Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Sycamores
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	21 October 2019
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0027767

About the designated centre

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

The Sycamores designated centre is a large bungalow which provides community based living in a home from home environment. It is a retirement home for up to twelve residents with mild to moderate intellectual disability many of whom present with additional difficulties such as dementia or Parkinson's disease. There are currently eleven people living in this centre. The Sycamores is a high support home with a requirement for staff on duty both day and night. The staff team comprises of a combination of nursing staff, social care workers and health care assistants. It is a purpose built large bungalow in a housing estate on the outskirts of a large town. It has twelve bedrooms three of which are en-suite. There are two sitting rooms and a smaller communal room, with a dining room and separate kitchen. The house sits on a large site with ample parking to the front and a walled patio area for residents to enjoy private outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 October 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to engage with all eleven residents on the day of inspection. Some were happy to interact and chat with the inspector while others engaged more freely with staff members that were familiar with them. In addition, relatives for some residents attended to speak to the inspector regarding the quality of life for their family member.

A number of residents spoke to the inspector about their hobbies and activities they enjoy, such as listening to local radio, colouring and going for walks. While this centre is home for older individuals some residents continue to access day services on request, although the majority are retired. They described what it was like to live in the centre with some individuals commenting that they liked their home however the majority reported that it was too noisy and they would prefer somewhere quieter. While they were supported by staff within the centre a number of residents and their relatives commented that they were not frequently supported to spend their time engaging in activities of their choosing outside of the centre. A number of residents who spoke with the inspector describe how important their families were to them and how they were supported stay in contact with their relatives.

The inspector noted that on the day of inspection despite the weather being nice, at least half of the residents did not leave the centre. The others had gone to day services and one was supported to a medical appointment and one went out with a family member. A relative stated to the inspector that it was not unusual for their family member to not have left the centre in between family visits and to go up to four days at a time without leaving their home.

Over the course of the day the inspector observed residents in different communal living areas watching television, colouring, reading/looking through books and at one stage a resident was seen to play on the piano. Two residents kept each other company over a cup of tea in the afternoon while another enjoyed a quiet moment in their room relaxing in their beanbag with music playing.

As this was an announced inspection questionnaires had been sent to the provider in advance for the residents to complete. This was in order to elicit their views on areas such as their living environment, visiting arrangements, food and mealtimes, staff support and on the variety of activities available to them. The overriding themes in the questionnaires was that residents would love to go out more, that they would prefer to be in a smaller house and find some areas such as the dining room crowded and that their home was noisy.

Capacity and capability

The inspector found that while the provider had made some improvements to the overall governance and management arrangements of this centre since the last inspection in March 2019, some improvements continue to be required including the centre's level of staffing and overall oversight arrangements.

A new person in charge had just been appointed to the role in October 2019 a couple of weeks prior to inspection. During interaction with the inspector, they were found to have reasonable knowledge of residents' needs and of their regulatory responsibilities. This was the third person in charge that the inspector had met in the centre since March 2019 and as such should be afforded time to get to know residents, staff and the particular requirements of the centre. They had also taken on responsibility for another centre operated by the provider and as a result their level of capacity to fulfil the role as person in charge for this centre will need to be monitored.

Although there were clear management systems and structures in place and staff had clearly defined roles and responsibilities, they were not proving effective as they were not ensuring full oversight of the services due to their failure to act on key concerns which were impacting negatively on residents' experience of service provision. Review of arrangements in place for the monitoring and oversight of care and support demonstrated the registered provider and person in charge were not fully monitoring the quality of this for residents. They had not completed regular audits including completing the unannounced six monthly reviews by the provider or their representative. There had been a long period of time without staff meetings however a recent staff meeting had occurred prior to the inspection. The agenda items were person-centred and areas for improvement were identified in line with the findings of this inspection, such as review of residents' documentation and the requirement for audits to be completed regularly in the centre.

The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. Each of the staff who spoke with the inspector was found to be knowledgeable in relation to residents' care and support needs. A new member of staff commented on the induction process for staff as having been comprehensive and affording them time to work shadowing other staff members while getting to know residents. Through discussions with residents and staff it was evident that consistency of staff was particularly important in the centre in line with residents' needs and wishes. The provider was aware of this and acknowledged that over preceding months there had been significant staff shortages in the centre. The provider had attempted to minimise the impact of staffing vacancies for residents by using regular agency staff while they were in the process of recruiting new staff. Additional staff had now been recruited, and were transitioning onto the roster for the centre which demonstrates an increase in the overall staffing levels. These continue to require review however as residents continue to report lack of staff as the primary

contributing factor to them not accessing sufficient community engagement.

Staff had completed training in line with residents' needs and any refreshers required were scheduled. Additional training specific to individual residents' requirements had recently been provided and was ongoing. A number of staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability. However, they had not been in receipt of regular formal supervision known as quality conversations. Plans to complete regular formal supervision were discussed with the person in charge who had already scheduled some meetings with staff .

A complaints log was present within the centre with a record maintained of any complaints, comments or compliments maintained. There was documented evidence that all complaints were dealt with in a timely manner however the content of complaints were reoccurring. At a residents' meeting in October 2019 it was noted that six complaints were received with the majority related to noise and poor compatibility within the house. The person in charge had implemented a system in the centre at night in the few days prior to the inspection of closing double doors in corridors and staff based in the separate zones in an attempt to reduce the noise at night. The registered provider was also working to alleviate the residents' concerns relating to noise and compatibility with their peers by development of plans to reconfigure the centres physical layout.

Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge to the centre with the required qualifications, experience and skills.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had recently recruited a number of new staff and the increased compliment was reflected on the staff roster. However the levels of staffing continue to require review in order to meet the assessed needs of the

residents,

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had been supported to complete training and refreshers in line with residents assessed needs, However effective supervision had not been implemented in line with the providers own policies with some staff stating they had not been in receipt of formal supervision for at least a year.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had systems in place to ensure the implementation of an annual audit of service provision. However six monthly provider-led visits were not occurring in the line with the requirements of the regulations.

Management systems within the centre were not effective in ensuring the service provided is safe, appropriate to the residents needs, consistent and effectively monitored.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre was available for reading in the centre, regularly reviewed and contained all information as required by Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a log of complaints kept by the provider which was utilised for auditing and recording. Copies of individual complaints were on resident files. Residents and their relatives were familiar with the process for making a complaint and there was evidence that these were dealt with in a timely manner.

Judgment: Compliant

Quality and safety

Overall, the inspector found that since the previous inspection some improvements identified as required remained outstanding. The provider had made changes to the premises which were welcomed by the residents such as the addition of a second living room. In acknowledging the difficulties the provider had experienced with staffing vacancies over a number of months the existing staff team were attempting to support residents to engage in meaningful activities and to live a life of their choosing. However, due to resident numbers in the centre not all residents were getting an opportunity to engage in as many community based activities as they would like to.

This centre is a large purpose built bungalow on a stand alone site in a housing estate. It is currently home to eleven individuals with capacity for twelve. The residents all have their own bedrooms decorated to their tastes with three of the bedrooms en-suite. The provider had carried out maintenance and repairs identified at the last inspection and had converted what had previously been a large staff office into a second communal living room. However the centre remains large with long corridors which for older residents was a challenge in safely covering distances and for staff in moving from one location to another. As a result there was a lot of footfall on the corridors making the environment feel busy and noises echoed throughout the centre. The provider met with the inspector to discuss the difficulties that they had with the centre and it's size which they had also self identified.

The centre has a communal dining room with multiple tables and a separate large kitchen which is staffed by a competent team of staff to provide meals. The staff in the kitchen demonstrated clear knowledge of residents requirements for the modification of food texture and drink consistencies in the management of safe eating and drinking. There was a clear understanding by the staff in the kitchen of nutritional requirements and the inspector observed a number of meals prepared and served to residents. Food was left for residents to have as supper if required and snacks or drinks were available at all times if requested. Residents can and do

enter and use the kitchen with staff support however it was acknowledged that as a busy working environment there were increased risks for some residents in that environment.

The inspector reviewed a number of residents' personal plans and found that the same issues remained since the previous inspection, namely recording resident social goals and ensuring they were meaningful in nature. With some residents' personal goals not having been reviewed since October 2018 while others had been more recently reviewed. It was clear from observation in the centre on the day of inspection and discussions with both staff and residents that the reality of everyday was not accurately reflected in activity records. This was an area that the new person in charge had set as a priority target for review.

The inspector found that the provider and person in charge were endeavouring to promote a positive approach in responding to behaviours that challenge. Residents' positive behaviour support plans had guidance for staff practice in supporting residents to manage their behaviour but they were not reviewed regularly and it was not clear whether the information contained within the plans was current or still relevant. There were recent referrals on some individual files requesting review of the plans as some had been in place without review for over 18 months. The inspector found that there were a number of restrictive practices on the day of inspection not all of which had been identified such as locking away of personal items such as razors. In addition the locking of the external doors while in place for specific identified residents had not been reviewed with alternatives for those who did not require the practice .

The provider and person in charge had systems to keep residents in the centre safe. On the day of inspection however, there were no safeguarding plans available for review in resident files. These were located following discussion by the person in charge, however had not been available for all staff and in particular new staff to review. A number of safeguarding concerns were present within the centre most due to compatibility issues between residents and due to the size of the centre. An significant incident that had been reported to the person in charge was initially dealt with via a meeting with a resident and their family representative on the day of inspection thus highlighting a number of areas of concern. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. Monthly finance audits had continued since the previous inspection and were seen to be current and accurate.

There were some good practices with regard to risk management, with the person in charge and the acting assistant director of service having carried out a substantive piece of work in this area. A risk register was present within the centre for all individual risks as well as centre risks. A separate document had been developed for each risk to cross reference with the restrictive practice records and care plans. Development of the risk register had ensured newly identified risks were addressed in a timely manner. An identified risk that had not been identified on the register related to infection control was addressed over the duration of the inspection. All incidents were documented by staff member present at the time and

reviewed by the person in charge.

Regulation 17: Premises

While significant positive changes had been made to the centre since the last inspection there remains a requirement to review the design and lay out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Staff were knowledgeable with regard to specific dietary and consistency/texture requirements for all residents. Meals prepared were to a high standard and residents could access snacks and drinks at request whenever they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had put measures in place to protect residents and staff at risk of healthcare associated infections, by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections. While there had been a number of outbreaks of infectious diseases in the centre within the last year they had been appropriately managed and residents protected.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan in place. Individual plans required review to reflect the changing needs of residents and to promote participation in meaningful activities through the day which are in accordance with residents wishes, hobbies and age.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Positive behavioural support guidelines required review to reflect changes over time for some residents to ensure guidelines were clear and effective for staff.

The use of restrictive practice was in place to promote the safety of residents. Improvements were required in relation to documentation of and review of these practices.

Judgment: Not compliant

Regulation 8: Protection

While there were policies and procedures to keep residents safe there were no safeguarding plans available for review within residents files and their absence had not been followed up prior to the inspector request for them to be located. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Safeguarding concerns for some residents in relation to poor compatibility with peers was ongoing and reoccurring due to the lay out and size of 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for The Sycamores OSV-0001875

Inspection ID: MON-0027767

Date of inspection: 21/10/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Sycamores Team has now been increased by 1 Nurse and 3 Social Care Workers. Since the date of inspection on 21.10.2019, a Care Assistant has now also been recruited to join the team. This new staff member is currently receiving Induction Training. This Staff Member will specifically be working intentionally with Residents to enjoy social roles of their choosing in their Community. Another new staff member has also been recruited but due to notice to current employer, will be commencing with SOS Kilkenny early in the New Year (2020).	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Since date of Inspection on 21.10.2019 three staff have attended their Quality Conversation (Supervision) with the Residential Manager. An annual schedules is being introduced commencing January 2020. For the month of December 2019 2 further employees will attend their Quality Conversation.	
Regulation 23: Governance and	Not Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Due to a temporary absence of the Quality & Compliance Officer, the 6 Monthly Provider Audit schedule is running behind. This audit will be completed by Friday 13.12.2019.

Management systems that were in situ at the date of inspection were only recently put in place – this included the Acting ADOS with effect from 23.09.2019 and the Residential Manager / PIC with effect from 15.10.2019. Since the date of Inspection on 21.10.2019, a Permanent ADOS has been recruited and is due to commence with SOS Kilkenny clg on 11th December for Induction Training. The current Residential Manager / PIC has agreed to stay in place until such time as a suitable replacement has been recruited. A Team Leader to the programme is also being appointed.

Two Staff Team Meetings were held on 18.10.2019 and 22.10.2019. The next Staff Team Meetings are scheduled for Wednesday 11.12.2019. Meetings will be held every month on the second Wednesday of each month.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Sycamores under-went some environmental changes in mid-October which have led to a much nicer quality of home-life for Residents. These include: large office converted to a second sitting room furnished with equipment to foster a low-arousal environment that lends itself to a relaxing environment. The second change was the dining room – the large table was removed and 4 individual tables were brought in as well as new height-friendly chairs. A body of works for the conversion of The Sycamores has been shown to the Inspector by the Registered Provider (CEO) as a full programme of construction works over an 18 month period. This will result in a one bedroom and 2 x three bedroom houses at the end of the construction phases. Another location is currently being sourced which will accommodate 4 Residents.

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:
The new Journal which address 9 Domains of a person's life is currently being rolled out

for one Resident in the Sycamores as a pilot. There is a staff on the team who has attended training as an SRV Practice Champion. The staff is responsible for the piloting of the new Journal with the person they are keyworker with. With effect from January 2020, training will be provided to the full staff team in applying the new Journal template for all Residents. In addition to our new Care Assistant commencing in December – this will greatly increase and improve the social roles that people will have access to based on activities and roles of their choice.

New Keyworkers have been assigned and have been requested to complete an audit of all future plans/actions to the Residential Manager / PIC for full review on or before 20.12.2019.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Since the date of Inspection two of our staff members (1 x SCL and 1 x Nurse) met with, Consultant Clinical Psychologist and Behavioral Support Specialist with Studio III (06.11.2019). Findings discussed at the meeting revealed very poignant learning for the staff team in respect of a particular person being supported. In conjunction with this, as a full team, we feel that the addition of the Care Assistant who will be supporting recreational activities and roles, should have a very positive impact on the life of this person and indeed all Residents. Also as an action from the meeting with our external Consultant Psychologist a neurology appointment has been made in respect of full medication review for 06.12.2019.

In addition to this the SOS Kilkenny clg Behavioural Support Specialist has been engaged for various individuals in respect of positive behavioural support. As per confirmation from our Behavioural Support Specialist via email on 26.11.2019, Support Stress Plans are being developed for three Residents. The Behavioural Support Specialist is meeting with the Residential Manager / PIC on Tuesday 10.12.2019.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following the Inspection, the Acting ADOS completed a full review of all Internal Notifications, NF06 returns to HIQA and preliminary screenings submitted to CHO5 HSE Safeguarding Team. The findings of the research were brought to the attention of both

the Registered Provider and the Acting Director of Services. The particular Safeguarding Preliminary Screening and documentation that the Inspector requested for a Resident dating back to August 2019 was located on a desk-top file showing signature of one of the HSE CHO5 Safeguarding Officers.

The Acting Director of Services, Acting Assistant Director of Services and Residential Manager will be meeting with the CHO5 Safeguarding & Protection Team Social Worker on 05.12.2019 at 2.00pm for a full review of Action Plans and Documentation.

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	31/01/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/12/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	20/12/2019

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.	Not Compliant	Orange	31/12/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	13/12/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the	Not Compliant	Orange	20/12/2019

	workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/01/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	20/12/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Not Compliant	Orange	20/12/2019

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 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.	Not Compliant	Orange	20/12/2019
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	17/12/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	05/12/2019