



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

Issued by the Chief Inspector

Name of designated centre:	Winterfell
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	22 September 2020
Centre ID:	OSV-0005350
Fieldwork ID:	MON-0030450

About the designated centre

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

This centre provides 24 hour care to four male adults. The centre supports individuals who may require support with mental health, intellectual disabilities and/or acquired brain injuries. The centre is a detached dormer style house split over two floors. Each resident has their own bedroom decorated to their own choice. There is a large garden to the back of the property. Some residents attend a formal day service and some residents plan their activities on a daily or weekly basis in line with their own wishes. Transport is provided so residents can access their local community. The centre is staffed on a 24/7 basis. There are three staff on duty during the day and one staff on duty at night for a sleepover. The person in charge is supported by a team leader in order to ensure effective oversight of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 22 September 2020	10:20hrs to 17:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector met two of the residents to discuss their views on the quality of services provided in the centre. Two other residents were attending day services and other appointments and the inspector did not get the opportunity meet them.

Both residents spoke about staff in the centre and said that the staff were very nice there. They said that up to recently they were very happy living in the centre. But that since the beginning of the year there had been three new residents admitted to live in the centre. Two of the residents had stayed for short periods and had already been discharged. Another resident had recently moved in to the centre in June 2020.

The residents expressed that they were not happy with this as it was impacting on their quality of life. One resident said that it was having a negative impact on their emotional well being to the point that they were scared sometimes and could not move around their home freely because of it.

The residents said that there had been some consultation with them prior to residents moving in but that normally a resident visited for short periods prior to moving. One resident said that an hour was not enough time to get to know new people.

The residents understood that some residents required more support than others but were not assured that management considered this when moving residents to this centre which the residents themselves said was a low support house.

Both residents said that they could not access certain parts of their home due to the ongoing situation in the centre.

One resident said that they did not think this was fair considering they were paying rent there.

As stated otherwise residents had been very happy living in the centre. They spoke about their hobbies and interests and showed the inspector some of their hobbies. For example; one resident loved creative writing and music. Another resident loved horse racing and had two pets that they looked after.

It was also evident that residents were supported to engage in their local community and to maintain links with their family. One resident spoke about this with the inspector.

Residents also said that they are supported to make complaints about the services and had regular meetings with their key workers. The residents home was also very comfortable and their bedrooms were decorated in line with their own individual tastes. One resident showed the inspector their bedroom. The resident told the

inspector that they had a safe in their room to lock away any of their valuable items if they wished.

Capacity and capability

Overall the inspector found that the admissions to this centre was negatively impacting on the residents living in the centre.

Prior to this inspection the provider had been requested to submit assurances as a result of an increase in notifications being submitted to the Health Information and Quality Authority. As part of this inspection the inspector followed up on those assurances.

The provider had stated in their provider assurance report that before a resident was admitted to the centre a number of assessments were conducted. One of these was called an impact assessment. This assessment was used to see if the resident being admitted or the residents living in the centre may be impacted by the new person coming to live there.

This document included control measures to deal with any potential impacts. However, the inspector found that this document was very generic and was not person centred. For example; some of the controls listed to address any potential safeguarding concerns, included 1:1 staffing, outlined a number of policies and procedures in place along with clinical supports available. There was nothing that addressed how these issues would be managed in a person centred and individual way to support residents.

In addition, the provider had stated that any new residents would get to spend significant time with other residents prior to moving in. After which the residents living in the centre could raise concerns if they had any. The person in charge confirmed that the new resident had visited the centre for four hours in total prior to being admitted. The new resident had also been referred, assessed, approved and had moved into the centre within 17 days. The inspector was told that the new resident was being admitted because they needed a quieter space to live in and therefore it was not clear what the urgency of this transition was. In addition, the inspector found that one resident had been moved four times since they had been admitted to the organisation in 2016. There had also been three residents admitted to this centre (two of whom had been discharged and one who was awaiting discharge) since January 2020. This highlights a potential issue with the quality and effectiveness of admission decisions, and impacts on both the current and future residents.

The person in charge was suitably qualified and experienced. They were responsible for one other designated centres under this provider. The inspector found that at that time of this inspection, this was not impacting on over sight arrangements in the centre as the person in charge was supported by a team leader in the centre.

The team leader worked in the centre on a full time basis and had some supernumerary hours to monitor practices there.

There were governance and management arrangements in place to ensure that the services provided were monitored regularly. Some of these practices included a weekly governance reports which were reviewed by senior managers. These governance reports included any incidents that had occurred in the centre.

An unannounced quality and safety review had taken place in June of this year. This review had been undertaken by a member of the quality team who had audited practices against a number of regulations. The findings from this showed some substantial improvements were required in some of the regulations. An action plan was in place to address these improvements. A sample of these actions were followed up by the inspector and they had been completed.

Notwithstanding these arrangements, the inspector was not assured that admissions to the centre were being managed to ensure that they were safe and appropriate to all of the residents' needs in the centre.

There were adequate staff in place to support the residents in the centre. The skill mix included social care professionals and health care assistants. There were no vacancies at the time of the inspection and there was a core group of relief staff to fill planned/unplanned leave. This contributed to consistency of care for residents.

From a review of the training matrix all staff had completed both mandatory training and training based on the needs of the residents in the centre. For example, training had been provided on the management of epilepsy, safe administration of medication, basic life support and autism, infection control and risk assessments. Some staff were due to have refresher training completed in safeguarding but this had been postponed in line with the current COVID- 19 situation.

Staff meetings were held regularly. Staff received supervision every month and of those met they said they are able to raise concerns should the need arise. The minutes of a sample of supervision records showed that staff were supported to raise issues about their professional development and actions were in place to address these.

The inspector reviewed a sample of incidents that occurred in the centre and found that they had been notified to HIQA where required. However, information on one notification submitted had conflicting information detailed on a preliminary screening report following the incident. The person in charge as agreed submitted the rationale for this after the inspection and it was found that learning from this would be addressed going forward.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were responsible for one other designated centres under this provider. The inspector found that at that time of this inspection, this was not impacting on oversight arrangements in the centre as the person in charge was supported by a team leader in the centre. The team leader worked in the centre on a full time basis and had some supernumerary hours to monitor practices there.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff in place to support the residents in the centre. The skill mix included social care professionals and health care assistants. There were no vacancies at the time of the inspection and there was a core group of relief staff to fill planned/unplanned leave. This contributed to consistency of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed both mandatory training and training based on the needs of the residents in the centre. For example, training had been provided on the management of epilepsy, safe administration of medication, basic life support and autism, infection control and risk assessments. Some staff were due to have refresher training completed in safeguarding but this had been postponed in line with the current COVID- 19 situation.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 21: Records
Records pertaining to a notification regarding a safeguarding concern contained conflicting information.
Judgment: Substantially compliant
Regulation 23: Governance and management
Given the findings of this inspection, the inspector was not assured that admissions to the centre were being managed to ensure that they were safe and appropriate to all of the residents' needs in the centre.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
The registered providers admissions to the centre required considerable review to ensure that admissions to the designated centre are determined on the basis of a transparent criteria, were effectively planned for and took into account the need to protect all residents.
Judgment: Not compliant
Regulation 31: Notification of incidents
The inspector reviewed a sample of incidents that occurred in the centre and found that they had been notified to HIQA where required.
Judgment: Compliant
Quality and safety
Overall the inspector found that the care provided in this centre was not contributing

to positive outcomes for the residents at the time of this inspection. As stated the admission practices were having a negative impact on residents lives in the centre. This was not respecting the rights of the residents to live in a home where they felt safe and comfortable. While the provider was responding to safeguarding concerns, the safeguards in place were not effective and were continuing to impact on the rights of residents in the centre. Improvements were also required in personal plans, risk management and timely access to an allied health professional.

The risk management policy was not reviewed as part of this inspection. The inspector reviewed documents pertaining to the management of risks in the centre. This included a risk register which outlined a list of control measures to mitigate risks. The inspector checked some of the control measures listed and found that they were in place. However, one potential risk had not been risk assessed. This required improvement and the nature of this risk was discussed with the person in charge and the director of operations at the feedback meeting.

There were reporting structures in place to report and respond to incidents that occurred in the centre as all incidents were reported to and reviewed by a member of the management team. A review of incidents was also completed to identify trends which may inform potential changes to practices.

All staff had completed training in relation to safeguarding residents. There were mechanisms in place in the centre to deal with any safeguarding incidents and where required the person in charge and the provider representative had followed the necessary reporting procedures regarding these. Interim safeguarding measures had been put in place to try and keep residents safe. Part of the safeguarding measures was to move one resident to a more suitable living environment. However this was still in progress at the time of the inspection. Given this and the feedback provided by residents, the inspector was not assured that residents felt safe. This is discussed in more detail under residents' rights (regulation 9).

The inspector reviewed a sample of plans and found that an assessment of need had been completed which included supports plans to guide staff practice. However, one resident's plan was not up to date at the time of this inspection as it contained some supports that had been in place in the residents' last placement and did not relate to this designated centre. The inspector acknowledges that this was in review at the time of the inspection.

Resident's had regular access to allied health professionals which included a dietitian, general practitioner (GP), psychiatrist and psychologist. The residents also spoke to the inspector about the supports they had in place around their own health care needs. It was evident that residents were aware of these supports.

However, one intervention for a resident had not been followed up as outlined in their personal plan. While the person in charge was able to show the inspector that an appointment had been made to follow this up prior to the end of the inspection, this needed improvement to ensure timely access going forward.

Residents were also involved in activities in the community and spoke about places they liked to visit. They were supported to achieve goals and one resident spoke to

the inspector about a creative writing course they had completed.

There was some evidence to support that residents were being included in decisions about the centre. Weekly meetings were held and discussions included new staff starting, menu plans, the current COVID-19 pandemic, some policies and dates for when new residents were coming to the centre.

Residents were supported to raise complaints about the quality and safety of care. However, given the residents feedback and a review of records pertaining to admissions to the centre, the inspector was not assured that residents' rights were being upheld in relation to the following:

- One resident had moved to the centre 17 days after their initial assessment had been conducted and had only an opportunity to meet and get to know the residents in the centre for four hours prior to moving in.

- Three residents had been admitted to the centre since January 2020.

- One resident will have moved four times since they were admitted to the organisation in 2016.

- Residents said they did not feel safe and did not think it was fair that they currently did not have access to certain parts of their home.

- Residents had not being consulted in a meaningful way when new residents were being admitted to the centre.

The provider had systems in place to manage an outbreak of COVID-19. Residents were aware of infection control measures. They understood why some visits had been restricted but one resident spoke about regular contact with family. Staff had been provided with up to date training in infection control and personal protective equipment. Staff were observed wearing masks throughout the inspection. Hand sanitising gels were available and staff were observed using them.

There were systems in place to ensure that staff completed a questionnaire the day before they started a shift. The provider had also completed the self assessment published by HIQA on the management of an outbreak of COVID-19. This had been completed from an organisational perspective and was not specific to the designated centre. The provider had identified some areas for improvement in this document. However, not all of them pertained to this centre and those that did, for example updating one policy, were in hand at the time of this inspection.

Regulation 26: Risk management procedures

The registered provider had systems in place in the designated centre for the

assessment, management and ongoing review of risk. However, one potential risk had not been risk assessed. This was discussed at the feedback meeting.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place to prevent/manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of plans and found that an assessment of need had been completed which included supports plans to guide staff practice. However, one residents plan was not up to date at the time of this inspection as it contained some supports that had been in place in the residents' last placement and did not relate to this designated centre. The inspector acknowledges that this was in review at the time of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Resident's had regular access to allied health professionals which included dietitian, general practitioner (GP), psychiatrist and psychologist. The residents also spoke to the inspector about the supports they had in place around their own health care needs. It was evident that residents were aware of these supports.

However, one intervention for a resident had not been followed up as outlined in their personal plan. While the person in charge was able to show the inspector that an appointment had been made to follow this up prior to the end of the inspection, this needed improvement to ensure timely access going forward.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed training in relation to safeguarding residents. There were mechanisms in place in the centre to deal with any safeguarding incidents and where required the person in charge and the provider representative had followed the necessary reporting procedures regarding these. Interim safeguarding measures had been put in place to try and keep residents safe. Part of the safeguarding measures was to move one resident to a more suitable living environment. However this was still in progress at the time of the inspection. Given this and the feedback provided by residents, the inspector was not assured that residents felt safe.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to raise complaints about the quality and safety of care. However, given the residents' feedback, and a review of records pertaining to admissions to the centre, the inspector was not assured that residents' rights were being upheld in relation to the following:

- One resident had moved to the centre 17 days after their initial assessment had been conducted and had only an opportunity to meet and get to know the residents in the centre for four hours prior to moving in.
- Three residents had been admitted to the centre since January 2020.
- One resident will have moved four times since they were admitted to the organisation in 2016.
- Residents said they did not feel safe and did not think it was fair that they currently did not have access to certain parts of their home.
- Residents had not being consulted in a meaningful way when new residents were being admitted to the centre.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Winterfell OSV-0005350

Inspection ID: MON-0030450

Date of inspection: 22/09/2020

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1) Person in Charge going forward will ensure all records are accurate and are in line with supporting paperwork. (Ongoing)	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1) Review of mix in the Centre was completed by PIC,DOO prior to inspection and outcome had been brought to ADT Meeting. One Resident has been identified to move to another Designated Centre due to impact. This move was completed on Thursday 15th Oct 2020 and was completed in consultation with this Residents Family. (Completed 15th Oct 2020) 2) All new Admissions will be in line with Regulation (Regulation 24) and Providers ADT Policy. 3) All Residents will be consulted in a meaningful way prior to any new Resident moving into the Designated Centre.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1) All new Admissions will be in line with regulation (Regulation 24) and Providers ADT Policy. 2) All Residents will be consulted in a meaningful way prior to any new Resident moving into the Designated Centre. 3) Impact assessments will be completed by Person In Charge prior to any new Resident being accepted into the Designated Centre and Person in Charge will focus on control measures being implemented. (Ongoing) 	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1) Person in Charge to ensure Centre Specific risk register is updated as required or annually. 2) Person in Charge to ensure Individual Risk Register are updated in line with assessed needs and risks and will ensure appropriate control measures are in place. 3) Person In Charge to review all Impact assessments and will focus on control measures. These will be reviewed as required going forward. (30th Oct 2020) 	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Person in Charge has updated and will continue to review all Residents Personal Plans in line with their assessed needs and is in line with their currant placement.</p> <ol style="list-style-type: none"> 2) Person in Charge going forward will ensure all medical appointments are organised and completed in a timely manner. 	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>

<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1) Person in Charge has updated and will continue to review all Residents Personal Plans in line with their assessed needs and is in line with their current placement. 2) Person in Charge going forward will ensure all medical appointments are organised and completed in a timely manner. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Person In Charge to review all Impact assessments and will focus on control measures and risks. These will be reviewed as required going forward. (30th Oct 2020)</p> <ol style="list-style-type: none"> 2) Review of mix in the Centre was completed by PIC,DOO prior to inspection and outcome had been brought to ADT Meeting. One Resident has been identified to move to another Designated Centre due to impact. This move was completed on Thursday 15th Oct 2020 and was completed in consultation with this Resident and their Family. (Completed 15th Oct 2020) 3) Impact assessments will be completed by Person In Charge prior to any new Resident being accepted into the Designated Centre and Person in Charge will focus on control measures being implemented. (Ongoing) 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1) Residents are informed of their rights on a minimum 6-weekly basis 2) Residents are supported where they wish in utilising the national advocacy service 3) Impact assessments Residents have been completed and will be reviewed as required. 4) Corrective actions to be implemented immediately and overseen by the Person in Charge when required. 5) Review of mix in the Centre was completed by PIC,DOO prior to inspection and outcome had been brought to ADT Meeting. One Resident has been identified to move to another Designated Centre due to impact. This move was completed on Thursday 15th Oct 2020 and was completed in consultation with this Resident and their Family. (Completed 15th Oct 2020) 6) All new Admissions will be in line with regulation (Regulation 24) and Providers ADT Policy. 7) All Residents will be consulted prior to any new Resident moving into the Designated Centre. 8) Dignity and respect to be placed as a standard agenda item for discussion at the 	

weekly service user forum

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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/10/2020
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/10/2020
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of	Not Compliant	Orange	30/10/2020

	transparent criteria in accordance with the statement of purpose.			
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	30/10/2020
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	30/10/2020
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/10/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended	Substantially Compliant	Yellow	30/10/2020

	and agreed by the resident, such treatment is facilitated.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/10/2020
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	30/10/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	30/10/2020
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	Not Compliant	Orange	30/10/2020

	personal care, professional consultations and personal information.			
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