



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

Name of designated centre:	The Acres Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	31 October 2018
Centre ID:	OSV-0004810
Fieldwork ID:	MON-0021910

## About the designated centre

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

The designated centre provides a residential service to three residents who have an intellectual disability. The centre is located within walking distance of a small town where public facilities such as shops and public houses are available. Transport is also made available to access their local community. Each resident has their own bedroom and individualised living arrangements are in place for some residents in the centre. Each resident attends a local day service and residents are also supported to develop living skills through an individualised skills building programme which is provided in the centre.

Residents are supported by a combination of social care workers and social care assistants and two staff members are available to support residents at all times of the day and night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

3

## 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
31 October 2018	09:00hrs to 15:30hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector did not meet with any residents on the day of inspection.

## Capacity and capability

The inspector found that residents were provided with a good quality service in this centre and the provider and person in charge had systems in place to ensure that the care which was provided was well governed and monitored.

The provider had employed sufficient staff numbers to support the needs of residents. Residents were supported to attend their local community on a regular basis and they were also supported to engage in skills buildings programmes in their home which helped to promote their independence. The provider had ensured that staff members had received training in areas such as manual handling, safeguarding, fire safety and supporting residents with behaviours of concern. A refresher training programme was also available to ensure that staff members were up-to-date with training needs, at all times.

The person in charge conducted regular support and supervision sessions with each staff member and a schedule of team meetings was also available in which they could discuss the service which was provided to residents.

The provider had systems in place which ensured that the centre was safe and effectively monitored at all times. Provider audits and the completion of the centre's annual review had resulted in continuous improvements to the care provided in the centre, for example the provider is currently reviewing the living arrangements in the centre to ensure that these were consistent with residents' needs. The person in charge also conducted monthly reviews of the lived experience for residents which assisted in identifying any deficits in the care which was provided.

## Regulation 14: Persons in charge

The person in charge had a good understanding of the service which was provided and of residents' individual needs. She was also appropriately qualified and experienced.

Judgment: Compliant

## Regulation 15: Staffing

Residents' received continuity of care from staff members who were familiar to them. The person in charge maintained a staff rota; however, some adjustments were required to the format of this document to ensure that its accuracy was maintained at all times.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were up-to-date with training needs and they also received planned formal support and supervision from the person in charge.

Judgment: Compliant

## Regulation 23: Governance and management

The provider and the person in charge has monitoring systems in place which ensured that the service was safe and effectively monitored at all times. All prescribed audits and reviews had also been completed as required.

Judgment: Compliant

## Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge maintained a record of all notifications which had been submitted to the chief inspector; however, not all restrictive practices had been notified as required. The inspector found that this did not have a negative impact on

the care provided as the person in charge had sufficient oversight of these practices.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider has a complaints procedure in place and there was one active complaint which the provider was in the process of addressing.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the quality and safety of the care which was provided in the centre was maintained to a good standard.

Residents' rights were promoted in the centre and information on how to access advocacy services was clearly displayed. The staff team were conducting regular house meetings as part of a consultation process with residents; however, it was recognised that these meetings were sometimes ineffective and a formal referral had been sent to speech and language services in order to promote better consultation with residents in the service .

There were some restrictive practices in place which had been assessed in terms of risk and also had a clear rationale for these use. These restrictive practices had been reviewed on a regular basis by the staff team and by the provider's rights review committee to ensure that the least restrictive practice possible was implemented. However, there was no evidence that these practices were implemented with the informed consent of the resident or their representative.

Residents attended a local day service and their education, training and employment opportunities were supported and promoted through this service. The staff team in the centre also supported residents' independence through a skills building programme in areas such as cookery, shopping and personal care.

The premises was clean, warm and personal living space was individualised in line with resident's personal tastes. Some residents had extended personal living areas and the provider is currently examining the living arrangements in the centre living to ensure that they are consistent with resident's individual needs.

### Regulation 10: Communication

Each resident had a clear communication plan in place and a recent referral had been made to speech and language services in order to further support residents to participate in the running of the designated centre. The internet, television and newspapers were also available to residents.

Judgment: Compliant

### Regulation 11: Visits

The provider maintained a visitors book and there was ample reception rooms in place for residents to receive visitors in private if they so wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to manage their financial affairs and the person in charge and staff team were conducting regular reviews of all financial transactions, which ensured that residents were safeguarded from financial abuse at all times.

Judgment: Compliant

### Regulation 13: General welfare and development

A skills building programme was in place to support each resident's independence. Formal training, education and employment opportunities was facilitated through each resident's day service.

Judgment: Compliant

### Regulation 17: Premises

The centre appeared homely in nature and some residents have extended personal living space available. The provider is currently reviewing all living arrangements in the centre to ensure that they were consistent with each resident's needs.



Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and external competent persons were sourced to conduct regular servicing of fire equipment. Staff within the centre were conducting regular reviews of fire precautions such as emergency lighting, alarm system, extinguishers and fire doors to ensure that these were in good working order. A review of fire drills also indicated that residents could be evacuated in a prompt manner at all times of the day and night.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to health care facilities within their local community and a comprehensive plan of care had been developed for each resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were promoted in the designated centre and information in regards to accessing advocacy services was also available.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were some positive behavioural support plans in place which were reviewed on a regular basis, which promoted consistency in the delivery of care. There were some restrictive practices in place which were reviewed on a regular basis; however, these practices had not been implemented with the informed consent of the resident or their representative.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for The Acres Residential Service OSV-0004810

Inspection ID: MON-0021910

Date of inspection: 31/10/2018

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The manager has amended the roster to clearly reflect hours worked member by each staff. (19/11/2018)	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The manager will include any locked presses in the next and subsequent quarterly notifications to HIQA. This will be monitored by the provider. (31/1/2019)	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All rights checklist will be reviewed to ensure each restriction is clearly identified. The rationale for its use is set out and discussed with each person's circle of support. The outcome of this will be shared at the circle of support, formally agreed with each person and their family and recorded in minutes. All restrictive practices will be kept under active review and reduced where possible. The date provided is the deadline for completion of all formal meetings with family. (28/2/2019)	

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	19/11/2018
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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/01/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	28/02/2019



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

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Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	31 October 2018
Centre ID:	OSV-0004810
Fieldwork ID:	MON-0021910

## About the designated centre

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

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Residents are supported by a combination of social care workers and social care assistants and two staff members are available to support residents at all times of the day and night.

**The following information outlines some additional data on this centre.**

Current registration end date:	27/01/2021
Number of residents on the date of inspection:	3

## 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:

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### **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
31 October 2018	09:00hrs to 15:30hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector did not meet with any residents on the day of inspection.

## Capacity and capability

The inspector found that residents were provided with a good quality service in this centre and the provider and person in charge had systems in place to ensure that the care which was provided was well governed and monitored.

The provider had employed sufficient staff numbers to support the needs of residents. Residents were supported to attend their local community on a regular basis and they were also supported to engage in skills building programmes in their home which helped to promote their independence. The provider had ensured that staff members had received training in areas such as manual handling, safeguarding, fire safety and supporting residents with behaviours of concern. A refresher training programme was also available to ensure that staff members were up-to-date with training needs, at all times.

The person in charge conducted regular support and supervision sessions with each staff member and a schedule of team meetings was also available in which they could discuss the service which was provided to residents.

The provider had systems in place which ensured that the centre was safe and effectively monitored at all times. Provider audits and the completion of the centre's annual review had resulted in continuous improvements to the care provided in the centre, for example the provider is currently reviewing the living arrangements in the centre to ensure that these were consistent with residents' needs. The person in charge also conducted monthly reviews of the lived experience for residents which assisted in identifying any deficits in the care which was provided.

## Regulation 14: Persons in charge

The person in charge had a good understanding of the service which was provided and of residents' individual needs. She was also appropriately qualified and experienced.

Judgment: Compliant

## Regulation 15: Staffing

Residents' received continuity of care from staff members who were familiar to them. The person in charge maintained a staff rota; however, some adjustments were required to the format of this document to ensure that its accuracy was maintained at all times.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were up-to-date with training needs and they also received planned formal support and supervision from the person in charge.

Judgment: Compliant

## Regulation 23: Governance and management

The provider and the person in charge has monitoring systems in place which ensured that the service was safe and effectively monitored at all times. All prescribed audits and reviews had also been completed as required.

Judgment: Compliant

## Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge maintained a record of all notifications which had been submitted to the chief inspector; however, not all restrictive practices had been notified as required. The inspector found that this did not have a negative impact on

the care provided as the person in charge had sufficient oversight of these practices.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider has a complaints procedure in place and there was one active complaint which the provider was in the process of addressing.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the quality and safety of the care which was provided in the centre was maintained to a good standard.

Residents' rights were promoted in the centre and information on how to access advocacy services was clearly displayed. The staff team were conducting regular house meetings as part of a consultation process with residents; however, it was recognised that these meetings were sometimes ineffective and a formal referral had been sent to speech and language services in order to promote better consultation with residents in the service .

There were some restrictive practices in place which had been assessed in terms of risk and also had a clear rationale for these use. These restrictive practices had been reviewed on a regular basis by the staff team and by the provider's rights review committee to ensure that the least restrictive practice possible was implemented. However, there was no evidence that these practices were implemented with the informed consent of the resident or their representative.

Residents attended a local day service and their education, training and employment opportunities were supported and promoted through this service. The staff team in the centre also supported residents' independence through a skills building programme in areas such as cookery, shopping and personal care.

The premises was clean, warm and personal living space was individualised in line with resident's personal tastes. Some residents had extended personal living areas and the provider is currently examining the living arrangements in the centre living to ensure that they are consistent with resident's individual needs.

### Regulation 10: Communication

Each resident had a clear communication plan in place and a recent referral had been made to speech and language services in order to further support residents to participate in the running of the designated centre. The internet, television and newspapers were also available to residents.

Judgment: Compliant

### Regulation 11: Visits

The provider maintained a visitors book and there was ample reception rooms in place for residents to receive visitors in private if they so wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to manage their financial affairs and the person in charge and staff team were conducting regular reviews of all financial transactions, which ensured that residents were safeguarded from financial abuse at all times.

Judgment: Compliant

### Regulation 13: General welfare and development

A skills building programme was in place to support each resident's independence. Formal training, education and employment opportunities was facilitated through each resident's day service.

Judgment: Compliant

### Regulation 17: Premises

The centre appeared homely in nature and some residents have extended personal living space available. The provider is currently reviewing all living arrangements in the centre to ensure that they were consistent with each resident's needs.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and external competent persons were sourced to conduct regular servicing of fire equipment. Staff within the centre were conducting regular reviews of fire precautions such as emergency lighting, alarm system, extinguishers and fire doors to ensure that these were in good working order. A review of fire drills also indicated that residents could be evacuated in a prompt manner at all times of the day and night.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to health care facilities within their local community and a comprehensive plan of care had been developed for each resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were promoted in the designated centre and information in regards to accessing advocacy services was also available.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were some positive behavioural support plans in place which were reviewed on a regular basis, which promoted consistency in the delivery of care. There were some restrictive practices in place which were reviewed on a regular basis; however, these practices had not been implemented with the informed consent of the resident or their representative.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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Regulation 28: Fire precautions	Compliant
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Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for The Acres Residential Service OSV-0004810

Inspection ID: MON-0021910

Date of inspection: 31/10/2018

## Introduction and instruction

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## 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> <p>The manager has amended the roster to clearly reflect hours worked member by each staff. (19/11/2018)</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The manager will include any locked presses in the next and subsequent quarterly notifications to HIQA. This will be monitored by the provider. (31/1/2019)</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:</p> <p>All rights checklist will be reviewed to ensure each restriction is clearly identified. The rationale for its use is set out and discussed with each person's circle of support. The outcome of this will be shared at the circle of support, formally agreed with each person and their family and recorded in minutes. All restrictive practices will be kept under active review and reduced where possible. The date provided is the deadline for completion of all formal meetings with family. (28/2/2019)</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.

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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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/01/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	28/02/2019