



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

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| Name of designated centre: | Kingsriver Community |
| Name of provider: | Kingsriver Community Holdings Company Limited by Guarantee |
| Address of centre: | Kilkenny |
| Type of inspection: | Announced |
| Date of inspection: | 11 April 2018 |
| Centre ID: | OSV-0002410 |
| Fieldwork ID: | MON-0021429 |

About the designated centre

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

Kingsriver Community consists of two buildings providing a home for up to six residents of mixed gender. The centre is open all year round and provides residential services to people with mild to moderate learning disabilities and mild physical disabilities. Medical and multidisciplinary support is provided as required. Day services are also provided onsite Monday to Friday.

One building is intended to serve as a supportive service to independent living. The centre is staffed by residential coordinators and volunteers. Any admissions to the centre are considered taking into account the needs of existing residents. Kingsriver Community does not facilitate emergency admissions. The provider's stated intention is to create a home for residents and there is an ethos of living together as a family group within a community. Each resident is actively encouraged to pursue their own interests and hobbies. Cultural events, various activities and education opportunities are provided for. Residents have access to a large garden area with an orchard, vegetable garden, polytunnel and glass house. Transport is provided to access activities away from the centre.

The following information outlines some additional data on this centre.

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| Current registration end date: | 11/07/2018 |
| Number of residents on the date of inspection: | 5 |

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|---------------|----------------------|---------------|---------|
| 11 April 2018 | 09:30hrs to 16:30hrs | Conor Dennehy | Lead |
| 11 April 2018 | 09:30hrs to 16:30hrs | Raymond Lynch | Support |

Views of people who use the service

Inspectors met with all five residents living in the centre on the day of inspection. As part of the inspection, some of the residents' daily routines were observed by inspectors while pre-inspection questionnaires that had been completed by four residents were also reviewed.

The residents who chose to speak with inspectors spoke positively of the lives they experienced in the centre and expressed overall satisfaction with their living arrangements. Residents reported that they enjoyed regular activities both in and outside the centre such as arts and crafts, training courses and holidays away with the support of staff if required. Very positive views regarding their lives in the centre were expressed in the pre-inspection questionnaires completed by residents.

During the course of the inspection, inspectors had lunch with all five residents, staff members and volunteers present in the centre in line with the community based ethos of the centre. This was observed to be a friendly, relaxed and social occasion where residents engaged with each other, and staff and volunteers in a positive, respectful and warm manner. Throughout the inspection residents were also observed to be comfortable and relaxed in their home and appeared at ease in the presence of staff and volunteers who were seen to offer residents support in a professional and dignified manner.

Inspectors also met with family members of two residents who were visiting the centre. These family members spoke positively of the service provided in the centre, the quality of supports which their relatives received and the community spirit that had been created within the centre. They informed the inspectors that management and staff of the centre were approachable and that they could speak with staff at any time about any issue they may have.

Overall, residents and family members spoke very highly of the support provided by the management, staff and volunteers of the centre.

Capacity and capability

This inspection found that the registered provider and the management team in place had ensured that each resident living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents. A high level of compliance was demonstrated.

There was a well-established governance structure and management team in place. The provider and the person in charge were aware of their responsibilities in providing a quality and safe service. The management team in place demonstrated a strong passion for the service they provided. This influenced the model of care provided and the compliance levels found during this inspection.

The provider had arrangements in place to monitor the service provided. Unannounced visits to the centre to review the quality and safety of care provided to residents had been carried out while an annual review of the centre for 2017 had also been completed the month before this inspection. Audits were also being carried. Any issues that were highlighted by the provider's monitoring systems were acted upon but such systems found a good level of compliance within the centre, as was evidenced during this inspection. This provided assurances to inspectors that the provider had appropriate systems in place to monitor the service provided and ensure positive outcomes for residents.

The provider had put in place a workforce which consisted of a combination of paid members of staff and volunteers in line with the provider's model of care. Inspectors were satisfied that staff and volunteers were appropriately recruited, supported and supervised to provide care and support to residents living in the centre. Having spoken to staff and volunteers, reviewed information relating to residents' needs, and observed rosters, inspectors were satisfied that appropriate workforce levels were provided to meet residents' needs at the time of this inspection. Residents and their relatives who engaged with staff spoke positively about the workforce provided and the support they offered.

Staff and volunteers spoken to were able to accurately describe the supports to be provided to residents and how they would encourage independence and new skills. Inspectors also observed staff members engaging with residents in a positive, respectful manner and providing appropriate support if required. Training was provided for both staff and volunteers to equip them with the necessary skills to support residents. This provided assurance to inspectors that residents were supported to enjoy a good quality life.

Residents were encouraged and supported to raise complaints if they choose to do so and arrangements were in place for any complaints to be resolved locally where possible. Residents and their relatives were aware of how they could make complaints if required. The provider had clear procedures relating to complaints and a complaints log was maintained outlining the nature of any complaints made, any action taken and whether residents were satisfied with the outcome. This provided assurance that complaints were listened to and acted upon.

Inspectors reviewed the statement of purpose during this inspection. The findings of this inspection indicated the model of care and the service provided was accurately described in the statement of purpose. However, the statement of purpose was not being reviewed at regular intervals. In addition, some documents required for registration purposes had not been submitted to HIQA at the time of inspection and this was an area which required improvement.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection the registered provider had not submitted proof of identity and details of any previous experience of carrying on the business of a designated centre in Ireland or similar residential service outside of Ireland. Updated Garda vetting that was dated within the previous six months was required for one person participating in management, while updated proof of identity was required for another. The contract of insurance submitted did not clearly set out the name of the provider and the name of designated centre.

Judgment: Not compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had not notified HIOA of changes to the identities of some of its directors or of an additional person participating in the management of the designated centre.

Judgment: Not compliant

Regulation 15: Staffing

Appropriate staffing levels with the required skill mix to meet the needs of residents were provided for. Planned and actual rosters were maintained within the centre which indicated a continuity of staff. Residents were not assessed as requiring nursing supports but nursing input was available if required. A sample of staff files were reviewed which contained all of the information required by the regulations including evidence of Garda vetting and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Records of formal supervision were maintained which were reviewed during this inspection. Training was provided to all staff working in the centre. Training records reviewed indicated that all staff had received up to date training in areas such as fire safety and safeguarding. Additional training was also provided other areas such as medicines

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| management, manual handling, first aid and food safety. |
| Judgment: Compliant |
| Regulation 19: Directory of residents |
| A directory of residents was in place that contained all of the information required by the regulations. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| A clear governance structure was in place which was known to residents, staff and volunteers in the centre. Audits had been carried out in key areas such as health and safety and medicines. Since the previous inspection annual reviews had been carried out for 2016 and 2017. Six monthly unannounced visits had also been conducted at the required intervals. Reports of such visits were maintained in the centre which included an action plan to address any issues found. Inspectors saw evidence that the provider had taken action in response to such issues. |
| Judgment: Compliant |
| Regulation 24: Admissions and contract for the provision of services |
| Inspectors reviewed a sample of contracts for the provision of services which contained details of the services and facilities to be provided to residents. The fees to be charged were also clearly set out and reviewed on a yearly basis. There had been no new admission to the centre since the previous inspection but policies and procedures were in place around this if required. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| A statement of purpose was in place which contained all of the information required by the regulations and accurately described the nature of the service provided. However inspectors were informed that the statement of purpose had not been |

reviewed at yearly intervals. From reading the statement of purpose it was clear that some elements of it required updating to reflect the service currently provided and the organisational structure in place. Inspectors were informed that an updated statement of purpose was being worked on at the time of this inspection.

Judgment: Not compliant

Regulation 30: Volunteers

Inspectors reviewed a sample of files relating to volunteers working in the centre which were observed to include evidence of Garda vetting. It was noted that volunteer files were maintained similarly to the files in place for paid staff members. The roles and responsibilities of volunteers were clearly set out in writing. Arrangements were in place for volunteers to be provided with support and supervision. This was evident from reviewing supervision arrangements, the training that was provided to volunteers and the level of knowledge which volunteers demonstrated during the course of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed a record of accidents and incidents in the centre. It was found that all events which required notification to HIQA had been submitted within the required timeframe.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures were in place in relation to complaints. A complaints officer was in place and residents and their relatives were aware of how they could make a complaint if required. A complaints log was maintained outlining the nature of any complaints made, any action taken and whether residents were satisfied with the outcome

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place in the designated centre. Inspectors reviewed a sample of these and noted that they reviewed within the previous 3 years and reflected practice as observed during this inspection.

Judgment: Compliant

Quality and safety

Inspectors were satisfied that residents were provided with a good quality of life within a community environment in keeping with the ethos of the provider. Inspectors observed that residents were appropriately supported and encouraged to enjoy a good quality of life.

Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. For example, residents spoke to inspectors of activities they enjoyed. These included computer course, cooking skills classes, arts and crafts, social events and holidays. Such activities were undertaken for enjoyment and also to increase the independence of residents. Opportunities to engage in such activities were actively encouraged and supported with the designated centre. It was clear that residents enjoyed the activities they participated in and were proud of works that they had completed.

Each resident had an individual personal plan in place which was developed in a person-centred way with the active involvement of residents. The plans outlined the supports to be provided to residents to meet their assessed needs and had been informed by appropriate assessments. Staff members and volunteers present during this inspection demonstrated a good understanding of such needs and supports and were observed by inspectors to provide appropriate support to residents if required.

It was also found that residents were supported to enjoy the best possible health. Residents were facilitated to access allied health care professionals such as general practitioners. Residents had regular assessments carried out and if necessary health care plans were put in place outlining the supports needed for residents. Inspectors were also satisfied that residents were provided with appropriate food and nutrition.

The inspectors were satisfied that appropriate efforts were being made in the designated centre to promote the health and safety of residents within the designated centre. An up-to-date risk register was in place and each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm. Audits in the areas of health and safety were also being carried out and any learning from risks or adverse incidents were shared with staff and

volunteers to ensure that such issues were appropriate responded to.

Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting, fire doors and fire extinguishers. Such equipment was being serviced at the required timeframes. Fire exits were observed to be unobstructed on the day of inspection. Residents had personal evacuation plans in place which outlined the supports to be provided to residents to assist them in evacuating the centre. Staff, volunteers and residents were also provided with training in fire safety. These provided assurances that the provider had appropriate fire safety management systems in place to ensure the safety of residents.

Where required residents had positive behaviour support plans in place. Inspectors reviewed a sample of these plans and found them to be sufficiently detailed to guide staff and volunteers who were able to outline the steps that they would take to promote positive behaviour among residents. This provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre.

The registered provider encouraged a restraint free environment and inspectors did not observe any restrictive practice in use during this inspection. Residents were observed to move freely through the designated centre and the surrounding environment. The designated centre itself was presented in a homely manner and had been decorated to reflect the residents that were living in their centre and their respective interests.

There were appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse. Areas of vulnerability had been identified and inspectors saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff and volunteers. The provider had also ensured that residents received training to support them to develop knowledge, self-awareness, understanding and skills for self-care and protection.

Regulation 11: Visits

If they chose to do so residents were facilitated to receive visitors to the designated centre with suitable private areas available if required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in education and employment. Activities of

residents' choice, both in and away from the designated centre, were facilitated and actively encouraged. Facilities for occupation and recreation were provided for residents.

Judgment: Compliant

Regulation 17: Premises

The designated centre was suited to meet the needs of the residents living in the centre. It was presented in a clean manner on the day of inspection, was observed to be a good state of repair, well decorated and furnished and provided a homely environment for residents living in the centre. It was noted that the premises had been personalised with photographs and art works created by residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to prepare and cook their own food if they chose to do so. Appropriate arrangements were in place for food to be hygienically stored. Inspectors enjoyed lunch with residents, staff and volunteers and observed to the food provided to wholesome and nutritious while choice was also available for residents

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

A detailed risk register was in place along with a risk management policy. Risk was kept under review by health and safety audits and regular staff and volunteer

meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was observed to be clean on the day of inspection. Policies and procedures were in place in relation to infection control. Hand sanitizers was in place throughout the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

A fire alarm system, emergency lighting, fire doors and fire extinguishers were present in the designated. Fire drills were regularly carried out throughout 2017 but one had yet to be carried out in 2018. Staff, volunteers and residents were provided with training in the area of fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were actively encouraged and supported to administer their own medicines. Appropriate assessments and training were carried out to facilitate this. Appropriate storage facilities were provided to store medicines in a secure manner. A sample of administration and prescription records were reviewed which were found to be clear and eligible while also containing all of the required information. Audits of medicines management were carried out and staff were provided with relevant training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were developed with the participation of residents and their representatives where appropriate. Such plans were informed by appropriate assessments. Regular reviews were carried and personal plans had

multidisciplinary input. Plans were available in an accessible format if required.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed and support was provided for such needs in line with their personal plans. Access was facilitated to allied health professionals as required and regular monitoring of the healthcare needs of residents was carried out.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had detailed positive behaviour support plans. Staff members were aware of the supports that were to be provided to residents to promote positive behaviour among residents. A restraint free environment was provided for.

Judgment: Compliant

Regulation 8: Protection

Residents received training courses in safeguarding from the provider to ensure that they were supported to develop knowledge, self-awareness, understanding and skills for self-care and protection. Arrangements were in place to ensure that residents were protected from all forms of abuse. This included relevant policies in this area and training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed to be treated in a manner which respected their rights, dignity and privacy throughout the course of this inspection. Systems were in place to ensure that documents of a private nature relating to residents were appropriately stored and accessed only by relevant staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Not compliant |
| Registration Regulation 7: Changes to information supplied for registration purposes | Not compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Not compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Kingsriver Community OSV-0002410

Inspection ID: MON-0021429

Date of inspection: 11/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
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| Registration Regulation 5: Application for registration or renewal of registration | Not Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Patrick Phelan: Provider Representative Completed NF 31 form for including photo ID and birth cert to be submitted. Completed Personal Information form including relevant qualifications and medical declaration form to be submitted.</p> <p>Reference form submitted separately by Referee.</p> <p>Garda vetting form to be submitted and to include Self Declaration form.</p> <p>Updated proof of ID for Stefania Marcia to be submitted</p> <p>Insurance documentation with Endorsement details and amendments showing change of name to be submitted. </p> | |
| Registration Regulation 7: Changes to information supplied for registration purposes | Not Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:</p> <p>Completed NF 33 forms for 4 new Directors including 3 retiring Directors to be submitted including copies of passports or driving Licences. </p> | |

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| Regulation 3: Statement of purpose | Not Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Updated Statement of P&F showing current information and includes Organisational Chart and Staffing Complement pertaining to Residential Service only to be submitted. | |

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 |
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| Registration Regulation 5(3)(a)(iii) | In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person who is the registered provider, or intended registered provider, including all directors, where the registered provider, or intended registered provider, is a company. | Not Compliant | Orange | 31 May 18 |

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| <p>Registration Regulation 5(3)(b)</p> | <p>In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.</p> | <p>Not Compliant</p> | <p>Orange</p> | <p>31 May 18</p> |
| <p>Registration Regulation 5(3)(a)(e)</p> | <p>In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act 2007 (Care and Support of Residents in Designated</p> | <p>Not Compliant</p> | <p>Orange</p> | <p>31 May 18</p> |

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| | Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. | | | |
| Registration Regulation 7(3) | The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre. | Not Compliant | Orange | 31 May 18 |
| Registration Regulation 7(4)(a) | The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if any of the following is proposed to take place: (a) where the registered provider is a body corporate (whether a natural person, a company or other corporate body), there will be any change to: (i) the | Not Compliant | Orange | 31 May 18 |

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| | ownership of the body (ii) the identity of its director, manager, secretary, chief executive or any similar officer of the body (iii) the name or address of the body and shall supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre under (a), (b) or (c). | | | |
| Regulation 03(2) | The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year. | Not Compliant | Orange | 31 May 18 |