



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

Issued by the Chief Inspector

Name of designated centre:	Railway View & Finnside
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	19 August 2020
Centre ID:	OSV-0005488
Fieldwork ID:	MON-0030062

About the designated centre

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

Railway Finnside provides 24 hour full-time residential support to both male and female residents some of whom have complex support requirements. The centre can accommodate 12 adults and comprises of two detached bungalows which are located on a small campus based setting. There is a centralised kitchen on the campus from which meals are provided to the residents. There is also a day service where residents can attend (this was closed at the time of this inspection and was being used as an isolation unit if required in response to COVID-19). The campus is within walking distance to a large town in Co. Donegal. Two service vehicles are provided to accommodate residents' access to community based facilities also. Each resident has their own bedroom. Both bungalows have considerable collective space and spacious gardens. The centre is staffed on a 24/7 basis with a full time person in charge (who is a clinical nurse manager II), a team of staff nurses and a team of health care assistants. The staffing arrangements include four staff on duty each day in one unit and five staff in the other unit. There are two staff on waking night duty in one unit and three staff on night duty in the other. Access to GP services and other allied health care professionals form part of the service provided to the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

10

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
Wednesday 19 August 2020	11:30hrs to 18:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector only visited one unit of this centre due to the current public health guidelines. One resident agreed to meet the inspector to discuss their views on the quality and safety of care being provided. Overall they said they were satisfied with the staff in this unit, liked living there and was happy with the food being provided. They also spoke about some of the activities they liked to do.

The inspector also got to speak to one resident's family member from the other unit who said they were happy with the services provided there and that their family member appeared happy living there.

A sample of satisfaction surveys about the quality of services being provided, which had been completed with residents found, that residents were satisfied with the services provided.

Staff were observed to know the residents well and were observed engaging with the residents in a respectful manner.

One complaint had been raised since January 2020 and this had been followed up by the person in charge who put measures in place to address this issue going forward.

Capacity and capability

This inspection was carried out to follow up on actions from a previous inspection conducted in this centre in August 2019 where a number of improvements had been identified in the regulations inspected. Overall improvements had been made in a number of the regulations, however, some of the actions had not been fully implemented as outlined in this report.

There were governance and management structures in place with assigned roles and responsibilities within the team to ensure effective oversight of the centre.

The person in charge was full time in the centre. They are an experienced nurse with significant experience in disability services. They are knowledgeable and aware of their remit under the regulations. The person in charge reported to a person participating in the management of the centre. A nurse was appointed as the shift leader during the day and night in order to assure oversight of care practices. Staff also had access to senior personnel who provided on call supports on a 24/7 basis.

The provider had systems in place to ensure that the services were monitored and

reviewed on a regular basis. This included a quality improvement plan which was updated regularly. This plan included all of the actions from audits and unannounced quality and safety reviews that had been conducted in the centre.

A copy of this plan was reviewed and the inspector followed up on a sample of actions from this and found that they had been completed. For example; an easy read guide had been developed for residents to enable them to understand how a person is screened for COVID-19. A specific plan had also been updated in one residents plan. However, given some of the findings of this inspection, improvements were required in the monitoring and review of some practices, particularly restrictive practices to ensure that the provider was meeting the requirements of the regulations.

The provider had also conducted an annual review for 2019, as required by the regulations. This review included consultation with residents and their representatives.

Since the last inspection the staffing levels had increased to support residents to access meaningful activities during the day. There were sufficient staff members on duty to support residents. A planned and actual rota was maintained, however from a sample of rotas viewed some weeks there was a reliance on agency staff or staff from other areas of the organisation to cover unplanned leave. This meant that sometimes residents were not being provided with consistent staff to ensure consistency of care. The person in charge outlined that the provider was currently reviewing this.

Staff had received supervision in line with the providers own organisational policy. The staff who were met felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their managers should the need arise.

Staff meetings had not been held in the centre due to COVID 19. The person in charge outlined how they were maintaining contact with staff instead. This included daily phone calls, emails, auditing some practices and directly linking with individual staff to ensure they remained up to date with ongoing issues around the quality and safety of care.

One resident had moved to the centre since the last inspection. The resident and their family had been provided with an opportunity to visit the centre prior to moving there. A transition plan had been developed to support the resident with this move.

Regulation 14: Persons in charge

The person in charge is full time in the centre. They are an experienced nurse with significant experience in disability services. They are knowledgeable and aware of

their remit under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was an over reliance on agency staff and staff from other parts of the organisation to cover unplanned leave in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with training in fire safety, positive behaviour support, advanced first aid and safeguarding. Some training and refresher training could not happen as a result of the public health advice regarding COVID-19. The person in charge was aware of these training needs and plans were in place to recommence training in the centre.

All staff had also been provided with training in infection control and personal protective equipment.

Staff had received supervision in line with the providers own organisational policy. The staff who were met felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their managers should the need arise.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre which included the details required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that the services were monitored and reviewed on a regular basis. This included a quality improvement plan which was updated regularly. This plan included all of the actions from audits and unannounced quality and safety reviews that had been conducted in the centre.

However, given some of the findings of this inspection, improvements were required in the monitoring and review of some practices, particularly restrictive practices to ensure that the provider was meeting the requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

One resident had moved to the centre since the last inspection. The resident and their family had been provided with an opportunity to visit the centre prior to moving there. A transition plan had been developed to support the resident.

Contracts of care were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre. This had been reviewed recently and contained all of the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted all incidents to the Health Information and Quality Authority where restrictive procedures had been used in the centre as required under the regulations.

Judgment: Not compliant

Quality and safety

Overall the quality and safety of care had improved since the last inspection. However, some improvements were still required in a number of the regulations and some of the actions had not been fully implemented since the last inspection. Significant improvements were still required in positive behaviour support and restrictive practices.

The unit visited was spacious and well maintained. Residents had their own bedrooms which were personalised. There was adequate bathroom facilities to support residents' needs. These bathrooms had been remodeled to a high standard since the last inspection. A number of communal areas were available for residents including a space where residents could receive visitors.

Since the last inspection the provider had also made provisions for the storage of large food serving units that had previously been stored in both dining rooms when meals were not being served. These storage units were now more in keeping with a home environment.

Meals for residents were prepared in a centralised kitchen and this practice still remained at the time of the inspection. However, the provider has plans to source small community homes in the future where residents will have access to their own kitchen.

Residents had personal plans in place outlining the care and support needs they required. From a sample viewed, they contained an up to date assessment of need along with comprehensive health care support plans to guide staff practice. An annual review had been conducted where goals had been identified for residents to achieve. Most of the goals had been deferred due to the current COVID-19 restrictions. A review of one residents plan found that they were being supported with some activities which included daily walks, going to a local area to see horses and going out for drives. Some residents were enjoying watching television or had their own electronic device to watch some of their favourite movies.

A number of allied health care professionals were available to residents, including a general practitioner, psychologist and psychiatrist. However, residents did not have access to a speech and language therapist for the purpose of enhancing their individual communication styles.

Some of the fire safety arrangements in the centre were reviewed. Since the last inspection a fire drill had been conducted to assure a safe evacuation for residents and staff. A sample of personal emergency evacuation plans were also found to have been updated to include the supports that residents required during an evacuation of the centre.

The provider and the person in charge had systems in place to manage risks in the centre. This included a risk register and individualised risk assessments for residents

where required. The person in charge also reviewed incidents on a monthly basis, to identify if further actions were required to mitigate risks.

The provider had systems in place to safeguard residents from abuse. Staff had received training in this area in order to support residents. Where appropriate the person in charge had reported such incidents and had put systems in place to safeguard residents in the centre.

The inspector reviewed an intimate care plan in place for a resident which had been updated since the last inspection, however it contained conflicting information of the supports required for this resident to that which was recorded in the residents' risk assessments and their positive behaviour support plan. This did not guide staff practice.

Staff had been provided with training in positive behaviour support. Residents had behaviour support plans in order to guide staff practice and enable residents to be supported in a consistent way.

However, one support plan did not include the strategies required to support all of the residents' identified needs. In addition, as discussed under regulation 8 one residents behaviour support plan contained conflicting information about the supports they required to that which was recorded in other parts of their personal plan.

A number of restrictive practices were used in the centre to support residents. Most of these had been reviewed by members of the multi- disciplinary team involved in the residents care. However, some had not and this was not in line with the providers own policy. Improvements were also required to ensure that residents or their representatives had consented to the use of these restrictive practices.

The provider had measures in place to manage an outbreak of COVID-19 in the centre. Easy read guides had been developed for residents about COVID 19. The provider had made arrangements for residents to be isolated in a separate unit should the need arise. Staff had been provided with training in donning and doffing personal protective equipment, hand washing techniques and infection control. Adequate personal protective equipment was available. Staff wore face masks when social distancing could not be maintained.

Since the last inspection the provider had made some provisions to ensure that residents had access to more of their money on a weekly basis. However, residents were still not being provided with quarterly statements from their personal property accounts to inform them how much money they had in their accounts. This had been an action from the last inspection.

The provider was also in the process of developing a guideline on supported decision making to guide staff on how to support residents with this. This would contribute to a more rights based approach to care in the centre.

Regulation 10: Communication

Residents did not have access to a speech and language therapist for the purpose of enhancing their individual communication styles.

Judgment: Substantially compliant

Regulation 17: Premises

Since the last inspection the provider had made provisions for the storage of large food serving units that were stored in both dining rooms when meals were not being served which had made the areas look institutionalised. This contributed to making the dining room more homely.

Residents meals were prepared in a centralised kitchen and this practice still remained at the time of the inspection. However, the provider has plans to source small community homes in the future where residents will have access to their own kitchen.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place to manage risks in the centre. This included a risk register and individualised risk assessments for residents where required.

The person in charge reviewed incidents on a monthly basis, to identify if further actions were required to mitigate risks.

Judgment: Compliant

Regulation 27: Protection against infection

Easy read guides had been developed for residents about COVID-19. The provider had made arrangements for residents to be isolated in a separate unit should the need arise. Staff had been provided with training in donning and doffing personal protective equipment, hand washing techniques and infection control.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the actions from the last inspection and found that they had been implemented. This included conducting a fire drill in the centre to assure a safe evacuation for residents and staff. A sample of personal emergency evacuation plans were also found to have been updated to include the supports that residents required during an evacuation of the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an up to date assessment of need completed. From this support plans had been developed which outlined how best to support residents with their needs. These support plans were reviewed by staff regularly.

An annual review had also been conducted where goals had been identified for residents to achieve. Most of the goals had been deferred due to the current COVID-19 restrictions.

Judgment: Compliant

Regulation 6: Health care

Residents had personal plans in place outlining the care and support needs they required. From a sample reviewed the contained an up to date assessment of need along with comprehensive health care support plans to guide staff practice. These plans were reviewed regularly. Residents were provided with support from allied health professionals in line their assessed needs.

At the last inspection the provider had committed to updating an intervention for a resident who chose to refuse some medical interventions. This had not been fully completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had been provided with training in positive behaviour support. Residents had behaviour support plans in order to guide staff practice and enable residents to be supported in a consistent way.

However, one support plan did not include the strategies required to support all of the residents' identified needs. In addition, as discussed under regulation 8 one residents behaviour support plan contained conflicting information about the supports they required to that which was recorded in other parts of their personal plan.

A number of restrictive practices were used in the centre to support residents. Most of these had been reviewed by members of the multi- disciplinary team involved in the residents care. However, some had not and this was not in line with the providers own policy. Improvements were also required to ensure that residents or their representatives had consented to the use of these restrictive practices.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents from abuse. Staff had received training in this area in order to support residents. Where appropriate the person in charge had reported such incidents and had put systems in place to safeguard residents in the centre.

The inspector reviewed an intimate care plan in place for a resident which had been updated since the last inspection, however it contained conflicting information of the supports required for this resident to that which was recorded in the residents' risk assessments and their positive behaviour support plan. This did not guide staff practice.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Since the last inspection the provider had made some provisions to ensure that residents had access to more of their money on a weekly basis. However, residents were still not being provided with quarterly statements from their personal property accounts to inform them how much money they had in their accounts.

The provider was in the process of developing a guideline on supported decision making to guide staff on how to support residents with this.

Judgment: Substantially 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 19: Directory of residents	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 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Railway View & Finnside OSV-0005488

Inspection ID: MON-0030062

Date of inspection: 19/08/2020

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: In order to bring this centre into compliance the following action will be taken:</p> <p>The Person in Charge will continue to monitor staffing arrangements in the centre and complete a review in conjunction with the Director of Nursing to ensure a core staff team is allocated to meet the assessed needs of the 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>In order to bring this centre into compliance the following actions will be taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge will complete a review of all restrictive practices in the centre and ensure that all practices used are reported in line with regulations. 2. The Person in Charge will ensure that all restrictive practices are reviewed on an annual basis for each resident in conjunction with their family representative. 3. The Provider has updated the annual review documentation to ensure that a review of restrictive practices is completed. 	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In order to bring this centre into compliance the following actions will be taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge will complete a review of all restrictive practices used in the centre. 2. The Person in Charge will ensure that all restrictive practices are reported within the scheduled timeframe in accordance with the regulations. 	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>In order to bring the centre into compliance the following action will be taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge will complete a referral for each resident who requires assistive technology and forward to the Speech and Language Therapy department. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to bring the centre into compliance the following action is being taken:</p> <ol style="list-style-type: none"> 1. The service is at the early stages of planning for the development of a number of community based houses in conjunction with the County Council and Social Housing Representatives. These houses will be equipped with a kitchen which will facilitate residents to prepare their own meals should they wish to do so. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>In order to bring the centre into compliance the following actions will be taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge will continue to work with the Practice Development Department to complete guide to support residents to make decisions regarding treatment. 2. The Person in Charge will continue to review personal plans and interventions to ensure that they support and guide staff when a resident refuses treatment. 	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In order to bring this centre into compliance the following action will be taken</p> <ol style="list-style-type: none"> 1. A review of the Positive Behaviour Support plan has commenced with Senior Clinical Psychologist to ensure that all strategies required to support residents identified needs are included. 2. A review of all restrictive practices will be completed by the Person in Charge and where required a review meeting will be arranged with all relevant MDT members. 3. A review of the Intimate Care Plan and Nursing Intervention has been completed to ensure that all information required to support resident is consistent and in line with residents assessed needs. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>In order to bring this centre into compliance the following actions has been taken.</p> <ol style="list-style-type: none"> 1. A review has been completed by the Named Nurse to ensure that all supports required for each resident is identified within the Intimate Care Plan and Nursing Intervention. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>In order to bring this centre into compliance the following action will be taken</p> <ol style="list-style-type: none"> 1. A quarterly financial statement is available for resident to inform them of the balance of their account. 2. The Person in Charge will continue to work with the Practice Development Department to complete guide on Supported Decision Making. 	

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(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	31/10/2020
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/09/2020
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/11/2020

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	30/11/2020
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	31/12/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	30/11/2020

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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.	Not Compliant	Orange	30/11/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	30/11/2020
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal	Substantially Compliant	Yellow	15/09/2020

	plan and in a manner that respects the resident's dignity and bodily integrity.			
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 exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2020