



## Office of the Chief Inspector

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

Name of designated centre:	Church View
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	06 December 2018
Centre ID:	OSV-0002477
Fieldwork ID:	MON-0023333

## About the designated centre

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

Church View is a designated centre which provides 24 hour residential nursing and healthcare support to five adults with intellectual disabilities. The bungalow is located in a small town in Co. Westmeath. The house comprises of five bedroom, one main bathroom, one shower and toilet, sitting room kitchen and sun room. There is a large garden to rear of the house and tarmac and large lawn at the entrance. A bus is available e for the designated centre. A person in charge is employed on a part-time basis and there are 4 whole time staff nurses and 5.5 whole-time health care assistants employed in this centre.

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

Current registration end date:	16/10/2020
Number of residents on the date of inspection:	5

## 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
06 December 2018	11:00hrs to 18:45hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with four of the five residents during different times throughout the day and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from residents' weekly meeting minutes, the designated centre's reviews and various other records that endeavoured to voice the resident's opinion.

Overall, residents appeared happy and content in their environment and the inspector was advised that the residents were enjoying their temporary stay in the centre while their own centre was having structural worked carried out.

One of the residents showed the inspector their room and advised that they enjoyed the country views and observing the farming activities next door. The resident also seemed pleased to have his own ensuite in this house.

The inspector was advised that although the residents enjoyed staying in this centre they were all looking forward to returning to their own centre in a weeks time.

Overall, the inspector observed that there was an atmosphere of warmth and friendliness in the centre and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

## Capacity and capability

The residents of Church View were temporarily residing at another designated centre while structural work was taking place in their house since the end of August 2018. The original plan was for this work to be completed in 6- 8 weeks however, this had been extended to the second week in December 2018.

The inspector found that overall, care and support provided to the residents was of a good standard. However, the inspector found that to fully ensure that residents received positive outcomes in their lives and the delivery of a safe and quality service, improvements were required to a number of governance and managements systems within this centre.

The inspector found that there was insufficient supports in place for the person in charge to ensure the effective governance, operational management and

administration of the designated centre due to their responsibilities for another designated centre. The person in charge advised the inspector that, to date, they had received no formal hand-over or induction to the centre.

The inspector found that there was a period of two months where there was no on-site presence of a person in charge and that arrangements in place during this period, for the running of the designated centre, was not satisfactory and had resulted in a number of specific regulation requirements not being met.

The inspector found that person in charge had commenced working in the role since 1st of November 2018 and since that time their presence in the centre had been minimal. The inspector found evidence to demonstrate that the person in charge was rostered for two hours one week, nine hours another week and thirteen hours the following week. However, post inspection the provider put arrangements in place for the person in charge to work on a part-time basis of nineteen and a half hours per week in this centre. Furthermore, the inspector was advised that recruitment is currently in place for a full-time person in charge for this centre.

The annual and six month unannounced reviews had being carried out in line with regulation however, the inspector found that since July 2017 no local audits had been carried out by the person in charge to evaluate the provision of service delivery and achieve better outcomes for the residents.

Overall, there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector reviewed the staff roster and saw that where agency staff were required, for the most part, the same agency staff had been employed. The inspector found that since moving to the temporary residence, staffing arrangements included four extra hours per week to support a resident through his recent transition.

On the day of inspection, staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the residents. The inspector found that overall a high cohort of staff had received mandatory training however, from a training schedule provided to the inspector, it was found a small number of staff training was outstanding. One to one supervision meetings, which support staff perform their duties to the best of their ability, had not been provided to staff since April 2018.

## Regulation 14: Persons in charge

Overall, the inspector found that the person in charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee a residential service.

However, the person in charge had just recently commenced in the post and on the day of inspection had not ensured the effective governance, operational

management and administration of this designated centre.
Judgment: Substantially compliant
<b>Regulation 15: Staffing</b>
<p>The inspector found that residents received assistance, interventions and care in a respectful, timely and safe manor and that there was continuity of care.</p> <p>Schedule 2 records were not checked on this inspection.</p>
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
<p>The 2018 training schedule was not available during inspection however, post inspection a copy of the schedule was sent into the Health Information and Quality Authority and demonstrated that most of the staff's training was up to date.</p> <p>One to one Staff supervision meetings had not taken place since April 2018.</p>
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
<p>The directory of residents was made available and was up to date with all the required information.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>The Health Information and Quality Authority had been notified of a new person in charge commencing in June 2018 however, the person in charge named in the notification did not commence in the role until 1st of November 2018.</p> <p>The management systems in place did not always ensure services provided was safe</p>



and effectively monitored.

At times there were no clear lines of accountability for decision making and responsibility of the delivery of services to residents.

There was minimum on-site presence of the person responsible during periods of the person in charge's absence.

The inspector found that no local audits carried out by the person in charge since July 2018.

Staff meetings, which included the person in charge, had not taken place since July 2018.

Judgment: Not compliant

### Regulation 3: Statement of purpose

On the day of inspection the statement of purpose available in the centre was dated 29th September 2017 and contained incorrect information. However, during the inspection senior management brought an updated version of the statement of purpose to the centre which was dated September 2018.

For the most part the statement of purpose included items laid out in Schedule 1 however, there were still a number of gaps in the document including the person in charge's whole time equivalent hours, incorrect designated centre address (temporary address), total staff compliment including extra hours of one healthcare assistant while in the current location.

Post inspection the person in charge submitted an updated version of statement of purpose with the above amendments.

Judgment: Substantially compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The procedures and arrangements put in place during times when the person in charge was absent were not appropriate and resulted insufficient governance and management systems during that period.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

This action was completed since last inspection with Schedule 5 written policies and procedures reviewed and updated where necessary. One policy was found to be a 'draft' status.

Judgment: Compliant

## Quality and safety

The inspector found that overall, staff were aware of each of the resident's needs and knowledgeable in the care practices required to meet those needs. However, the inspector found that in relation to individualised assessment and personal plans, infection control and fire precautions, a number of improvements were required.

As per the capacity and capability section of this report, the residents from Church View had temporarily moved to another designated centre while their own centre was having structural repairs carried out. In advance of moving to the temporary residence a robust transition plan was put in place for the move.

Residents were consulted through a "moving home" document which keyworkers completed with residents. Residents were supported to visit the temporary residence on five separate occasions to ensure a smooth and stress-free transition. Residents were assisted to choose their own room according to their support needs. On each visit to the house all the residents were encouraged and supported to bring personal items to the temporary residence so that a sense of familiarity and security could be felt.

As part of the transition plan, the inspector saw that arrangements had been put in place to support residents continue to attend their day activation services and outreach supports. Where appropriate, the transition plan was discussed with the residents' family members. Residents were able to receive family and visitors in suitable communal areas within the house but also facilitated by staff to visit their family homes if they so wished.

During the inspection the inspector sampled a number of personal plans. For the most part information within the residents' personal plan pertaining to healthcare needs were included, and where appropriate were reviewed in consultation with the resident, relevant key worker, allied health care professionals and family members. However, the inspector found that improvements were required to the documentation of the progress of residents' healthcare.

The inspector was advised that each resident had their own person centred plan

which outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Using these plans the residents would regularly sit down with their keyworker and discuss goals and the progress of their goals. However, the inspector found that these plans had not been brought to the temporary residence and as a result the residents' personal goals were not updated in the last three months including no progress noted, or achievements highlighted.

A number of residents were supported to be involved in their community through attendance of a local activation service while other residents availed of local outreach supports. Residents were also supported to participate in their community through activities such as dining out in the local pubs and restaurants, going to the cinema, swimming, shopping trips to nearby large towns and visits to pet farms.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. On the day of inspection three of the residents took part in aromatherapy sessions which was provided by a local therapist who came to the house on a regular basis. Residents also enjoyed other activities such as listening to music, board-games, knitting, reading magazines and books and sensory activities using sand and clay.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. Overall, the inspector found that the residents were protected by practices that promoted their safety however, some improvements were required in relation to the safeguarding awareness signage in the house.

The inspector found that for the most part the design and layout of the temporary premises ensured that the residents could enjoy living in an accessible, comfortable and homely environment. Residents' bedrooms contained a number family photographs, memorabilia and personal items that were of interest and precious to the resident. However, a number of internal and external decorative repairs were required.

Overall, procedures were in place for the prevention and control of infection in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that improvements were required in the temporary residence to fully ensure the prevention and control of infection.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. However, the inspector found that improvements were required to simulated evacuation drills.

## Regulation 17: Premises

As residents were residing in temporary accommodation the actions relating to Chruch View premises, from the last inspection, were not assessed.

Overall, the house the residents were currently residing in was found to be appropriately stimulating and provided opportunities for rest and recreation for the residents. However, the inspector found that the house required repair works including paint work for a number of rooms within the house. The outside of the house also needed repair work including, the front face of the building where paint was flaking off the wall and the bottom rail on the accessible ramp which was covered in rust. Furthermore, there was a disused broken down car to the rear of the building.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, the inspector found that the house was clean and tidy however, due to chipped paint on several of the residents' bedroom door frames and on one ensuite door-frame, the cleaning process could not ensure complete disinfection and decontamination .

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire and regular fire drills were taking place. Simulated evening time fire drills were taking place with minimum staff and maximum numbers of residents however, a simulated fire drill (bed-time scenario), with least amount of staff and all of the residents had not taken place since the residents moved into the temporary residence.

On the day of inspection, the inspector was assured by staff and senior management that the simulated evacuation would take place that evening.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents did not have access to their person centred plans since end of August

2018 (over three months).

Overall, personal care plans sampled were not clearly dated. The annual review for one resident's personal care plan was six months overdue. Another care plan had a number of gaps in the 'progress of care' sections.

Judgment: Not compliant

### Regulation 6: Health care

There were some gaps evident in the maintenance of documentation but care was delivered to a good standard and did not result in a medium to high risk to residents; for example residents were facilitated to engage in health screenings where appropriate however, where residents refused a screening service this was not documented in their care plan.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The inspector found that appropriate supports were in place for residents with behaviours that challenge and residents who were at risk from their own behaviour. Senior management reviewed all accidents and incidents reports on a monthly basis before forwarding to the behaviour support team.

Judgment: Compliant

### Regulation 8: Protection

Overall, residents were protected by practices that promoted their safety however, the inspector found that there was no documental or identifiable information regarding the designated officers in any of the communal areas in the centre.

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Church View OSV-0002477

Inspection ID: MON-0023333

Date of inspection: 06/12/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The person in charge has commenced working 19.5hours per week in the centre. The person in charge hours are clearly identified on the roster.</p> <p>Recruitment is currently in place for a full time person in charge for the designated centre.</p>	
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 person in charge has commenced supervision with the staff. All staff in the Designated Centre have received Supervision by the PIC.</p> <p>The staff member who required refresher Safeguarding Training is scheduled to attend training on 07 March 2019. The PIC has provided the staff member with an in house refresher session on 30 January 2019 as an interim measure.</p>	



Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a person in charge in place for 19.5 hours who is responsible for decision making and delivery of service to residents.</p> <p>The person in charge has commenced carrying out local audits in the centre. The person in charge has completed monthly audits on Medication Management, Care Planning and Person Centred Planning for 2019.</p> <p>The person in charge has completed a schedule of house meetings which will take place monthly for 2019. Staff meetings have taken place in the centre. A staff meeting was held on 13 January 2019 and 12 February 2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose was amended to include the person in charge's whole time equivalent hours, designated centre (temporary) address, and total staff complement and the updated Statement of Purpose has been submitted to the Authority post inspection.</p>	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent:</p> <p>A formal handover took place between the incoming person in charge and outgoing CNM2 on 15/12/2018.</p> <p>In the event of the PIC being on short term leave, the Assistant Director of Nursing will be present in the house between the days Monday to Friday and will assume the duties of the person in charge with immediate effect.</p> <p>In the event of long term absences a Person in Charge will be recruited for the duration of the absence.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A meeting was scheduled with the maintenance department in the centre on 15 February 2019 to review painting work required. Essential painting will be carried out both internally and externally in the centre. These works have gone to tender with a closing date of 04 March 2019. A schedule of works will then be completed and works carried out accordingly by 26 April 2019.</p> <p>The vehicle has been removed from outside the centre.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  Essential painting will be carried out internally to include bedroom door frames and all areas with chipped paint by 26 April 2019.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A simulated fire drill (night-time scenario) with the least amount of staff and all of the residents was satisfactorily carried out on 07 December 2018. A schedule has been developed by the PIC to ensure that monthly fire drills are carried out in the centre.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  A review has been undertaken by the person in charge of all care plans in the centre. All care plans including documentation of progress of resident's healthcare needs have been updated.</p> <p>All person-centered personal goals in the person centered care plans are currently being reviewed. Annual meetings have been scheduled for each individual to set and update goals for 2019 and more regularly if further updates are required by the individual. The goals set are reviewed on a continuous basis by the individual, key workers and other stakeholders.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  All individuals who decline to receive health screenings will have their wishes recorded in their care plan and brought to the attention of the Medical Practitioner. This was communicated to all staff working in the centre on 13 January 2019 at the staff team meeting.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  A clearly identified poster has been displayed on the wall of the centre identifying in picture format the designated officer and their contact details.</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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	07/12/2018
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	07/03/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	10/02/2019

	are appropriately supervised.			
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	26/04/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	07/12/2018
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	07/12/2018
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	Not Compliant	Orange	07/12/2018

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	26/04/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	07/12/2018
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.	Substantially Compliant	Yellow	07/12/2018
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	07/12/2018

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/12/2018
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	07/12/2018
Regulation 03(3)	The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	Substantially Compliant	Yellow	07/12/2018
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, he or she shall give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated	Not Compliant	Orange	07/12/2018

	centre during the said absence.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/03/2019
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	Yellow	07/12/2018
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Not Compliant	Yellow	30/03/2019



	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	07/12/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	07/12/2018