Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Comeragh High Support Residential Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	09 and 10 May 2018
Centre ID:	OSV-0005082
Fieldwork ID:	MON-0021950

About the designated centre

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

Comeragh Residential Services Waterford County is a five bedroom detached bungalow located in an urban area. The centre provides residential supports for up to five residents with moderate to severe intellectual disabilities and multiple needs. The centre is open 365 days a year. Day services are not provided on site but support will be given to residents if they chose not to attend their day services. The centre has staffing compliment matched to the particular needs of residents in the centre. The current staffing compliment is made up social care leaders, social care workers and care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	04/10/2018
Number of residents on the date of inspection:	4

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
09 May 2018	10:00hrs to 18:00hrs	Conor Dennehy	Lead
10 May 2018	08:45hrs to 16:00hrs	Conor Dennehy	Lead

Views of people who use the service

Four residents lived in the centre at the time of this inspection, all of whom filled out questionnaires describing their views of the centre they lived in. The inspector meet all four residents during the inspection and had the opportunity to talk to three of them while also observing all residents in their environment.

In questionnaires residents indicated that they were very happy with many parts of life in the centre such as their bedrooms, meals and the staff who supported them. Some residents showed the inspector their bedrooms and were clearly very happy with them. These residents also told the inspector about some of the activities that they participated in such as arts and crafts, walks and trips out for coffee.

Residents were observed to be comfortable in the presence of staff members on duty during the inspection, who were seen to treat residents in a caring and respectful manner. However, in their questionnaires some residents indicated that they did not feel safe living in the centre. During the inspection, two residents told the inspector that they did not feel safe living in the centre due to the current mix of residents who were accommodated there.

Capacity and capability

The provider had failed to ensure that all residents living in the centre were provided with a quality and safe service as evident by the level of compliance found during this inspection. The provider's oversight of the service was not adequate and effective remedial action was not taken when issues arose. As a result of this the quality of life which residents experienced was negatively impacted.

Governance systems had been put in place by the provider to monitor the quality and safety of the service provided to residents including audits and staff supervision. The provider was also carrying out the required annual reviews and unannounced visits at timely intervals. Evidence was seen that some of the issues highlighted by such systems were acted upon. However,it was not demonstrated that the provider had the capacity to take appropriate corrective action when problematic issues when areas for improvement were identified. The provider's audit systems had highlighted that the designated centre was not suited to meet the needs of all residents living in the centre but this had not been addressed adequately.

Concerns around the mix of residents in this centre had been raised during the previous HIQA inspection in May 2017. While the provider had taken some level of action to respond to this, which had some positive effects, the resident mix

remained unsuitable. At the time of this inspection, this situation was impacting negatively on all the residents living in the centre. This was evident by the compliance levels found across some quality of life regulations.

The provider's management arrangements were not consistently effective. The provider had put in place a clear structure to oversee the day to day running of the centre. However, it was noted that the person in charge was responsible for a total of six designated centres spread over a geographical area as well as a day service. Given the issues faced by this centre, the compliance found during this inspection and large remit of the person in charge, this arrangement was not suitable to ensure the effective governance, operational management and administration of the six designated centres concerned.

A consistent and knowledgeable staff team was found to have been put in place. Staff members spoken to were able to accurately describe the specific needs of the residents and the supports required to provide for these. Inspectors also observed staff members engaging with residents in a positive, respectful manner and providing appropriate support if required. Appropriate training was available to staff to help them meet residents' needs but some improvement was required in relation to the provision of refresher training.

Given the challenges posed by the resident mix in the centre, the provider had worked within its existing staff compliment to ensure that appropriate numbers of staff were put in place during weekdays to support residents. This helped to ensure there was consistency. In the weeks prior to this inspection, the provider had identified the need to provide more staff at weekends. The inspector saw that this resource had been provided for. However, this additional support had not been provided the weekend before this inspection. While this had not negatively impacted on residents on this occasion, it did not provide assurance that satisfactory systems were in place to ensure adequate staffing on a consistent basis.

Registration Regulation 5: Application for registration or renewal of registration

Key information to support the provider's application had not been provided to HIQA. Some of the required information for two persons participating in management, such a full employment history, was either not submitted or submitted in the wrong format.

Judgment: Not compliant

Regulation 14: Persons in charge

The inspector was informed that steps were being taken to reduce the responsibilities of the person in charge but at the time of this inspection they

remained responsible for a total of six designated centres spread over a large geographical area as well as a day service. This arrangement was not sustainable as it did not allow the person in charge the time or resources to oversee and manage this centre.

Judgment: Not compliant

Regulation 15: Staffing

Staff members present during the inspection was observed engaging with residents in an appropriate and positive manner while also demonstrating a good knowledge of residents and their needs. A sample of staff files reviewed contained all of the required information such as two written references and evidence of Garda vetting. Planned and actual rosters were maintained which indicated a continuity of staff. Nursing input ws available as required. While appropriate staffing numbers were provided during weekdays, it was not demonstrated that staffing arrangements at the weekends were satisfactory and consistent.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements were in place for staff supervision and records were maintained of supervision meetings. Staff team meetings were also being held at regular intervals. Records reviewed indicated that staff were provided with training in areas such as fire safety, safeguarding, de-escalation and intervention and medicines management. It was noted though that some staff were overdue refresher training in fire safety and de-escalation but dates had been booked for staff to receive such training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information.

Judgment: Compliant

Regulation 23: Governance and management

The provider had carried out an annual review and unannounced visits as required. Evidence was seen that some of the issues highlighted in these were acted upon. However, such management systems had highlighted that designated centre was not suited to meet the needs of all residents living in the centre and this was negatively impacting on the residents. While the provider had made attempts to address this issue, it had not been resolved at the time of this inspection. This impacted on the compliance levels found across some regulations inspected against.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts for the provision of services were reviewed and it was noted that they did not not accurately set out the fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose is a key governance document which the provider is responsible for keeping up to date. This document was reviewed during the inspection and was found to be missing some of the key information. While some changes were made, in response to feedback given during inspection, overall the document did not accurately address some key areas.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider did not have adequate systems in place to notify HIQA when certain incidents took place as prescribed by Regulation. While HIQA had been notified of some incidents of a safeguarding nature, the inspector saw records of similar relevant incidents which had not submitted. An unplanned evacuation was also found not to have been notified in a timely way.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had a national policy in place relating to the Garda vetting of staff dated November 2016. The policy outlined a procedure for existing staff to get updated Garda vetting every 3 to 5 years. In a sample of staff files reviewed it was noted that some staff members had not been had updated Garda vetting in line with the timeframes set out in the provider's policy. During feedback a representative of the provider confirmed that this procedure had yet to commence but steps were being taken to address this.

Judgment: Not compliant

Quality and safety

Efforts were being made to provide residents with a good quality of life. It was clear though that the needs of one resident were not being met within the centre. In addition the mix of residents living in the centre was impacting negatively on both the safety and quality of life experienced by residents. The inspector was sufficiently concerned that this posed a significant risk to the safety, health and welfare of residents using the service, that this was rated as a red (high) risk.

Each resident had an individual personal plan in place which outlined the needs of residents and the supports to be provided to residents to meet these needs. Where necessary health care plans were put in place outlining the supports needed for residents in this area. Residents had access to allied health care professionals as required and were facilitated by staff to attend appointments where necessary. This provided assurance that residents were supported to enjoy the best possible health.

While reviewing resident's personal plans it was observed that some improvement was required in relation to the documentation to promote safe and consistent care. However, staff members present during this inspection demonstrated a good understanding of residents' needs and the supports to be provided to meet them. Staff members were observed by the inspector to provide appropriate and respectful support to residents when required.

It was clear though that arrangements were not in place to meet one resident's assessed needs while they were living in this designated centre. At the time of this inspection four residents were living in this centre but this resident had been assessed as requiring a different model of service. While the provider had acknowledged this and made efforts to put in place the model of service required, there remained a negative impact on other residents living in the centre. As a result

this resident's personal development and quality of life was not being maximised.

The previous inspection of this centre in May 2017 had raised concerns regarding the mix of residents living in the centre. Although resident numbers had reduced since then, which had some positive impacts, the resident mix continued to pose challenges particularly at times when all four residents were present in the centre. Such occasions did not promote the quality of life and being of residents living in the centre.

For example, at particular times of the day, the designated centre was observed to provide a relaxed, calm environment for residents to take part in activities of their choice. Residents spoke positively of some of the activities they enjoyed such trips for coffee and engaging in arts and crafts. However, at other times residents' freedom of choice in accessing their environment and the activities they engaged in was restricted. This was directly related to the mix of residents in the centre which was impacting on the quality of life in the centre.

While some improvement was needed around documentation relating to risk, it was observed that efforts were being made to promote the health and safety of residents. For example, regular health and safety audits were being carried out and there was a risk register in place which had been recently reviewed. Any risks identified had corresponding risk management plans in place and staff demonstrated a good understanding of the risks in the centre and how to respond to these.

However, the resident mix also posed challenges in ensuring the safety of residents living in the centre. The provider had made considerable efforts to protect residents in this regard. This included reducing resident numbers since the previous inspection, changing daily schedules and providing additional transport at weekends. However, two residents informed the inspector during this inspection that they did not feel safe living in the centre. This was clearly apparent from discussions with staff and management, documentation reviewed and observations made during this inspection.

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.

Judgment: Compliant

Regulation 26: Risk management procedures

While some good practice was noted regarding the management of risk, improvements were required in the documentation of risk management plans to

ensure staff had up to date and accurate information. For example, a risk management plan for the risk of choking required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

From reviewing one resident's personal plan, talking to staff and observing practice it was evident that arrangements were not in place to meet the assessed needs of this resident. The inspector was sufficiently concerned that this non-compliance posed a significant risk to the safety, health and welfare of residents using the service that this was rated a red (high) risk. Consequently the Office of the Chief inspector has identified the date by which the provider must become compliant.

All residents had personal plans in place which were also available in an accessible format. Such plans had been informed by relevant assessments and set out the needs of residents and how to meet these.

Some improvements were required to promote consistency of care. While reviewing personal plans it was noted noted that a communication plan in relation to one resident was not in place while some plans contained duplicate information or information which was not consistent.

Judgment: Not compliant

Regulation 6: Health care

The health care of residents was being supported in the designated centre. Health care plans were in place and support was given to residents to attend medical appointments as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans in place which had been recently reviewed. Staff present during the inspection demonstrated a good understanding of how to support residents with their behaviour. Recent quarterly notifications indicated that there were no restrictive practices in use. During the course of this inspection, the inspector did not observe any such practice.

Judgment: Compliant

Regulation 8: Protection

The previous inspection of this centre in May 2017 found the provider had failed to protect residents from all forms of abuse and raised concerns around the mix of residents. In response to this, the provider had reduced resident numbers in the centre which had some positive results. However, the resident mix in the centre continued to be unsuitable and while the provider had made further efforts to safeguard residents, some residents told the inspector that they did not that they did not feel safe living in the centre. This was also evident from discussions with staff and management, documentation reviewed and observations made during this inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were observed to be treated in a respectful manner by staff members present during the inspection. Residents were consulted in relation to the running of the centre through house meetings and regular one to one discussions with staff. However, the mix of resident in the centre restricted some residents' choice for the activities they could engage in and discuss while present in the centre. This also limited these residents' choice in accessing parts of their home. Their rights to privacy and dignity were also infringed at times.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Comeragh High Support Residential Services OSV-0005082

Inspection ID: MON-0021950

Date of inspection: 9 & 10/05/2018

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Information on persons participating in the management of the designated center will be resubmitted to give full information on employment history Compliance date 30th September 2018	
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A team leader has been identified for the role of Person in Charge of the designated center. Documentation for approval of appointment will be submitted to HIQA. Compliance date 30th September 2018	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	

Person in charge will roster staff at the weekends to provide support for 1 individual to meet his needs. This is currently in place

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The PIC will review training records with staff team and liaise with training department to provide schedule training dates for staff as required.

Compliance date August 31st.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- A request for individualized funding has been submitted to HSE for approval in August 2017. In recent weeks there have been additional meetings with the HSE in relation to finding a resolution that will meet the needs of all residents involved.
- The HSE have escalated this within their own structure to a level 1 priority. A weekly email will be sent to the HSE to ensure this issue remains priority.
- Internally, this issue has been escalated to our national office who will also escalate it at their level to the HSE.
- Internally within Brothers of Charity Services Ireland South East Region, we are working on a plan across service areas to create an opportunity for the individual concerned to move to an apartment which will provide him with an individualised wrap around service.
- The individual will be supported to avail of a two week holiday break from July 28 2018 – August 11th 2018. This holiday break will also provide the opportunity to assess his needs when he is living alone and will indicate how these can best be met in the new environment.
- A transition plan will be created to ensure as smooth a move as possible for this

person from their house to the apartment involving the individual, their family and the staff team.

- The interim plan currently in place to provide individualized support for resident by using a base outside the designated center in the evenings and at weekends will continue during this transition.

- Please see response under regulation 8 protection in relation to the safeguarding plan

Compliance date: October 4th 2018

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- An amended list of charges will be issued to each resident and staff will explain these charges to each resident.
- A copy of the amended list of charges will be place in individual's files
- This information will also be shared at individual circle of support meetings; next of kin have been notified of fees charged and services provided

Compliance date August 31st 2018

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The PIC will review and update the statement of purpose to accurately reflect service provision.

Compliance date 30th September 2018

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
PIC will ensure that all notifiable incidents are notified to HIQA within appropriate timeframe

Compliance date immediately

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Human Resources Department is currently in the process of recruiting a dedicated admin support to carry out re vetting of all existing staff members as per policy.

Compliance date 31st March 2019 (for re vetting to be completed)

Regulation 26: Risk management procedures	Substantially Compliant

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

Staff team will review residents risk management plan for the risk of choking in consultation with the speech and language therapist to ensure information is up to date and accurate.

Compliance date September 30th 2018

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
A multi d review will be scheduled to review overall needs of the 4 individuals supported

in the designated center and personal plans will be updated accordingly.

In the case of one individual, a communication plan will be put in pace in consultation with the psychology department.

Files will be reviewed to ensure that information is consistent and to remove any duplication.

Compliance date September 30th 2018

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The organization will continue to work with the HSE to procure funding for an individualized service for one resident identified as causing risk to others in this designated centre
- Currently a safeguarding plan is in place with the support of the designated officer and the mufti disciplinary team.
- The safe guarding plan ensures that the interaction of one identified resident with 3 others is minimized.
- Extra staff supports to the individual, every weekend provide a structured activity schedule outside the residence from 9am to 7pm on Saturday and Sundays.
- During the week the interaction between the resident and the other people supported in the house is minimized by the individual availing of activity schedule after day service 7pm.
- On his return other residents are provided with opportunity for social activities outside the residence. This is monitored with the staff team on a daily basis with oversight from PIC.
- The identified resident will be supported to avail of a 2 week holiday break from July 28th until August 11th this coincides with closure of day service.

Compliance date 30th September 2018

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Provision of extra support hours for one individual will offer increased opportunity for other the 3 residents to engage in a wider choice of activities within the residence and in the wider community
Social work and psychology support available to support the rights of residents

Compliance date September 30th 2018

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
Registration Regulation 5(3)(b)	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.	Not Compliant	Orange	30/09/2018
Regulation 14(4)	A person may be appointed as person in charge	Not Compliant	Orange	30/09/2018

	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.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2018
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	31/08/2018
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	30/09/2018

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2018
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	30/09/2018
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring	Not Compliant	Orange	20/07/2018

	in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.			
Regulation 31(1)(f)	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 allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	20/07/2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	31/03/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Red	04/10/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	30/09/2018

	designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2018
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/09/2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/09/2018