No.5 Seaholly as detailed on the services complaints, concerns and compliments procedure.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:

- Staff are aware of the individual communication supports required by each person supported.
- The individual communication supports are detailed in the personal plans.
- Visuals, objects of reference, Canaan Barrie signs (on body signs as part of a wider communication approach) and communication apps are in use in No.5 Seaholly.
- A Speech and Language Therapist is engaged to work with the front line team to support increased choice making by residents including meals choices.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Staff members are trained in infection prevention and control measures.
- All staff have been requested to do refresher on-line training on Hand Hygiene and Breaking the Chain of Infection.
- Personal protective equipment is available and used by staff members in the centre. All staff have been reminded of the need to ensure that PPEs are removed on completion of task to avoid possible cross contamination.
- The Person in charge will ensure that the Centre has stocks of alcohol gels etc. in accordance with the infection control policy.
- The Designated Centre has a cleaning roster in place and the environment is kept clean at all times.
- The kitchen bins have been replaced with foot pedal operated waste bins.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The residents in No.5 Seaholly have access to a pharmacist acceptable to the residents. • Medications are stored in a locked press in accordance with policy. The press has a double lock system and the PIC has arranged for staff vigilance in ensuring the lock is operated correctly to be risk assessed. The risk is included on the house risk register and will be kept under review. • A senior staff member is allocated on each shift to hold keys to the medication press. • Any unused medications are returned to the pharmacy. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • A Team meeting was held with the front line staff members, Person in Charge and Social Care Leader on 26.02.20 to discuss goal setting. • A person Centered planning facilitator commenced in post in December 2019. The role includes actively supporting the Social Care Leader and Key workers in setting SMART goals for residents. • The PCP system provides for regular review of the progression of goals and this will include a review of the progression of day service activity. • The Person in Charge has arranged for the progression or otherwise of the goals at the last review to be clarified where necessary. • All residents in the Centre have an individual assessment and personal plan. • The annual multi-disciplinary review meetings ensure there is clinical oversight on the goals set for residents. The meetings are planned for 23.04.2020. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A medical practitioner of the resident's choice is available to all residents. 3 Residents moved to a community GP based near to their new home. 1 resident choose to remain 	

with the doctor that is familiar to them.

- Staff members utilise a communication diary to communicate medical intervention or actions required on the next shift.
- Staff provide a verbal handover at the beginning of each new shift pattern this would include any health concerns, additional medications if antibiotics were prescribed.
- A meeting was held with the Person In Charge and staff team on the 26/02/20 to highlight the importance of documenting actions taken regarding identified health concerns in individual residents daily report books.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The designated Centre is operated in a way that respects the individual rights of the residents living there.
- Choice and control over decisions is encouraged, access to advocacy and participation is also encouraged.
- The personal information displayed in the office area for staff information was removed from view following the inspection.
- The nightly checks were reviewed at a local staff meeting. These checks are now determined by each individual and the rationale is documented to meet the health and support needs of each resident.
- A speech and language therapist is actively involved to support the staff team to offer meal choices to residents.
- Residents meetings have planned dates in for 2020 to support residents to participate more in the running of the Centre at their discretion.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	26/03/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	09/03/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	20/03/2020

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	26/02/2020
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each	Substantially Compliant	Yellow	09/03/2020

	resident's age and the nature of his or her disability.			
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	23/04/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	26/02/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	04/03/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to	Not Compliant	Orange	26/03/2020

	exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	21/02/2020