



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

Issued by the Chief Inspector

Name of designated centre:	Dunmanway Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	06 February 2020
Centre ID:	OSV-0002110
Fieldwork ID:	MON-0023080

About the designated centre

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

The designated centre provides respite for children and young adults in a purpose built house in West Cork. The service is for children and young adults with an intellectual disability, with or without autism, who are still attending school. Holiday respite is provided during the summer months. Weekend respite is provided on a Friday and ends on Sunday or Monday. Sometimes the house is used during the week to provide additional respite when required and to provide holiday respite. The house is an 8 bedroom detached house in West Cork. It has a large enclosed paved yard which is adjacent to a playground. The playground is enclosed and has a non-slip rubber mulch surface. The facilities in the house can cater for two individuals with mobility issues. Staffing supports are provided by social care workers, nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 February 2020	09:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

At the time of the inspection, there were no residents attending the respite service. As this was an announced inspection, residents and their representatives were informed that the inspection was occurring, and provided with the opportunity to meet the inspector on the day of the inspection. Residents and their representatives were also given the opportunity to speak with the inspector on the telephone.

Residents and their representatives were provided with the opportunity to complete a questionnaire on the quality of care and supports provided in the designated centre. A total of 14 completed questionnaires were given to the inspector. The findings of the questionnaires were discussed with the person in charge on the day of the inspection.

Overall, residents and their representatives were happy with the quality of care and supports provided. One parent noted that their child appeared very happy to stay with the staff and that on arrival to respite, they make themselves very comfortable on the sofa. The resident's representative said they leave the designated centre knowing that they are safe, happy and well looked after.

The questionnaires noted that staff members were 'very friendly and helpful', 'caring', 'supportive' and 'approachable'. It was evident in the questionnaires, that residents and their representatives were aware that they could speak with staff members, if an issue arose.

Residents and their representatives were happy with the quality and choice of food provided in the centre. One representative noted that dinner was always ready for the resident on their arrival from school, in line with their likes. Another identified that staff members were aware of their dietary needs, and had other options available to them.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that some improvements were required.

Clear lines of authority and accountability were in place. A suitably qualified individual had been appointed as person in charge in the designated centre. This individual completed monthly reports on the provision of respite services, which they discussed with their line manager. The person in charge's line manager reported to the board of management on a quarterly basis, to ensure effective oversight of the

designated centre was maintained.

An annual review of the quality and safety of care and supports provided to residents, had been carried out. The provider had invited residents and their representatives to attend a forum, to ensure that the annual review included consultation with the residents and their representatives. Unannounced six monthly visits were completed which identified actions to be completed, and those individuals responsible to ensure the actions were completed.

The inspector reviewed the designated centre's training matrix. All staff members had received mandatory Children's First training. However, one staff member required fire safety training while five staff members had not received refresher training in managing challenging behaviour. The person in charge booked these trainings for staff members on the day of the inspection.

Residents and their representatives were provided with opportunities to visit the designated centre, prior to admission. A number of residents were supported to stay in the designated centre, with supports provided by staff members during the day. This allowed the residents to become familiar with staff members, other residents, and the new environment, before they stayed in the designated centre overnight. The person in charge had ensured that an agreement in writing was in place before residents were admitted to the designated centre. However, this agreement did not include the fees to be charged, as prescribed in the regulations.

At the time of the inspection, the designated centre's medication management policy required review. The designated centre did not have a policy on the access to education, training and development, as prescribed in the regulations.

The person in charge had submitted a written report to the chief inspector, at the end of each quarter of each calendar year, of events occurring in the designated centre. However, this written report did not include all occasions where a restrictive procedure was used, as prescribed in the regulations.

A complaints procedure was in place in the designated centre. However, this was not available to residents in an accessible and age-appropriate format. A complaints log had been maintained in the designated centre. It was evident that action was taken on foot of complaints made by residents and their representatives, and that this was used to inform service development.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge
The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.
Judgment: Compliant
Regulation 16: Training and staff development
The registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.
Judgment: Substantially compliant
Regulation 21: Records
The registered provider had ensured that records of the information and documents in relation to staff specified in Schedule 2 were maintained and available for inspection by the chief inspector.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not ensured that on admission, the agreement in writing with each resident or their representative included the fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the written report provided to the chief inspector at the end of each quarter of each calendar year included all occasions where a restrictive procedure was used.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had not ensured the provision of an effective complaints procedure for residents which was in an accessible format.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

At the time of the inspection, the designated centre's medication management policy required review. The designated centre did not have a policy on the access to

education, training and development, as prescribed in the regulations..

Judgment: Substantially compliant

Quality and safety

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

The designated centre had a variety of toys, books and games available for residents to use and enjoy on their respite stay. Residents were also supported to bring their own toys with them to respite. Staff members photographed these toys, to ensure that they did not get lost during their respite stay. The designated centre had a playground area for residents to enjoy. This area included swings, a slide and a climbing frame. There was also room for residents to use a go-kart in the soft surface area. An area was also available at the back of the designated centre. This area included a water play area and a trampoline. Both of these areas were enclosed to ensure residents' safety.

The questionnaires completed by residents and their representatives noted that residents participated in a wide variety of activities. Examples of the activities included bowling, swimming, walks, going out for dinner and going for drives on the bus. The inspector discussed the activities on offer in the designated centre, with the person in charge. These activities were in line with the activities identified in the residents' questionnaires. The person in charge told the inspector that there were autism friendly cinema screenings locally, which a number of residents enjoyed.

The inspector asked the person in charge and a member of senior management to indicate how a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had been carried out. It was identified by the person in charge and the member of senior management that a comprehensive assessment had not been completed, to inform the residents' personal plans. Therefore, it was not evident if supports provided to residents were in line with their assessed needs. It was also noted that not all of the residents' health needs were supported by an appropriate plan of care. For example, it was identified that a resident who was at a high risk of ingesting inedible items, did not have a plan of care to guide staff members on the supports they required. Another resident had a feeding, eating and drinking plan, which had not been updated since 2016. When asked, staff identified that this plan was no longer required, however there was no evidence that this plan had been reviewed by an allied health professional, or what the resident's current feeding, eating and drinking requirements were.

A number of goals had been identified for residents. One residents' goals included the development of interaction through story time and the provision of choice between two objects. It was evident in the documentation that these goals had

been carried forward for the resident, year after year, since 2017. It was also noted that there was no plan to guide staff members to support the resident to develop these skills.

The premises of the designated centre was clean, warm and suitably decorated. However, some minor works were required internally. A number of areas required painting, including the multi-sensory room and the ceiling over the dining table. The flooring in one bathroom was observed to be stained. It was also noted that the kitchen cupboards were scuffed and required upgrade. Residents were provided with their own bedroom when attending the designated centre for respite. A number of residents and their representatives had noted that residents were provided with the option to choose the bedroom they would like to stay in, when attending respite. A number of residents had a specific bedroom that they liked, which they choose on every visit. These bedrooms were decorated in an age appropriate manner.

Equipment, including mobility hoists and a height adjustable bath, had been serviced at regular intervals to ensure they were safe to use. Testing on all electrical appliances in the designated centre had been completed. The designated centre had its own vehicle, which was regularly serviced and checked for defects, to ensure that it was roadworthy. An emergency folder was in place in the designated centre, which provided guidance for staff on what to do in the event of an emergency

At the time of the inspection, the provider was changing the system used to record and manage risks in the designated centre. The inspector reviewed a sample of risk assessments. It was noted that multiple risks were documented on each risk assessment. For example, the risks associated with the injuries to one resident when engaging in self injurious behaviour, the risk of injury to staff members and the risk of injury to other residents attending respite, were all documented on the same risk assessment form. This was not in line with the organisation's risk management policy. The control measures did not include areas such as staffing levels, monitoring of the resident's presentation or the guidance available to support staff in managing these behaviours, as identified by staff members on duty. It was not clear if a risk management plan had been developed following the identification of risks, as outlined in the organisational policy. As there were multiple risks identified on each risk assessment, it was unclear if the risk rating applied, accurately reflected the level of risk associated with each individual risk identified.

The person in charge told the inspector that one resident frequently ingested inedible items and was at a high risk of health complications as a result. However, there was no risk assessment, risk management plan or individual plan of care to guide staff in the management of this risk. It was also identified that one resident was at risk of self-induced vomiting, however there was no risk assessment, or risk management plan in place to manage this identified risk.

The provider had appropriate systems in place to ensure that all residents were protected from abuse. An intimate care plan had been put in place for residents. Staff members had received training in relevant government guidance for the protection and welfare of children, and the safeguarding of vulnerable adults.

The inspector reviewed the fire management systems and practices in the designated centre. The designated centre had fire doors in place, to prevent the spread of smoke and fire. During the inspection, it was observed that a fire door was wedged open. This was immediately removed by the person in charge when identified by the inspector. It was also noted that the fire door between the sitting room and the kitchen was left open on a number of occasions. This door did not have an automatic door closure in place. Therefore the inspector was not assured that effective containment measures were in place in the designated centre.

The inspector reviewed the evacuation procedure in place in the designated centre. One emergency exit sign was observed to be pointing towards the fire exit furthest away. Outside, laurels had become overgrown in one area. This restricted use of the pathway which led from the back of the house to the assembly point. The laurels were removed at the time of the inspection. On review of the designated centre's fire safety policy, it was noted that one fire drill each year should simulate night time conditions, with residents in their bedrooms and night time staffing levels applied. The inspector reviewed the records of fire drills and noted that there was no documented evidence of the location of residents at the time of the evacuation, the exit used to evacuate, or if the staffing level used was in line with the night time staffing levels.

Although regular checks of the fire exit routes and fire alarm system had been completed by staff working in the designated centre, the safety checklist for the automatic door release and emergency lighting had not been completed by staff in the designated centre since 2018. It was unclear if these checks were required, as there was no guidance for staff members in completing these checks in the designated centre's fire safety policy, however checklists were in place, at the time of the inspection.

The inspector reviewed the medicines management systems in use in the designated centre. It was observed that they contained information including the dose required, the route of administration and the medicine prescribed by the residents' general practitioner. The medicines management system also included information regarding any allergies the resident may have, and the maximum dose of PRN medicines (a medicine only taken as required) to be administered in 24 hours. Medicines were administered by nursing staff, or staff members who had attended relevant training in the administration of medicines. PRN medicine protocols were also in place, to ensure staff members had sufficient guidance in administering these medicines.

Regulation 13: General welfare and development

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

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises of the designated centre was kept in a good state of repair internally.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that there were effective systems in place in the designated centre for the assessment, management and ongoing review of risk. It was identified that one resident frequently ingested inedible items and was at a high risk of health complications as a result. However, there was no risk assessment or individual plan of care to guide staff in the management of this risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for evacuating, where necessary in the event of a fire, all person in the designated centre and bringing them to safe locations.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out.

Judgment: Not compliant

Regulation 7: Positive behavioural support

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

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dunmanway Residential OSV-0002110

Inspection ID: MON-0023080

Date of inspection: 06/02/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: There were 5 staff that required MAPA training and they were all trained on 27th and 28th February 2020. There was one staff member who required Fire Training. This training took place on 20th March 2020.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: A letter was sent to all families currently availing of respite on 24th February 2020 outlining the fees for respite; this was missing from the Admissions Contract. The fee will be added to the Admissions Contract and will be used going forwards.	
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>The wooden garden gate, the kitchen gate and two automatic door release fire exit doors, one at the end of the main corridor and one in the conservatory were brought to the CoAction Restrictive Practices Committee for consideration on 2nd March 2020. The Committee approved all of these restrictions. The restrictions will be regularly reviewed going forward and will be included in the quarterly notification of incidents if deemed necessary on an ongoing basis.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>There was a Complaints poster in the foyer of the Respite House giving the contact details of the Complaints Officer. This has now been reviewed, updated and replaced with an Easy to Read poster which sets out the procedure for making a complaint and who to contact.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Whilst the Medication Management Policy had been approved by the Senior Management Team it was awaiting sign off by the Board of Trustees, which was done on 25th February 2020. This policy was submitted to the Inspector via email by the PIC on 25th March 2020.</p> <p>The Policy on Access to Education, Training and Development for the designated centre was developed and approved by CoAction's Senior Management Team on 24th March 2020.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A painting company has been engaged to paint the multisensory room and the ceiling of the dining area. At present we are awaiting a date for work to commence, it is expected that this work will be completed by 30th April 2020.

A painting company has been engaged to paint the kitchen cupboards and this work will be completed by 29th May 2020.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Risk Management Policy and Procedure has been reviewed to include the need for the risk assessment and support process to be individualized for each risk issue identified.

A review of each child's risk and support profile has commenced with a view to each child having a support plan in place for each individual risk identified.

The reviews will be completed and plans in place by the 24th April for the five children with the most significant support needs. The reviews and support plans for the remaining children will be fully completed by 29th May 2020.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire Safety Policy is being reviewed and will be updated by 24th April to include the weekly checking of automatic door release fire exit doors by staff and three monthly emergency lighting by electrician. In the meantime, staff have been instructed by the PIC to check automatic door release fire doors on a weekly basis. The emergency lighting is checked by the electrician on a three monthly basis.

Fire drills will be fully documented going forward to include: location of resident, activity at the time of the drill, duration of the evacuation, exit used to evacuate and the staffing levels used during the fire drill.

The middle door between the kitchen and the sitting area will be fitted with a self-closing mechanism by 30th June 2020.

The PIC has upgraded the emergency exit signage.

The laurel trees were cut back on the day of the inspection, to enable the garden gate to open more easily for access to the assembly point.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Comprehensive assessments of each resident's Health, Personal and Social Care Needs are currently being carried out and will be completed by 30th June 2020. Following the assessment an individual plan will be made for each resident and goals for the resident will be designed and reviewed regularly. Thereafter, they will be reviewed and updated annually or more frequently where required.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/03/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/05/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the	Substantially Compliant	Yellow	24/04/2020

	services to be provided for that resident and, where appropriate, the fees to be charged.			
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.	Not Compliant	Orange	29/05/2020
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	20/03/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/03/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	20/03/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	30/04/2020

	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.			
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	13/02/2020
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/03/2020
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	24/03/2020

	referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(1)(a)	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 prior to admission to the designated centre.	Not Compliant	Orange	30/06/2020
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	30/06/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably	Not Compliant	Orange	30/06/2020

	practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
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	30/06/2020
Regulation 05(6)(c)	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 needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/06/2020