



Office of the Chief Inspector

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

Name of designated centre:	Abode Doorway to Life CLG
Name of provider:	Doorway to Life Ltd
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	28 and 29 May 2019
Centre ID:	OSV-0002411
Fieldwork ID:	MON-0021025

About the designated centre

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

The aim of Doorway to Life (Abode) is to provide residential and respite services to 10 adults with physical and sensory disabilities in Cork. The service operates 24 hours a day, 7 days a week, all year round.

Staff will sleep over in the accommodation provided and shall be on call for emergencies. Abode is not a medical/ nursing facility and therefore does not provide active medical treatment or nursing care. All residents are actively supported and encouraged to engage in activities and pursue their interests via their person centered plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
28 May 2019	09:00hrs to 17:00hrs	Lisa Redmond	Lead
29 May 2019	10:00hrs to 19:30hrs	Lisa Redmond	Lead
28 May 2019	09:00hrs to 17:00hrs	Cora McCarthy	Support
29 May 2019	10:00hrs to 19:30hrs	Cora McCarthy	Support

Views of people who use the service

Inspectors met and spoke with six individuals who were currently residing in or attending respite services in the designated centre. Residents told the inspectors that they were happy with the care and support they received and the staff members supporting them.

Residents told the inspectors about going on holidays and concerts they had attended with the support of family members, not staff members. One resident showed inspectors their bedroom, which was decorated to suit their individual needs and preferences. Residents were aware that they could speak to staff if they had an issue. However, one resident informed inspectors that they would raise a complaint with their family members who would advocate on their behalf.

Capacity and capability

Inspectors found that the governance and management of the designated centre needed improvement to ensure the effective delivery of care and support of residents receiving residential and respite services in the designated centre. Over the course of the inspection, the provider did not demonstrate capacity and capability to provide a safe and effective service.

Inspectors requested a directory of residents for residents currently residing within the designated centre. Despite numerous requests by both inspectors, this information was not provided to the inspectors in a timely manner. An immediate action was issued to the provider, as the Inspectors were unable to ascertain the number of residents residing in the designated centre. This was provided to Inspectors on the second day of the inspection. The directory of residents provided details of ten individuals who were currently in the designated centre. It did not provide details for all residents who attend residential and respite services in the designated centre.

On the first day of inspection, inspectors were informed that ten individuals were currently accessing residential and respite services. During the inspection, it was identified that a further four individuals resided in the designated centre.

The registered provider had not ensured that the Statement of Purpose contained all of information set out in Schedule 1. The Statement of purpose did not provide sufficient information regarding the specific care and support needs that the provider intended to meet within the designated centre. It did not clearly outline to residents that a day service was being run in the designated centre. Therefore, it

failed to outline that the day service was attended by individuals who did not reside within the designated centre. The statement of purpose did not adequately reflect the number of residents residing within the designated centre.

The person in charge had not ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme. Inspectors were not provided with training details for all staff working in the designated centre. Training details were provided to inspectors of 12 staff members. However, the statement of purpose identified the staffing level was 20.18 whole time equivalent. The 12 staff members had not completed mandatory training in managing behaviour that is challenging and safeguarding of vulnerable adults. The person in charge provided evidence that five of the 12 staff members had completed fire safety training. Evidence of fire safety training was not provided for the further seven staff members identified on the training matrix.

An annual review of the quality and care and support in the designated centre had not been carried out. The registered provider had not ensured that an unannounced visit to the designated centre was carried out at least once every six months.

Improvements were required to ensure all incidents were notified to the chief inspector in line with regulatory requirements. Inspectors noted evidence that the person in charge had failed to provide notice in writing to the chief inspector of an allegation of abuse. Inspectors also observed evidence of restrictive practices which were not notified to the Chief Inspector. The inspectors also noted documentation which identified a number of injuries to residents, including bruising and pressure sores which were not notified to the Chief Inspector.

Inspectors looked at documentation, where a resident had made a complaint about a staff member. The staff member the complaint related to, was informed about the nature of the complaint in the dining room. The complaint was repeated to the staff member in front of the resident who made the complaint. In addressing this complaint, the registered provider had not ensured that complaints were dealt with in line with organisational policy. This complaint was considered behavioural, however, no behavioural supports had been implemented for the resident. This will be further discussed under regulation 7, positive behaviour support. Inspectors noted a complaint which was not resolved within the time-line specified in the organisational policy. The complainant was not advised of the reasons why the complaint was not resolved or informed of their right to submit a formal, written complaint as per organisational policy. The complaints procedure was displayed in a prominent area within the designated centre however; it did not clearly identify the complaints officer in an accessible format for all residents.

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development

programme.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had not established and maintained a directory of residents, for all residents who attend the designated centre. The directory of residents was not made available to inspectors when requested.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that there was an annual review of the quality and safety of care and support within the designated centre. The registered provider had not ensured that an unannounced visit to the designated centre was carried out at least once every six months. Issues identified on a previous inspection had not been addressed by the registered provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place in the designated centre however, the registered provider had not ensured that the statement of purpose contained the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had failed to provide notice in writing to the chief inspector of adverse events which occurred in the designated centre including the allegation of suspected or confirmed abuse. The person in charge had also failed to inform the chief inspector at the end of each quarter in relation to incidents occurring in the designated centre; including any occasion where a restrictive procedure including

physical or environmental restraint was used.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that complaints were dealt with in line with organisational policy. The registered provider had not ensured that complainants were assisted to understand the complaints procedure. The registered provider had not ensured that the complainant was informed of the outcome of their complaint.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the quality and safety of the service provided in the designated centre required improvement.

The person in charge had ensured an assessment of the medical needs of the residents were carried out, however an assessment of the personal and social care needs of each resident had not been completed. An assessment of the health care needs of one resident identified that the resident had a diagnosis of depression and anaemia. However, there was no associated plan of care to direct staff to support the resident's assessed needs. Although goals for the residents were outlined they were very general and more functional in nature and required to be more person centred and specific. One resident had a record in place to document their intimate care needs, such as catheterisation. However, these records were not documented regularly by staff members. In general support plans required greater oversight and monitoring.

A communication assessment was required for some residents who were unable to effectively communicate their needs verbally, to ensure that each resident was assisted and supported at all times to communicate in accordance with their needs

and wishes. Inspectors viewed a referral form completed by a staff member for one resident which identified the requirement for an assessment regarding communication however, there was no evidence of the communication assessment being carried out.

Inspectors identified one resident at risk of pressure sores who did not have an individual risk assessment or a subsequent plan of care to identify the preventative measures that could be put in place to manage the risk. Improvements were required to ensure the risk register contained all centre specific risks, and that they were risk rated as identified within the risk management policy. The registered provider had not ensured that the risk management policy included; the unexpected absence of any resident; accidental injury to residents, staff or visitors; aggression and violence; and self-harm. The policy did not include the identification, recording and investigation of serious incidents or adverse events or the arrangements in place to ensure that control measures are proportionate to the risks identified.

The registered provider had not ensured that residents were protected from all forms of abuse. Inspectors noted evidence that an allegation of abuse had not been investigated as per national guidance or the organisational policy regarding the safeguarding of vulnerable adults. Staff members did not have current training regarding the prevention, detection and response to abuse. A safeguarding plan had not been put in place to ensure the safety of the resident. The registered provider had not ensured that residents dignity and respect was maintained in relation to the reporting of an incident of abuse.

The person in charge had identified where behaviours that challenge were evident, however there were no behaviour support plan in place to support the resident. Staff members had not received training in the management of challenging behaviour. On the day of inspection, there was no plan in place for staff to complete this training.

The registered provider had a robust fire management system in place which included regular fire drills, fire doors, regular servicing of equipment and suitable evacuation plans for the residents should it be necessary.

The designated centre was clean and warm and maintained to a high standard. The residents bedrooms' had been personalised with their own photographs and personal effects.

Regulation 10: Communication

There was evidence that a speech and language assessment had taken place for one resident; however, as part of the comprehensive assessment of need, a communication assessment was required for other residents to ensure that each resident is assisted and supported at all times to communicate in accordance with their needs and wishes. Inspectors viewed a referral form completed by a staff member for one resident which identified the requirement for an assessment

regarding communication however, there was no evidence of the communication assessment being carried out.

Judgment: Not compliant

Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 17: Premises

The designated centre was clean and warm and maintained to a high standard. The residents' bedrooms had been personalised with their own photographs and personal effects.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that effective systems were in place in the designated centre for the assessment, management and ongoing review of risk.

The registered provider had not ensured that the risk management policy included; the unexpected absence of any resident, accidental injury to residents, staff or visitors, aggression and violence and self-harm. The policy did not include the identification, recording and investigation of adverse events or learning from such incidents and events.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had a robust fire management system in place which included regular fire drills, fire doors, regular servicing of equipment and suitable evacuation plans for the residents should it be necessary.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had carried out an assessment of the medical needs of the residents, however an assessment of the personal and social care needs of each resident had not been completed.

Judgment: Not compliant

Regulation 6: Health care

Overall the health and well-being of the residents was good in the centre. Each resident had access to a general practitioner and their health needs were met. However the monitoring and oversight of residents' intimate personal needs such as catheter care required to be more robust.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had identified where behaviours that challenge were evident. However, there were no behaviour support plan in place for the resident. Staff members behaviour support training was out of date and there was no evidence to indicate that efforts had been made to address behaviour that challenged.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had not ensured that residents were protected from all forms of abuse. Inspectors found that an allegation of abuse which had not been investigated as per national guidance regarding safeguarding or the organisational policy. Staff members did not have current training regarding the prevention, detection and response to abuse. A safeguarding plan had not been put in place to ensure the safety of the resident.

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
Views of people who use the service	
Capacity and capability	
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Abode Doorway to Life CLG OSV-0002411

Inspection ID: MON-0021025

Date of inspection: 28 and 29/05/2019

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Our training matrix has been completely updated reflecting all training in place for residential and respite staff. 2. All twelve staff completed Behaviour That Challenges training on 9 July 2019. 3. All twelve staff completed Safeguarding training on 11 July 2019. 4. Distinct training records will be maintained in each staff members file by 30 September 2019 5. All twelve staff completed Fire Safety training on 10 July 2019. 6. Risk Management training scheduled for 5 September 2019. <p>Medication Management training scheduled for 11 September 2019. Health and Safety training scheduled for 17, 18 and 19 September 2019.</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The necessary amendment to the Directory of Residents has been made and the Directory is now fully compliant with the Regulations.</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Two unannounced provider visits were carried out in 2018. One has been carried out in June 2019, another will be carried out in December 2019. Future visits will also be carried out in keeping with the requirement of the Regulations.</p> <p>The annual review process has commenced and will be completed by 30 September 2019.</p> <p>The actual staffing resource allocated to residential and respite services will be specified in the revised Statement of Purpose.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A revised Statement of Purpose compliant with the Regulations will be put in place by 31 October 2019.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. The event has now been notified to HIQA. 2. The matter has been investigated, notified and closed out. 3. All future notifications will be notified in strict accordance with the Regulations and Abode policy. 	
Regulation 34: Complaints procedure	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The complaints procedure displayed in the centre has been updated to ensure it is accessible. A photo of the Complaints Officer is now on display. 2. The complaint in question has been resolved to the complainant's satisfaction. 	
Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Service documentation will be reviewed and amended to ensure that residents' needs around communication are clearly identified. This will also include an individual communication plan.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk policy and systems will be reviewed and amended to comply with the Regulations, by the 30 November 2019.</p> <p>Risk Management training is taking place on 5 September 2019.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. Service documentation will be reviewed and refined. 2. An assessment of social care needs will be completed for each resident. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. Service documentation will be reviewed and refined. 2. An assessment of personal care needs will be completed for each resident. 3. Increased monitoring and oversight of residents' personal needs has been implemented since the inspection. 	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. All twelve staff completed training in Behaviour That Challenges on 9 July 2019. 2. A behaviour support plan is currently being developed with the resident who requires it and will be completed by 30 September 2019. 3. All residents will be assessed to determine if they require a behavioural support plan, and, if required, individual behavioural support plans will be put in place. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. All twelve staff completed Safeguarding training on 11 July 2019. 2. A safeguarding plan was put in place on 31 May 2019 and submitted to the HSE. 3. A Safeguarding Officer is in place and has received relevant training. 	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	31/10/2019
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/10/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/09/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	29/05/2019
Regulation 19(2)	The directory established under paragraph (1) shall be made available, when requested, to the chief inspector.	Not Compliant	Orange	29/05/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	29/05/2019

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2019
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(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/09/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/09/2019
Regulation 23(1)(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Not Compliant	Orange	01/10/2019
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	Not Compliant	Orange	31/12/2019

	in place to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	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 maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	31/12/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	30/11/2019
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Orange	30/11/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Not Compliant	Orange	30/11/2019

Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Not Compliant	Orange	30/11/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	30/11/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	30/11/2019
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	30/11/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3	Not Compliant	Orange	31/05/2019

	working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/10/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/07/2019
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	31/01/2020
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the	Substantially Compliant	Yellow	10/06/2019

	nature of his or her disability.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	31/05/2019
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Not Compliant	Orange	31/05/2019
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	31/05/2019
Regulation 05(1)(a)	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 prior to admission to the designated centre.	Not Compliant	Orange	13/08/2019
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	30/11/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2019
Regulation 05(5)	The person in charge shall make the personal plan	Not Compliant	Yellow	31/10/2019

	available, in an accessible format, to the resident and, where appropriate, his or her representative.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/09/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	09/07/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	09/07/2019
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	11/07/2019
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	31/05/2019
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who	Not Compliant	Orange	31/10/2019

	require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	11/07/2019