



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

Issued by the Chief Inspector

Name of designated centre:	Drumboe Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	03 September 2020
Centre ID:	OSV-0002531
Fieldwork ID:	MON-0030177

About the designated centre

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

Drumboe Respite is operated by the Health Service Executive and is situated on the outskirts of a town in County Donegal. The centre provides after school, day and overnight respite services for children and adults on alternate weeks. Emergency admissions are also facilitated if the need arises. The property comprises five bedrooms (two of which are en-suite), a toilet upstairs and a shared bathroom downstairs. There is a kitchen, dining room and spacious sitting room also downstairs. Outside there is a large garden to the back of the property with swings, trampolines and garden furniture. A sensory room is also provided to the back of the property which residents can avail of. A bus is provided to facilitate residents going on community activities. The team liaise with residents, multi-disciplinary members, primary carers, school and day services in order to provide continuity of care to residents. The staff team consists of a full time person in charge, nurses and health care assistants. Student nurse placements are also facilitated in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 September 2020	11:15hrs to 16:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

At the time of this inspection the usual respite services were not being provided due to the current COVID-19 pandemic. The residents residing in the centre were living there on a full-time basis following an emergency admission to the centre.

The inspector met both of the residents during the inspection who were being supported by staff to follow their plans for the day. Residents were unable to or did not wish to inform the inspector about what their views were on the services provided in the centre.

The inspector got the opportunity to speak to two of the residents representatives on the day of the inspection who expressed that they were very happy with the services being provided. They spoke about being able to visit the centre and said they were kept informed by staff of any changes or updates in the residents care and support needs.

Residents appeared comfortable in the presence of staff and were observed enjoying coffee with staff or going out on their chosen activities on the bus that day. The staff appeared to know the residents well. For example; a resident who was going out on the bus liked to do this promptly when it was displayed on their visual timetable and staff responded to this quickly.

Information was displayed in picture format around the centre for residents who responded to visual cues to inform them. For example; staffs pictures were on display in the hallway to inform residents who was on duty.

Residents were being supported to access community activities in line with current public health guidelines. One resident who liked swimming and was a member of the local swimming pool was planning to resume this soon.

The inspector also observed pictures around the centre of places that residents had visited while availing of respite services. Staff spoke about how they included residents in the daily running of the centre when respite was being offered. For example; staff spoke to residents to see what activities they would like to do or meals they might like while they were availing of respite.

Capacity and capability

Overall the inspector found that the centre was well managed on a day to day basis. The person in charge demonstrated good oversight of the centre, along with the director of nursing. This was contributing to residents receiving a good standard of

care in this centre. However, the registered provider needed to make arrangements to ensure that the services provided were appropriate to all of the residents' needs and to ensure that all residents' rights were upheld when respite services resumed in the centre.

The provider had prepared a statement of purpose for this centre. Part of the admission criteria outlined in this document included admitting residents on an emergency basis. However, some residents had and were in receipt of full time care following an emergency admission to the centre. One resident had been receiving full time care as an emergency admission since December 2019. The inspector found that when respite care was being provided, that residents receiving full time care were required to move to other centres when the respite service was either closed or when children were availing of respite care in the centre. For example; one resident had been required to move four times in a four week period to other centres. This was not respecting the rights of residents.

There were governance and management structures in place with assigned roles and responsibilities in the management team to ensure oversight of the centre. The person in charge was full time in the centre and reported to the director of nursing who was also a person participating in the management of the centre. When the person in charge was not on duty a shift leader was assigned to oversee the care and support of residents.

The provider had systems in place to assure that the services were monitored and reviewed on a regular basis. This included a quality improvement plan to ensure that actions from all audits conducted in the centre were acted on. For example; the actions from the last unannounced quality and safety review conducted in June 2020 was included in this plan. The inspector found that the actions from this had either been addressed or were still in progress at the time of this inspection. This audits were identifying areas that needed to be improved. For example; it had been identified that a staff review needed to be conducted to ensure that adequate staff numbers were available in the centre. This review had been completed by the person in charge and submitted to the director of nursing.

The provider had also conducted an annual review for the centre as required by the regulations. Resident/ representative surveys had been circulated to gain their views on the quality of services provided. These had not been returned at the time of this inspection.

However, given the findings of this inspection, improvements were required as the registered provider needed to ensure that the designated centre was appropriate to meet all of the residents' needs in the centre at all times.

As a result of the emergency admissions, the centre was now open on a 24/7 basis. There was sufficient staff in place to meet the needs of the residents at the time of this inspection as fourth year student nurses were on placement and some agency staff were also being used. A planned and actual rota was maintained and on review of a sample of rotas, consistent staffing levels were maintained each day. However, as stated the person in charge and the person participating in the management of

the centre had conducted a review of staffing. This review highlighted the need to provide additional staff in the centre going forward (as student nurses would not be available in the near future) in order to ensure consistency of care for residents. At the time of the inspection the person in charge was still awaiting a response from the provider to address this concern.

A sample of personnel files viewed were found to contain the requirements of the regulations.

Staff had been provided with training in a number of areas in order to enable them to meet the needs of the residents some of which included basic life support, safeguarding adults, Children First, fire safety, manual handling and positive behaviour support techniques. Some training and refresher training could not be completed due to the current pandemic, the person in charge was aware of these and the provider had some plans to address these in the coming weeks. All staff had also been provided with training in infection control and personal protective equipment in order to enable them to manage/respond to an outbreak of COVID-19.

Staff had received supervision in line with the providers own organisational policy. The staff met with felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their manager should the need arise.

Each resident had a contract for services in place, which was signed by a family representative. These contracts outlined the services that residents should expect while availing of respite services. The costs associated with these services were calculated through an individual assessment based on the number of nights a resident used respite and the residents' personal financial circumstances. For example; if a resident used respite for more than 30 nights in a one year period a nightly rate may be incurred depending on individual circumstances.

An up to date statement of purpose was available in the centre which included the specific care and support needs that the designated centre is intended to meet in terms of respite care. However, it did not include how residents who were in receipt of full time care following an emergency admission were supported particularly when the respite was closed or when children were availing of respite. In addition, the staffing arrangements in the centre on the day of the inspection were not reflected in this document either.

Regulation 14: Persons in charge

The person in charge is a qualified nurse with considerable experience working in the disability sector. They were very knowledgeable about the residents' needs in the centre and were aware of their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in place to meet the needs of the residents at the time of this inspection.

A recent review highlighted the need to provide additional staff in the centre going forward in order to ensure consistency of care for residents. At the time of the inspection the person in charge was still in awaiting a response from the provider to address this concern.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with training in a number of areas in order to enable them to meet the needs of the residents some of which included basic life support, safeguarding adults, Children First, fire safety, manual handling and positive behaviour support techniques. Some training and refresher training could not be completed due to the current pandemic, the person in charge was aware of these and the provider had some plans to address these in the coming weeks. All staff had also been provided with training in infection control and personal protective equipment in order to enable them to manage/respond to an outbreak of COVID-19.

Staff had received supervision in line with the providers own organisational policy. The staff met with felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their manager should the need arise.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained the information

required under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were governance and management structures in place with assigned roles and responsibilities in the management team to ensure effective oversight of the centre. The person in charge was full time in the centre and reported to the director of nursing who was also a person participating in the management of the centre. When the person in charge was not on duty a shift leader was assigned to oversee the care and support of residents.

The provider had systems in place to assure that the services were monitored and reviewed on a regular basis.

However, given the findings of this inspection, improvements were required as the registered provider needed to ensure that the designated centre was appropriate to meet all of the residents' needs in the centre at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract for services in place, which was signed by a family representative. These contracts outlined the services that residents should expect while availing of respite services. The costs associated with these services were calculated through an individual assessment based on the number of nights a resident used respite and the residents' personal financial circumstances. For example; if a resident used respite for more than 30 nights in a one year period a nightly rate may be incurred depending on individual circumstances.

Judgment: Compliant

Regulation 3: Statement of purpose

An up to date statement of purpose was available in the centre which included the specific care and support needs that the designated centre is intended to meet in terms of respite care. However, it did not include how residents who were in receipt

of full time care following an emergency admission were supported particularly when the respite was closed or when children were availing of respite. In addition, the staffing arrangements in the centre on the day of the inspection were not reflected in this document either.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre, informed the inspector that the person in charge had notified HIQA of any incidents in line with the regulations.

Judgment: Compliant

Quality and safety

Overall the residents were receiving a good standard of care in the centre at the time of this inspection. However, as referenced earlier in this report improvements were required to ensure that residents rights were being upheld in this centre at all times. Some improvements were also required to the management of restrictive practices and to the premises.

The inspector found that notwithstanding the fact that some residents due to personal circumstances had been admitted to the centre on an emergency basis, they were regularly required when the respite service was operational; to move to other designated centres when this centre was either closed or when children were availing of respite services. This was not respecting the rights of these residents and required significant improvement to ensure that those in receipt of full time care following an emergency admission received the support and care they needed.

The premises were clean homely and decorated to a good standard. Residents had their own bedrooms which had been personalised with items that were important to them. For example; one resident liked books and had a large book shelf in order to store their collection in their bedroom. For the most part they were well maintained, however, some of the flooring and paintwork due to general wear and tear needed attention. In addition, one bedroom although vacant at the time of this inspection, was being used to store equipment as there was not alternative storage available. These issues needed to be addressed.

Each resident had a personal plan in place which included an assessment of need, some of which had been formatted into an easy read version for residents. Where it had been identified that a resident needed support including health care needs, detailed support plans were in place in order to guide staff practice and

ensure consistency of care for residents. Staff met knew the residents well and had a good knowledge of the supports required for the residents.

Detailed communication plans were in place which guided residents' personal preferences and preferred communication styles. Visual schedules were in place for some residents to inform them of their daily routine. This supported the resident to manage changes in their environment and their routine.

Residents were being supported to achieve good physical health and had access to allied health care professionals to support their health care needs where required. For example; a resident who required support with their diet due to an identified need had the support of a dietitian to support the resident and guide staff practice.

Staff had been provided with training in positive behaviour support and of those met demonstrated a good knowledge of the supports for residents. Residents had access to a psychologist to support them in this area also.

Positive behaviour support plans in place had recently been reviewed and detailed the supports that residents required.

A number of restrictive practices were in place in the centre. Some were assessed as being required due to safety concerns, for example locked doors and some were in place to support residents' anxieties and formed part of the residents positive behaviour support plan. The inspector found that improvements were required to ensure that residents or their representative had consented to these practices. And also that one restrictive practice was detailed in a residents' personal plan to ensure that it is the least restrictive procedure, for the shortest duration necessary should it be required in the future for the resident.

Risk management systems were in place to ensure that the services provided were safe. A risk register was maintained and residents had individual risk assessments in place outlining potential risks and the controls in place to manage these.

The person in charge reviewed incident report forms and conducted trending of these reports every month to see if any further actions were required to manage the risks going forward.

There were systems in place to manage fire safety. A visual inspection was not conducted of the fire equipment used in the centre, however, records were available which showed that the fire fighting equipment provided had been serviced recently. Staff also conducted regular checks on fire safety measures/equipment such as fire doors, checking that fire exits were unobstructed or that emergency lighting was working. A sample of some viewed showed that when issues were noted that they had been reported and acted on. A fire register was also maintained recording what staff and residents were in the centre on a given day.

Fire drills were being conducted and a sample of these indicated that residents could be evacuated in a safe and timely manner. Learning from fire drills had also been updated in residents' personal emergency evacuation plans which outlined the

supports that residents required during an evacuation.

There were systems in place to safeguard residents. All staff had been provided with training in safeguarding vulnerable adults and Children First. The staff met were aware of what constituted abuse and who to report a concern to. The person in charge had taken appropriate actions where concerns had been reported. These concerns related to the impact that some residents' behaviours had on other residents. At the time of the inspection, there were no safeguarding concerns in the centre.

The person in charge and the provider had systems in place to prevent and/or manage an outbreak of COVID-19. A contingency plan had been developed to guide practice in this area. Staff had all being provided with training in infection prevention and control, the correct use of personal protective equipment and hand hygiene practices. Daily monitoring logs were maintained to monitor and record staff and residents' temperatures and symptoms. Cleaning schedules were in place. There was adequate supplies of personal protective equipment in the centre.

An area had been identified in the centre to isolate a resident should this be required. Residents had been provided with easy read information on COVID-19.

Regulation 17: Premises

Some of the flooring and paintwork due to general wear and tear needed attention.

The storage facilities in the centre (although not impacting the quality of care at the time of this inspection) required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management systems were in place to ensure that the services provided were safe. A risk register was maintained and residents had individual risk assessments in place outlining potential risks and the controls in place to manage these.

The person in charge reviewed incident report forms and conducted trending of these reports every month to see if any further actions were required to manage the risks going forward.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and the provider had systems in place to prevent and/or manage an outbreak of COVID-19. A contingency plan had been developed to guide practice in this area. Staff had all being provided with training in infection prevention and control, the correct use of personal protective equipment and hand hygiene practices. Daily monitoring logs were maintained to monitor and record staff and residents' temperatures and symptoms. Cleaning schedules were in place. There was adequate supplies of personal protective equipment in the centre.

An area had been identified in the centre to isolate a resident should this be required. Residents had been provided with easy read information on COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire precautions in place in the centre to ensure that residents and staff could be safely evacuated from the centre in the event of fire and to ensure that equipment provided was serviced appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which included an assessment of need, some of which had been formatted into an easy read version for residents. Where it had been identified that a resident needed support, detailed support plans were in place in order to guide staff practice and ensure consistency of care for residents. This included their identified health care needs. Staff met knew the residents well and had a good knowledge of the supports required for the residents.

Detailed communication plans were in place which guided residents' personal preferences and preferred communication styles. Visual schedules were in place for some residents to inform them of their daily routine. This supported the resident to manage changes in their environment and their routine.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to achieve good physical health and had access to allied health care professionals to support their health care needs where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had been provided with training in positive behaviour support and of those met demonstrated a good knowledge of the supports for residents. Residents had access to a psychologist to support them in this area also.

Positive behaviour support plans in place had recently been reviewed and detailed the supports that residents required.

A number of restrictive practices were in place in the centre. Some were assessed as being required due to safety concerns, for example locked doors and some were in place to support residents' anxieties and formed part of the residents positive behaviour support plan. The inspector found that improvements were required to ensure that residents or their representative had consented to these practices. And that one restrictive practice was detailed in a residents' personal plan to ensure that it is the least restrictive procedure, for the shortest duration necessary should it be required in the future for the resident.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults and Children First. The staff met were aware of what constituted abuse and who to report a concern to. The person in charge had taken appropriate actions where concerns had been reported. These concerns related to the impact that some residents' behaviours had on other residents. At the time of the inspection, there were no safeguarding concerns in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that notwithstanding the fact that some residents due to personal circumstances had been admitted to the centre on an emergency basis, they were regularly required when the respite service was operational to move to other designated centres when this centre was either closed or when children were availing of respite services. This was not respecting the rights of these residents and required significant improvement.

Judgment: Not 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Drumboe Respite House OSV-0002531

Inspection ID: MON-0030177

Date of inspection: 03/09/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to bring this centre into compliance the following actions are being taken: (1) The Person in Charge has completed a risk assessment regarding requirement for additional staff for the centre and escalated this to the Director of Nursing. (2) The Director of Nursing in conjunction with Person in charge is reviewing staff rosters to ensure that there are adequate staff in place to meet the assessed needs of the residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to bring this centre into compliance the following actions is being taken (1) Resumption of Respite planning will be completed in line with the National Framework. On completion of this work all cases which have been assessed as priority will be offered respite or alternative respite or in home support services.</p>	
Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 In order to bring this centre into compliance the following actions is being taken:
 The Statement of Purpose has been updated to include how residents in receipt of full time care following emergency admission are consistently supported during their stay in the centre – as outlined on page 20: point (1) & (2).

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 In order to bring this centre into compliance the following actions is being taken:

- (1) Repair/Replacement of the flooring in the sitting room, dining room and hallway
- (2) Internal painting of the premises

Regulation 7: Positive behavioural support	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 In order to bring this centre into compliance the following action is being taken:

- (1) Behaviour support plans have been updated by Person in charge and the senior Clinical Psychologist to ensure the least restrictive practice is used for least amount of time respecting the rights of the residents
- (2) Reviews are planned for both residents and their behavior support plans will be discussed with representatives at these reviews.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 In order to bring this centre into compliance the following actions is being taken:

- 1) The provider will ensure that the two persons availing of emergency respite will at no time be required to move from the centre to facilitate other service users. The centre will

operate on a 24/7 basis during this time.

(2) Resumption of Respite planning will be completed in line with the National Framework. On completion of this work all cases which have been assessed as priority will be offered respite or alternative respite or in home support services.

(3) While the plan for the resumption of respite will aim to maximize the capacity of the centre; compatibility with current residents will be a key determinant of the respite provision.

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 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	30/11/2020
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	31/12/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020
Regulation	The registered	Substantially	Yellow	31/12/2020

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Compliant		
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	20/10/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/10/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	25/09/2020
Regulation 09(2)(c)	The registered provider shall	Not Compliant	Orange	31/12/2020

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.			
--	---	--	--	--