



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

Name of designated centre:	West County Cork 1
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 & 05 September 2018
Centre ID:	OSV-0003289
Fieldwork ID:	MON-0021754

About the designated centre

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

West County Cork 1, is located in a town and consists of two adjoining 2-storey houses which provide a home for up to 13 residents. The centre is comprised of eight single bedrooms, three twin bedrooms, two living rooms, two kitchens, two conservatories, staff rooms and bathroom facilities. The centre provides 7-day, 52 week a year residential accommodation. Weekend short break are provided to a number of people when a resident goes home for a weekend. The centre caters for adults with an intellectual disability who may have additional multiple and complex needs. The centre is managed by a Clinical Nurse Manger and staff support is provided by care staff.

The following information outlines some additional data on this centre.

Current registration end date:	14/02/2019
Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or 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
04 September 2018	11:15hrs to 19:30hrs	Conor Dennehy	Lead
05 September 2018	08:20hrs to 16:30hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met all twelve residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, six residents spoke to the inspector while other residents were observed in their environments and in their interactions with staff.

Residents spoken to indicated that they liked living in the centre and were happy with the lives they led. Some residents spoke positively of the activities they enjoyed such as to trips to wildlife parks and going swimming. All residents appeared comfortable and relaxed while in the centre. Residents were also seen to engage with staff members present in a positive, respectful and warm manner throughout the inspection.

Ten residents also completed questionnaires, with the assistance of family or friends, describing their views of the centre they lived in. All questionnaires contained positive views regarding the centre, which indicated a high level of satisfaction with aspects of life in the centre such as activities, bedrooms, staff, visitors and meals provided.

Capacity and capability

The provider was making efforts to ensure that the needs of residents were met and that they were provided with a good quality of life. It was noted though that the compliance levels found during this inspection indicated that improvement was required in relation to the remit of the person in charge and the governance structure that was in place in the centre.

The provider had put in place a person in charge, who at the time of this inspection, was responsible for a total of three designated centres spread out over a geographical area. In light of the compliance levels found during this inspection, this arrangement was not suitable to ensure the effective governance, operational management and administration of this designated centre. For example, the person in charge was not based in this centre which limited the opportunities for the supervision of staff. It was also seen that some planned audits of residents' personal plans had not been carried out by the person in charge. Such plans were found to be an area in need of improvement during this inspection.

While the provider had sought to put in place structures to support the person in charge in their role, such as an on call system, in the absence of the person in

charge it was not clear who took responsibility for matters related to the running of the centre. For example, some statutory notifications of adverse incidents were only submitted to HIQA after the person in charge had returned from periods of leave, meaning that such notifications were not submitted within the required time frame.

The remit of the person in charge had been highlighted by the provider's most recent unannounced visit report carried out in April 2018. Such unannounced visit reports are an important management system to review the quality and safety of service provided to residents and this report also highlighted further areas for improvement which were the responsibility of the person in charge such as comprehensive assessments to identify the needs of residents. The findings of this HIQA inspection indicated that such issues identified by the provider had not been satisfactorily addressed.

The issues raised by the remit of the person in charge were compensated for by the staff team which the provider had put in place along with the training provided. Staff members spoken to during the inspection were able to accurately describe the specific needs of the residents and the supports required to provide for these. The inspector also observed staff members engaging with residents in a positive, respectful and warm manner while providing appropriate support if required. This provided assurances that resources had been provided to meet the needs of residents at the time of inspection.

Consistency of staff is important to ensure that relationships are not disrupted and a continuity of care is promoted. Evidence gathered on inspection indicated that the provider had ensured that a consistent staff team was in place. It was acknowledged by the provider that residents' changing needs and the designated centre's weekend respite arrangements did pose a challenge to staffing arrangements in the centre. However, the consistency of staff helped to ensure that staff had a good ongoing knowledge of residents' needs. It was also noted that a recent reduction in resident numbers had eased staffing pressures although the staffing arrangements in place would require ongoing review, given the changing needs of some residents.

The staffing arrangements as seen on inspection were reflected in the designated centre's statement of purpose. The statement of purpose is a key governance document which describes the service to be provided. The inspector was satisfied that the statement of purpose reflected the day-to-day operation of the centre and accurately described the model of care and support provided.

Regulation 14: Persons in charge

At the time of this inspection, the person in charge was responsible for a total of three designated centres. Based on the compliance levels found during this inspection, the provider had not ensured that arrangements were in place to ensure the effective governance, operational management and administration of

this designated centre.
Judgment: Not compliant
Regulation 15: Staffing
<p>A sample of staff files were reviewed which contained all of the required information such as evidence of Garda vetting and two written references. Rosters were also maintained in the centre. A consistency of staffing was provided for in the centre and at the time of this inspection, staffing arrangements were appropriate to meet the needs of residents. However, this situation had been aided by a recent reduction in resident numbers and the staffing arrangements in place would require ongoing review given the changing needs of some residents.</p>
Judgment: Substantially compliant
Regulation 16: Training and staff development
<p>Staff were provided with mandatory training such as fire safety and safeguarding while additional training was also provided in other areas such as manual handling. As the person in charge was not based in the centre, this limited the opportunities for supervision of staff practice.</p>
Judgment: Substantially compliant
Regulation 19: Directory of residents
<p>A directory of residents was in place which contained all of the required information but it was noted that it did not contain information relating to respite residents who used the centre.</p>
Judgment: Substantially compliant
Regulation 23: Governance and management
<p>Given the remit of the person in charge, it was not demonstrated that there was a clear structure in place in the centre, particularly in the absence of the person in charge. Providing such a structure would enable responsibility to be assigned for</p>

matters relating to the running of the centre. The provider had systems in place to monitor the quality and safety of service provided. These included internal audits, annual reviews and unannounced visits. The most recent unannounced visit by the provider was detailed in a written report which included an action plan to address issues identified. It was noted though that such visits had not been taking place at six monthly intervals as required, for example, there had been eight months between the two most recent unannounced visits by the provider.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Since the previous HIQA inspection, contracts for the provision of services, an important document in setting out the service to be provided to residents, had been amended to reflect the respite arrangements in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which described the model of care and support provided. The statement of purpose is a key governance document which describes the service to be provided and was noted to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

It was seen that Garda vetting had been obtained for a recent volunteer who had worked in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

When comparing the centre's accident and incident records against the records of required notification received by HIQA, it was noted that some incidents of an

alleged safeguarding incident had not been notified to HIQA within three working days as required. It was also found that some restrictive practices in the centre had not always been notified at quarterly intervals as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had policies and procedures in place for responding to complaints. A system was in place for recording any complaints raised, any action taken (where appropriate) and the satisfaction levels of the complainant. The procedures for making complaints were on display in an easy-to-read format throughout the centre, while complaints were also discussed at regular residents' meetings.

Judgment: Compliant

Quality and safety

Efforts were being made to provide residents with a good quality of life and residents were seen to be treated in appropriate, respectful manner. Improvement was required in relation to the personal planning processes and safeguarding systems that were in place in this centre.

The designated centre provided for residential and some respite services also. While no respite residents were present during this inspection, the provider had put in place procedures to ensure that the privacy, personal possessions and hygiene needs of all residents were met. Staff were aware of the procedures that were to be followed when respite residents came to centre while a schedule of proposed respite users was also in place.

Residents, who were encouraged by the provider to raise complaints, did not raise any concerns regarding the respite arrangements in the centre during the inspection. Residents were also consulted in relation to the running of the centre through regular house meetings. Evidence was seen on inspection that residents' choice was being facilitated; for example, a request from residents to increase the frequency of residents' meetings was provided for. To ensure residents' dignity was promoted, the designated centre was presented in a homely manner and residents were seen to be treated in a respectful manner by staff during both days of inspection.

In addition, throughout the inspection, staff members spoken to demonstrated a good understanding of residents' needs and the supports that were needed to provide for these. This provided assurance that residents' needs were being met in

the designated centre on a day-to-day basis. However, from reviewing a sample of residents' personal plans, it was not demonstrated that such needs were clearly set out in these plans to provide guidance for staff in meeting identified needs.

All residents are required to have a comprehensive assessment to identify their needs on an annual basis or more often to reflect changes in circumstances. While some assessments had been carried out, these did not capture some needs of residents, which had been described by staff and referenced in some other documents relating to residents. Where needs are identified by such assessments they should be reflected in a personal plan but some assessed needs did not have corresponding plans in place. This posed a risk to residents in the event that staff continuity was not provided for or if there was a change in residents' needs.

The inspector found that systems were in place in relation to risk management in the centre - in line with the provider's policies in this area. An up-to-date centre wide risk register was in place which assessed risk in the centre while a process was in place for escalating risk where required. It was noted though that some risks relating to individual residents had not been reviewed in a timely manner but staff members spoken to were aware of such risks related to residents and the steps to follow to reduce these.

Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers - with such equipment being serviced at the required intervals to ensure that they were in working order. Residents had personal evacuation plans (PEPs) in place which outlined the supports to be provided to residents to assist them in evacuating the centre while fire drills were being carried out. Fire exits were observed to be unobstructed on the day of inspection, while the fire evacuation procedures were also on display in an easy-to-read format.

While efforts were being made to ensure the health and safety of residents was promoted, some improvement was required in relation to the safeguarding systems present in the centre. For example, the inspector identified some instances where measures had not been taken in a timely manner to ensure residents were adequately safeguarded. It was also seen that the process around managing residents' finances required review to ensure that a robust system was in place.

However, it was observed that residents appeared comfortable and relaxed in the presence of staff members during inspection. All staff had been provided with relevant training and demonstrated a good awareness of any safeguarding issues that were present in the centre. Intimate care plans were also in place to guide practice in this area and ensure that residents' dignity and bodily integrity was respected.

Regulation 10: Communication

Staff members present on inspection were observed to be aware of, and engaging

with, the communication needs of residents.
Judgment: Compliant
Regulation 11: Visits
Residents were facilitated to receive visitors and a space was available in the centre for residents to receive visitors in private if they chose to do so.
Judgment: Compliant
Regulation 12: Personal possessions
Residents were supported to maintain control over their personal possessions with storage available. It was noted though that while lists of resident's personal property were maintained and checked regularly, the descriptions of some residents' items required to review to ensure they provided an accurate description of the items and their quantities.
Judgment: Substantially compliant
Regulation 20: Information for residents
A residents' guide was in place which contained all of the required information such as how to access HIQA inspection reports and the arrangements for visits.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had policies and procedures in place relating to risk management which included a process for escalating risks where required. The provider had systems in place for the recording and learning from any adverse incidents, which were discussed during staff meetings and regular staff handovers. A centre wide risk register was in place, which was noted to have been recently reviewed. Risk assessments relating to individual residents were also in place but it was noted that some of these had not been reviewed in over 12 months while some risks, as

described by staff members, did not have a corresponding risk assessment in place.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place which were being serviced at the required intervals by external contractors. Internal staff checks were also taking place. At least two fire drills were being conducted annually while all staff had received relevant training. The fire evacuation procedures were on display in an easy-to-read format throughout the centre, while fire safety was discussed during regular resident meetings.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
A sample of medicine records included all of the required information such as the medicine's name and route of administration. Systems were in place for the ordering, monitoring and disposal of medicines. All staff had been provided with relevant training. Storage facilities were in place in the designated centre but it was noted that the location of one of the medicines cupboards required review, given HIQA guidance in this area. It was also noted that not all residents had been assessed for the self-administration of medicines.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
While some assessments of needs were being carried out, they were comprehensive and some identified needs did not have corresponding plans in place. Such assessments and plans are important to identify the needs of residents and how best to provide for them. It was also noted that residents' personal plans were subject to multidisciplinary review but annual reviews, which involved the participation of the resident and their representatives, were not taking place in a timely manner.
Judgment: Not compliant

Regulation 6: Health care

The healthcare needs of residents were being provided for in the centre. As part of this residents had access to a range of allied health professional and appointments, with such professionals, were facilitated where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members were provided with relevant training in de-escalation and intervention. Staff members spoken to demonstrated a good understanding of how to promote positive behaviour from residents. Some restrictive practices were in place but these had not been fully assessed in line with the provider's own policies in this area and best practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider was making efforts to ensure all residents were protected from abuse. As part of this residents had intimate care plans in place to guide practice in this area. Staff were provided with relevant training and demonstrated a good understanding of any safeguarding issues in the centre. Residents were seen to be comfortable in the presence of staff members during inspection. However, some instances were identified where measures had not been put in place in a prompt manner to ensure the safety of residents. It was also seen that the procedures around residents' finances required review to ensure that a robust system was in place.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were seen to be treated in respectful manner through the inspection. The provider also had measures in place to ensure the privacy of residents in cases where residents shared a bedroom or when respite was taking place in the centre. Regular residents' meetings were taking place where residents could express their views regarding the running of the centre and where information was given to

residents in areas such as complaints, fire safety and activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for West County Cork 1 OSV-0003289

Inspection ID: MON-0021754

Date of inspection: 04 & 05/09/2018

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Registered Provider will be undertaking a review of Governance arrangements across the Organisation . An external person will be engaged to assist in this review. The Person in Charge who has Governance of more than one designated centre ,will be based in the designated centre two days a week to ensure effective governance ,operational management and administration .</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Registered Provider has undertaken a Service Review to ensure the number ,qualification and skill mix of staff is appropriate to the centre's current and future requirements . This review will be submitted to the HSE for approval .</p>	
Regulation 16: Training and staff development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will now be based two days a week in the Designated Centre . This will ensure that staff are supported and supervised in their practices ,and that the Person In Charge has the opportunity to monitor and address staff training requirements for both current and future needs of the residents .</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Information relating to residents availing of respite accommodation is now included in the Directory of Residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will be undertaking a review of Governance Structures within the centre . An external person will be invited to assist in the Review. The Person in Charge will be based in the centre two days a week .Arrangements for clear structure in the absence of the Person in Charge will be put in place by the Provider . The Provider will ensure that a report on the safety ,quality of care and support provided in the centre is produced .</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

All notifications will be submitted within the required timeframe.	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Records of residents' personal possessions are being updated to include a more detailed description and quantity of their belongings.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Individual risk assessments will be reviewed and updated. Additional risks will be assessed and addressed accordingly.</p>	
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> <p>The identified medication cupboard will be located to a more suitable area in the centre (by 31/12/2018).</p> <p>All residents will have had an assessment for self-administration of medications.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Person Centred Planning (PCP) meetings are ongoing with the involvement of residents and their representatives. A schedule will be developed to ensure regular (at least annual) review.</p> <p>Comprehensive health action plans will be developed to address the needs of residents.</p> <p>]</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Risk assessments have been completed for the use of restrictive practices and documentation has been completed in accordance with the providers 'Rights Restriction' policy.</p> <p>Positive Behavior Support (PBS) is available on a referral basis as required. PBS plans and safeguarding plans are currently being developed / updated for residents who require support.</p> <p>]</p>	
<p>Regulation 8: Protection</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Registered Provider will ensure that all incidents, allegations and suspicions of abuse are dealt with in a prompt and timely manner. Procedures around residents' finances have been put in place by the Provider to ensure a robust system is in place.</p> <p>]</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/12/2018
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	28/2/2019

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	28/2/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	9/11/2018
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	18/10/2018
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	9/11/2018
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	6/11/2019

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2018
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	Substantially Compliant	Yellow	31/12/2018

	is stored securely.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/11/2018
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	6/11/2018
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any	Not Compliant	Orange	31/1/2019

	occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/12/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/02/2018
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	31/12/2018

	needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	6/11/2018