



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

Name of designated centre:	L'Arche Ireland - Kilkenny (An Solas/Chalets)
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	03 and 04 October 2018
Centre ID:	OSV-0003419
Fieldwork ID:	MON-0021780

About the designated centre

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

L'Arche Ireland - Kilkenny (An Solas/Chalets) consists of a large main house and two smaller houses located in a small town setting. The larger house can provide a home for up to four residents and also provides bedrooms for volunteers working for the provider. This house also contains a kitchen/dining area, sitting room, sun room, staff office, prayer room, bathroom facilities and a utility room. The smaller houses are each divided into two separate chalets. Each chalet provides a home to one resident and includes a living/dining area, a bedroom and a bathroom. The centre provides 24 hour care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. The centre can accommodate a total of eight residents. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and the majority of residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Current registration end date:	21/01/2019
Number of residents on the date of inspection:	7

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
03 October 2018	10:00hrs to 18:15hrs	Conor Dennehy	Lead
04 October 2018	08:30hrs to 13:30hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met six of the seven residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, four residents spoke to the inspector while other residents were observed in their environments and in their interactions with staff.

Residents spoken with indicated that they liked living in the centre. These residents spoke very positively of the lives they enjoyed and were clearly very happy with their living arrangements. The residents also spoke about the activities they participated in while living in the centre such as shopping, holidays, day trips, cooking classes, computer classes and knitting. These residents appeared satisfied with the options provided for community participation.

All residents appeared comfortable and at ease with staff members and volunteers present who were observed interacting with residents in a positive and respectful manner throughout the inspection. The inspector observed residents, staff and volunteers to engage as a group in a warm manner which contributed to a positive atmosphere throughout the inspection. Residents who spoke with the inspector also spoke highly of the support they received from staff and volunteers.

Two residents also completed questionnaires, describing their views of the centre they lived in. These questionnaires contained positive views regarding the centre which indicated a high level of satisfaction with aspects of life in the centre such as activities, bedrooms, visitors, and meals provided.

Capacity and capability

Throughout this inspection residents were seen to be treated respectfully and in a caring, positive manner. The provider sought to enable residents to live in a community environment which promoted their quality of life. As evidenced by a good compliance level across most of the regulations inspected against, the provider had been successful in putting in place structures and supports to ensure that residents were provided with a good quality of life. It was noted though that, while overall good arrangements were made for management and staffing of the centre, some improvement was required in relation to the annual review conducted and the submission of a required notification of an adverse event to HIQA.

A statement of purpose is a key governance document which describes the service to be provided. The provider had ensured that a statement of purpose was in place

and had been subject to recent review. The inspector was satisfied that overall the statement of purpose reflected the day-to-day operation of the centre and accurately described the model of care and support provided. It was noted though that some key information, such as the staffing compliment in place required greater clarity to ensure that accurate information was provided in the statement of purpose.

As outlined in the statement of purpose, a clear organisational structure was in place within the designated centre where roles and responsibilities were clearly set out. In addition to the day-to-day operations of the designated centre, clear lines of reporting were also in place to ensure that the provider's Board of Directors were aware of how the centre operated. For example, the Board of Directors were provided with and had reviewed the most recent annual review conducted for the centre.

A suitable person in charge was in place who was responsible for three designated centres in total. Given the person in charges remit the provider had put in place structures to support them in their role which included a day-to-day house leader presence in this centre. This helped to ensure that the person in charge was actively involved in the running of the centre and was fully aware of the needs of residents and any events that took place.

To ensure oversight of the centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such requirements are important in order review the quality and safety of care and support that is provided to residents. Two unannounced visits had been carried out by the provider since the previous HIQA inspection in May 2017. Such visits focused on the quality and safety of the service provided. The most recent annual review also focused on the quality and safety of care and support provided while also looking at the provider's progress towards meeting national standards. It was noted though that, while the provider actively consulted with residents' representatives, the outcome of such consultation was not clearly reflected in the annual review.

In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents. However, while reviewing an incident review carried out for 2018, it was observed that the unexplained absence of one resident from the centre had not been notified as required. While the provider had responded to this incident when it occurred, a notification was not submitted to HIQA. Such notifications are required to ensure that HIQA is aware of actual and possible adverse incidents in a centre which impact on residents' care and support.

In line with the provider's model of care, support was provided to residents by paid staff members and live-in volunteers. In doing so the provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting a continuity of care. While the volunteers in place at the time of inspection had only recently commenced working in the centre, the provider had ensured that adequate support and supervision arrangements were in place to ensure that these volunteers were made aware of the needs of residents

and how to support them.

Staff members and volunteers spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. It was seen that the overall workforce in place was provided with training in a wide range of areas such as fire safety, safeguarding, medicines and manual handling. This provided assurance that provider was committed to ensuring that all staff and volunteers were suitably trained to provide a person centred service. As observed throughout the inspection, residents appeared comfortable in the presence of staff members and volunteers present. The inspector also observed staff members engaging with residents in a positive, respectful and warm manner throughout this two day inspection.

Regulation 14: Persons in charge

The person in charge was responsible for three designated centres in total at the time of this inspection. Based on the compliance levels of this inspection, this arrangement was not found to have a negative impact on the service provided to residents. The person in charge demonstrated a good understanding of residents' needs and it was also noted that the person in charge was actively pursuing further education.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate skill mix of consistent staff was provided to support residents and supplement the live-in volunteers. Nursing input was also available to support residents. Planned and actual rosters were maintained in the centre. A sample of staff files were also reviewed which contained all of the required information such as two written references and evidence of Garda vetting.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive both formal and informal supervision. The person in charge was based near to the centre and there was also a day-to-day house leader presence in the centre which ensured that staff practice could also be supervised. Staff team meetings took place at regular intervals. Training was provided in a range of areas and records reviewed indicated that all

paid staff members were up to date in areas such as fire safety, safeguarding, medicines and de-escalation and intervention.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place along with auditing arrangements to monitor the service provided to residents. Unannounced visits were being carried out which included a supporting action plan to respond to any issues. Since the previous HIQA inspection in May 2017, an annual review had been carried out to review the quality and safety of care and support provided to residents. It was noted that though that this annual review did not adequately reflect consultation with residents' representatives. As evident by the overall compliance levels found on this inspection there were adequate resources, supports and systems to ensure the effective governance of a centre which focused on improving residents' quality of life.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policies and practices in place relating to proposed new admissions. As part of these prospective residents were given an opportunity to visit the centre in advance. A sample of residents' contracts for the provision of services were reviewed. This is an important document for setting out the service to be provided to residents and it was noted that the contracts reviewed had been signed by the residents involved and representatives of the provider. This was found to be an area for improvement during the May 2017 inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which accurately described the nature of the service provided. While the statement of purpose contained most of the required information, some details, such as the staffing complement to be provided, required greater clarity.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers were an important part of the service provided to residents. As such the provider had ensured that robust recruitment procedures were in place. As part of these evidence of Garda vetting had been obtained for volunteers while their roles and responsibilities were set out in writing. The provider had also put in place a system for the formal and informal supervision of volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

While reviewing an incident review for the centre it was noted that one occasion of an unexplained absence of a resident from the designated centre had not been notified to HIQA as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

Since the previous inspection a deputy complaints officer had been appointed to ensure that complaints were adequately responded to and recorded. A record of complaints was made but some improvement was required to ensure that it consistently recorded the satisfaction levels of residents who made complaints.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that residents were provided with a good quality of life within a community environment in keeping with the ethos of the provider. It was observed that residents were appropriately supported and encouraged to enjoy a good quality of life which was reflected in an overall good level of compliance across relevant regulations. It was noted though that further assurance was

required regarding fire containment in the smaller houses of the centre.

Throughout the inspection, evidence was seen that residents were treated respectfully and were supported to participate in meaningful activities of their choice. For example, residents spoke to the inspector of activities they enjoyed. These included computer courses, cooking classes, arts and crafts, social events and holidays. Opportunities to engage in such activities were actively encouraged and supported within the designated centre which had access to two vehicles to facilitate activities. It was clear that residents enjoyed the activities they participated in and were happy with the lives they were leading.

Residents were also supported to engage in employment in the local town if they so wished. Visitors were welcomed to the designated centre and facilities were available for residents to receive visitors in private. It was also seen that residents were actively encouraged and supported to meet families and friends away from the centre. This provided assurances that residents were being supported to integrate into the wider community and maintain personal relationships.

Residents were consulted in the running of the centre and their active involvement was also reflected in their individual personal plans which were developed in a person-centred way. The plans outlined the supports to be provided to residents to meet their assessed needs while staff members and volunteers present during this inspection demonstrated a good understanding of such needs and the necessary supports to provide for these. It was noted that some personal plans required review to ensure that they contained clear information and reflected all of the needs of residents as described by staff members and volunteers.

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 and had regular nursing input. Residents had regular health assessments and monitoring carried out and if necessary health care plans were put in place outlining the supports needed for residents. It was also seen that residents were provided with appropriate food and nutrition, while also being actively encouraged to choose, purchase and cook their own meals.

The provider was committed to promoting positive behaviour amongst residents living in the centre. For example, evidence was seen that additional facilities had been provided in the centre to provide a quiet relaxed space for some residents if required, while staff members and volunteers outlined the steps they took to promote positive behaviour. 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.

There were appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse. For example, areas of potential safeguarding concerns had been identified while there were robust procedures in place to safeguard residents' finances. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff members and volunteers. Relevant training had been provided to all staff members while newly

incoming volunteers received such training upon commencing in the designated centre. Staff members and volunteers spoken to demonstrated a good understanding of any safeguarding issues present and how to respond to such issues if required.

The inspector was satisfied that efforts were being made in the designated to promote the health and safety of residents within the designated centre. For example since the previous HIQA inspection in May 2017, a new fire alarm system had been installed linking all houses of the centre together. Other fire fighting equipment such as fire extinguishers was also present with such equipment being serviced at the required timeframes. Internal staff checks on fire safety were also being carried out on a daily basis.

Residents had personal evacuation plans in place which outlined the supports to be provided to residents to assist them in evacuating the centre. It was noted though that one such plan had not been updated to reflect the outcome of a recent fire drill. The provider had ensured that such fire drills were taking place at regular intervals. While the provider was varying the time of day when such drills took place, it was noted that the main house of the centre had not undertaken a drill to reflect a scenario when all residents living in that house would be asleep. It was noted though that all staff members and volunteers had been provided with fire safety training while some residents spoken knew what to do in the event of a fire alarm activating.

While overall fire safety systems within the centre had improved since the previous inspection, further assurance was required regarding fire containment in the two smaller houses of the centre. Based on the configuration of these houses, it was not demonstrated that residents living in these houses would be provided with a sufficiently protected means of escape from the houses in the event of fire taking place.

Regulation 10: Communication

Since the previous inspection increased internet access had been available for residents in the designated centre.

Judgment: Compliant

Regulation 11: Visits

Residents were actively facilitated to receive visitors while a suitable space was available for residents to receive visitors in private if they wanted to.

Judgment: Compliant

Regulation 13: General welfare and development

Developing and maintaining personal relationships and links with the wider community were actively encouraged and facilitated. 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. Residents were supported to engage in education and employment opportunities.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported and encourage to buy, prepare and cook their own meals. It was observed that adequate amounts of food and drink were provided to ensure that choice was available to residents in the meals they had. Appropriate storage facilities were also available to store food hygienically.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place which contained all of the required information such as how to access HIQA inspection reports and the procedure for complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management policy. A risk register was in place which was subject to review while a plan for responding to emergency situations was also available. The designated centre had access to two vehicles which were serviced and insured as required.

Judgment: Compliant

Regulation 28: Fire precautions

It was noted that one resident's personal evacuation plan had not been updated to reflect the outcome of a recent fire drill while such drills did not reflect a scenario when all residents living in the main house would be asleep. Based on the configuration of the two smaller houses it was not demonstrated that residents living in these houses would be provided with a sufficiently protected means of escape from the houses in the event of fire taking place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place which had been informed by relevant assessments, had multidisciplinary input as required and set out the needs of residents and how to meet these. Residents and their representatives were actively involved in developing these plans. Staff and volunteers present in the centre demonstrated a good understanding of residents' needs and how to support them. Some improvement was required in relation to the maintenance of some part of personal plans to ensure that accurate information was contained within them. For example, in one residents' personal plan it were noted that some possible triggers were listed as interventions while another resident did not have a specific plan to outline the supports to be provided in relation to a specific need described by staff and volunteers to the inspector.

Judgment: Substantially compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these while the health of residents was regularly monitored.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that training was available to staff and volunteers in de-

escalation and intervention. Staff members and volunteers present on inspection demonstrated a good understanding of how to promote positive behaviour amongst residents. There were few restrictive practices in operation in the designated centre. These were noted to have been assessed and were reviewed by the staff team but some improvement was required to ensure that the oversight and review of such restrictive practices complied with best practice.

Judgment: Substantially compliant

Regulation 8: 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. Throughout the inspection, residents were seen to be comfortable in the presence of staff members and volunteers

Judgment: Compliant

Regulation 9: Residents' rights

The provider was making considerable efforts to ensure that residents could exercise choice and control in their daily lives, for example, in the activities residents engaged in and voting. Residents were seen to be treated in a respectful manner throughout inspection. Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. Residents were also supported and encouraged to be part of the provider's human rights committee if they chose to do so.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for L'Arche Ireland - Kilkenny (An Solas/Chalets) OSV-0003419

Inspection ID: MON-0021780

Date of inspection: 03 and 04 October 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The Provider will ensure that the Annual Report adequately reflects the consultations that are carried out with the resident's relatives.</i></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><i>The Statement of purpose will be amended in line with regulation 3. Some small changes have been made following observations from the Inspector. An additional section on privacy and dignity will be added as requested. The revised Statement of Purpose will then be sent on.</i></p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p><i>The Person In charge will ensure that all notifications are made to Hiqa within a required timeframe.</i></p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p><i>The internal Complaints Form will be redesigned to reflect satisfactory conclusion to all complaints.</i></p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p><i>Resident's personal evacuation plan has been updated to reflect the outcome of the recent fire drill.</i></p> <p><i>Fire doors will be installed into the chalets to ensure there is a sufficiently protected means of escape.</i></p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p><i>The Person In Charge and the House Leader will ensure that a Personal Plan is in place to address the needs of the resident in regard to dealing with anxiety issues.</i></p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p><i>The Person In Charge will organise for an external Advocate to review the Restrictive Practice in place for 1 resident.</i></p> <p><i>L'Arche Ireland will also be reviewing all Restrictive Practice's on an annual basis as part of the internal Audit Team's work.</i></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 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30 June 2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28 February 2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31 May 2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	15 November 2018

	event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15 November 2018
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	15 November 2018
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	15 November 2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of	Substantially Compliant	Yellow	31 December 2018

	any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15 November 2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	28 February 2019