



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

## Issued by the Chief Inspector

Name of designated centre:	Nuncio Apartment Complex
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	12 November 2020
Centre ID:	OSV-0003411
Fieldwork ID:	MON-0030875

## About the designated centre

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

This centre aims to provide community based living in a home from home environment and is registered for 11 adults. It is an apartment complex on the outskirts of a large town and consists of eight individual two bedroom apartments. One of the apartments is communal and used as a base by staff, in addition to being a space where residents could meet and socialise together as they wished. In accordance with the statement of purpose the centre aims to develop services that are individualised, rights based and empowering; person centered, flexible and accountable. This centre strives to provide a service for residents that is in and of the community where they live. This centre is open on a 24 hour a day, all year round basis and residents are supported by a team of staff comprising of social care workers and care assistants.

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

Number of residents on the date of inspection:	8
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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 12 November 2020	11:00hrs to 17:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre comprises of a number of individual apartments within a single complex. One apartment is used as a communal space for staff and residents. Over the course of the inspection the inspector met five of the eight residents who currently reside in the centre. As this inspection took place during the COVID-19 pandemic the inspector adhered to national guidelines with respect to infection prevention and control at all times.

The apartment complex has a private communal garden to the rear where some of the residents have their own sheds, patio furniture or clothes lines, and one resident has a private individual garden. There was also a communal apartment where staff were based that the residents could freely enter and were seen to drop in over the course of the day for a chat or a cup of tea. The inspector met three residents in the garden. One resident had finished a cup of tea and explained to the inspector who owned each of the sheds and what was planted in the garden. They gestured to raised flower beds where seasonal vegetables were growing and then pointed out the windows for their apartment that had a view of the garden.

Another resident was in their shed which they used for their hobbies, predominately woodworking. The main piece of furniture in the lobby of the complex had been restored by the resident and they showed the inspector a piece they were restoring for the upstairs lobby of the complex. The resident explained how they loved to take an old piece of furniture and make it new again, they outlined that they had just finished sanding the new piece down.

Another resident was hanging out a load of washing and explained to the inspector that they preferred to hang the heavy items such as towels outside. They discussed their love of history and told the inspector how they were particularly interested in the 1916 rising and had over time met with people who had been involved with or had a family member involved in the 1916 rising. When it began to rain this resident was supported by staff to take in the washing and to use the communal tumble dryer.

Another resident came to the window of the office space where the inspector was working to say hello. They were they explained out for a short walk just to get fresh air, but had been to the dentist and so didn't feel up to doing too much. They explained that they had peeled the potatoes and vegetables for the dinner and on advice from staff were going to ensure they were softly mashed before eating to mind their sore mouth.

As the inspector was in conversation with the person in charge and management of the complex in the communal apartment later in the day, a resident came in and explained that they felt anxious and unhappy as another resident was shouting loudly. The resident was invited to sit and have a cup of tea and something nice to eat with us. They explained that they did not like it when the other resident was not

happy as it scared them. Staff were caring and reassured the resident and took them to a quiet space to enjoy their tea.

## Capacity and capability

The inspector found that while the provider had made improvements to the overall governance and management arrangements of this centre some improvements were still required as identified upon this inspection in a number of regulations inspected.

There had been two changes to the person in charge since the previous inspection. Most recently a new person in charge was appointed to the role in April 2020 and during her interaction with the inspector, she was found to have good knowledge of residents' needs and of her regulatory responsibilities. She had responsibility only for this centre and the person in charge told the inspector that also being based in the centre supported her to fulfil her role as person in charge.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Residents received continuity of care and staff attended structured daily handover meetings, which facilitated them to discuss and raise concerns with the person in charge about the care received by residents. The person in charge had brought about changes whereby the staff team operated as a cohesive unit and were no longer operating as separate teams as had been the case on the previous inspection.

Effective training arrangements ensured staff received mandatory training and had access to refresher training courses, as required. While there was one staff member due practical refresher training which had been delayed due to COVID-19, the online component had been completed. There were schedules in place for formal supervision however, not all staff had received these as outlined in the providers policy. Where staff had been in receipt of formal supervision these were seen to be focused and concerns were appropriately dealt with. Planned and actual rosters were in place and staff who had additional areas of responsibility were identified.

There was a clearly defined management structure in place which identified the lines of authority and accountability in this centre. The person in charge regularly met with the person participating in management about the management of this centre, which had a positive impact on some aspects of oversight of this service. However, some key concerns were impacting negatively on residents' experience of service provision. The annual review had not occurred in line with the regulations. Equally while there had been two six-monthly provider-led visits in 2020 this had not been the case in 2019. In addition while the person in charge had implemented more structure in communication with and within the staff team and in formal handover meetings, improvements were required in the range of audits in place.

While a system was in place for the reporting of incidents not all incidents were reported to the Chief Inspector of social services as required by the regulations. This

was specifically related to quarterly reporting of minor injuries and the recognition of allegations of suspected or confirmed abuse of a resident.

A complaints log was present within the centre with a record maintained of any complaints or compliments maintained. On review of this and of the details the inspector noted a number of these while investigated and dealt with were in fact safeguarding matters and had not been identified as such. In addition a small number of complaints had not been dealt with at all and simply closed. A recurring theme within the large volume of complaints received outlined the impact one residents challenging behaviour and the noise they generated particularly at night was having on other residents. This incompatibility and these concerns had been raised by the inspector previously and the provider had acknowledged that they were seeking to identify a more appropriate centre for one resident to move to that would suit their needs. This matter had not been concluded since the last inspection in June 2019.

### Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service. Staff who spoke with the inspectors had a strong knowledge of residents' needs. A planned and actual roster was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that staff had the required competencies to manage and deliver person-centred, effective and safe care and support for residents. They had access to training and refreshers in line with residents' needs, where practical components of training had been delayed due to the COVID-19 pandemic the theoretical component had been completed. A system for the provision of formal supervision was in place however this was not occurring in line with the providers policy.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was written confirmation of insurance cover which included details of insurance against risks in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place which identified the lines of authority and accountability in this centre. However, some key concerns were impacting negatively on residents' experience of service provision. Additionally the annual review and six monthly unannounced provider led visits were not consistently occurring as required by regulation.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

All residents had signed contracts in place outlining the service to be provided and any additional fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which was regularly reviewed. However, it required further review to ensure it accurately described some of the services delivered and included all details as required in Schedule 1.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Not all notifications had been made to the chief inspector of social services as required by the regulations.

Judgment: Not compliant

### Regulation 34: Complaints procedure



A complaints log was present within the centre with a record maintained of any complaints or compliments maintained. A small number of complaints had not been processed as required.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents lived in a caring environment and residents who spoke with the inspector stated that they liked their home and were happy with the support they received from staff. They described opportunities to explore their hobbies, for meaningful activities and told the inspector about things they had to look forward to. However, within the centre a matter that had been identified prior to the previous inspection which related to a resident waiting to move to another centre was still unresolved. The delay was contributing to safeguarding concerns in the centre and was discussed in detail on the day of inspection.

Residents' had an assessment of need in place and a personal plan. Where residents had selected not to set goals and to live a self directed life this was clearly documented. These documents were found to be person-centred and residents where appropriate were supported to develop and reach their goals. However, a number of assessments of need required review to ensure they were reflective of residents' needs. With some documents relating to resident goals requiring review and updating to ensure they were up to date.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Where they were required residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. Residents had access to a range of specialist support as required. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. The inspector found that there were a number of restrictive practices on the day of inspection and these were recorded and reviewed by the person in charge. There were however, some instances of unplanned restriction where staff would remove items of potential risk such as the kettle or air fryer and locked cupboards such as the hot press. While these actions were carried out at all times to ensure resident safety they had not been identified as restrictive practice nor reviewed within that context.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and evidence that safeguarding plans were developed as necessary in conjunction with the designated officer. However

following a significant incident which occurred in the community one residents safeguarding plan had not been updated. Although the inspector did note that education strategies and safety programmes such as one run by the community Gardaí in the centre had been utilised by the resident and were contributing to their safety in the community. This was a positive change from the previous inspection. Staff were found to be knowledgeable in relation to keeping residents safe. It was apparent however, that not all potential incidents of abuse were being recognised and while resident concerns were responded to this was an ongoing concern. A number of residents had complained and reported feeling anxious or afraid regarding a peer in the centre. While the provider and person in charge were endeavouring to secure change for this resident the impact of their presence on others was not being fully documented. While the inspector was present in the centre one resident came to find the person in charge to report they felt worried about the shouting and they did not like it. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

Risk management systems in place were centre specific and considered however required review to ensure they were effective and identified all risks in place. There was a current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations. However general risks such as slips, trips and falls were not on the register and areas such as lone working while identified had not been reviewed. Some residents had personal alarms in the event of a fall or needing staff urgently.

The registered provider and person in charge had policies and procedures in place to keep residents protected from infection. These had been reviewed and updated as required to include supports and systems required for COVID-19. There was accessible COVID-19 information on display and records were maintained for temperatures for all residents and staff. Additional cleaning schedules were in place and adhered to. Staff members and the person in charge carried out weekly checks on matters such as cleaning and PPE supplies, storage of mops and other cleaning equipment. Staff were observed to wear personal protective equipment as per national guidance and there was easy access to hand sanitising gels. Staff meetings and management meetings had COVID-19 as a standing agenda item.

## Regulation 25: Temporary absence, transition and discharge of residents

The provider had identified that this centre was not an appropriate home for one resident as it did not meet their needs at the last inspection. The process of transition had not concluded however the inspector reviewed a number of documents which demonstrated a commitment by the provider to complete the move for the resident within the next few months. A clear transition process had begun and liaison with the resident had also been initiated.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management systems required review to ensure they were effective and identified all risks in place. There was a current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations. However general risks such as slips, trips and falls were not on the register and areas such as lone working while identified had not been reviewed.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had put measures in place to protect residents and staff at risk of healthcare associated infections, by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections including COVID-19.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and there was an assessment of need in place for residents which was reviewed in line with residents' changing needs. Support plans were developed in line with residents' assessed needs. However, improvement was required to documenting residents' social goals and in reviewing support plans to ensure they were up to date and effective.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour. Some restrictive practices in place had

not been identified as such and therefore required further consideration with respect to their use.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding and there was a designated safeguarding officer to support residents and staff. The management team acknowledged that a situation in the centre had not been recognised as potential abuse and as such suitable safeguarding plans had not been developed as required.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents right to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted in this centre. Residents participated in and consented to supports where necessary and to making decisions about their lives.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nuncio Apartment Complex OSV-0003411

Inspection ID: MON-0030875

Date of inspection: 12/11/2020

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will ensure that by the end of Jan 2021 all staff members will have received their formal supervision in line with organizational policy. The organization, at senior management level is reviewing the schedule of supervision currently outlined in policy and any amendments will be communicated to all PICs.</p> <p>The PIC will ensure that any non-compliance is communicated to the Residential Operations Manager for review and support.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Residential Operations Manager in conjunction with the Provider will action all outstanding reviews and audits and ensure these are completed and actioned by the end of February 2021.</p>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The amended and updated SOP has been forwarded to the lead inspector by the Quality Department.  Completed on 20.11.20.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  The PIC will ensure that all incidents are notified to the chief inspector of social services as required by the regulations.</p> <p>The staff team have been provided with a summary sheet to complete on receipt of all incidents and accidents to support the PIC in ensuring all notifications are captured and this in place since 10th Dec 20.</p> <p>Any future non-compliance will be discussed with the Residential Operations Manager for oversight and support</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The PIC will ensure that all complaints are processed in line with organizational policy.</p> <p>Any future non-compliance will be discussed with the Residential Operations Manager for oversight and support.</p>	
Regulation 26: Risk management procedures	Substantially Compliant



Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 The PIC will update the Risk Register and ensure that all required Risk Assessments are completed and reviewed /updated in line with organisational policy. This will be completed by end of February 2021.

The provider audits will also pick up on any non-compliances for action.

Any future non-compliance going forward will be discussed with the Residential Operations Manager for oversight and support.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 The PIC will ensure that keyworker meetings are arranged for each resident for a full review, update and mapping of their personal plans. This will be completed by the end of March 2021 for all residents.

Any future non-compliance going forward will be discussed with the Residential Operations Manager for oversight and support.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 The PIC will complete a review of all restrictive practices, including any emergency interventions and document same. These will be brought to the Restrictive Practice Review meeting for its next sitting in February 2021. Once reviewed and approved all agreed required restrictive measures will be added to the log for ongoing quarterly review and updating.

Any future non-compliance going forward will be discussed with the Residential Operations Manager for oversight and support.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The PIC will direct all staff in the enhanced approach to monitoring complaints raised by residents regarding the impact of the behaviors of 1 resident on their emotional and psychological wellbeing. The PIC will brief the staff team regarding the recognizing of issues of distress, fear and confusion resulting from these behaviors and the need for these to be processed as safeguarding incidents. The process to do this will be outlined, initially logging as a complaint and then flagging to the PIC who is the safeguarding officer. The PIC will then escalate these complaints as safeguarding incidents, completing the required safeguarding reporting mechanisms.</p> <p>An appropriate response protocol will be devised to be used by all staff at the time of the incident being reported by the residents, acknowledging their feelings, explaining to them what is being done to keep them safe and asking them to tell us what else we can do to support them. Identified strategies will be recorded that are effective for each person to relax, divert attention from the incident and this support them to carry on with their normal activities feeling safe and happy, in as much as is possible.</p> <p>Input and advice will be sought through the MDT from behavioural support, the HSE Safeguarding team, and associated mental health professional supports, specific to the needs of each impacted person.</p> <p>Any future non-compliance going forward will be discussed with the Residential Operations Manager for oversight and support.</p> <p>These processes will remain in place until the resident has relocated to their new home. This move is now anticipated to be completed by June 2021.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/02/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	26/02/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	26/02/2021
Regulation	The registered	Substantially	Yellow	26/02/2021

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/02/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	20/11/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing	Not Compliant	Orange	10/12/2020

	within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(d)	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 injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	10/12/2020
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	31/12/2020
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/12/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	26/02/2021

	a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2020