



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

Issued by the Chief Inspector

Name of designated centre:	East County Cork 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 January 2020
Centre ID:	OSV-0003290
Fieldwork ID:	MON-0022948

About the designated centre

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

This is an adult respite service for residents who are in receipt of full-time day services. Residents have an intellectual disability and / or autism. The designated centre can accommodate six residents. The premises is located in a large town adjacent to facilities and amenities. The service has accessibility to a city by road and rail. The designated centre has its own vehicular transport. The premises comprises two semi-detached houses over two floors, which presents as one large house. There is a shared kitchen / dining room and two separate living room spaces. These living spaces allow for residents to pursue separate interests or enjoy quiet time. There are eight separate bedrooms and one designated staff bedroom. A wheelchair accessible downstairs bedroom meant that the centre could accommodate one resident with mobility needs, at any one time. The designated centre has two bathrooms and a staff office. A utility room provided laundry services to the residents. The gardens at the front and the secure rear garden area were well maintained. There was also a large shed in place at the side of the designated centre. The staff team was comprised of care assistants who were familiar to the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 9 January 2020	10:00hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with three residents on their return from day services. Some residents had good verbal communication and understood why the inspector was in the designated centre. Two residents told the inspector how much they enjoyed the respite service and stated what activities they had planned for the evening. Residents also told the inspector that they liked the staff and the choice of food available. One resident preferred the downstairs bedroom as they did not like stairs. Questionnaires completed by residents and their relatives also acknowledged the flexibility of the service to support residents and their carers. Some service users acknowledged that they enjoyed baking in the service while other residents requested that they would like additional community based activities in the evenings. A family member told the inspector that they were anxious for their relative to have more access to respite services. This relative also commented on the kindness and the professionalism of all staff.

Capacity and capability

The inspector found that the designated centre was well managed and resourced to meet the needs of all residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy, well cared for, safe and looked forward to attending the respite service. The focus of care was person centred.

The provider had in place a team of care staff that were well trained. The person in charge was qualified in intellectual disability nursing and had extensive experience in managing, developing and extending the respite service. They were employed in a full-time capacity and also had responsibility for another designated centre. The person in charge had also undertaken qualifications in management. The provider had in place a training schedule for all staff. All mandatory training was up to date. Staff had undertaken additional training to meet the assessed needs of the residents. Staff numbers allocated to the designated centre had increased since the last inspection. The registered provider had in place two staff by day and by night. Additional staff were allocated to the designated centre based on residents assessed needs and the number of residents in attendance.

There was evidence of a well defined and supportive management structure. The person participating in management was proactive in ensuring that the service had adequate staff resources to meet residents individual needs. Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified, actioned and completed. The person in charge attended the designated centre on a regular basis. Staff supervision and

performance reviews were conducted by the person in charge, four times a year. The person in charge had formal supervision provided by the person participating in management. At night time, all staff reported to an off site clinical nurse manager. This manager relayed all incidents to the person in charge the following morning by telephone call, as well as providing a handover by email.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The registered provider had an admissions policy in place to ensure that the respite service was provided in an equitable manner to all residents. This planning also allowed for flexibility to support families in crisis as well as giving residents a choice of dates and times that suited them, especially if residents wished to attend the service the same time as their friends. The service also facilitated the gradual and phased introduction of new residents to the service.

The inspector reviewed a number of policies that were available in the designated centre. All policies were in date and staff had signed to confirm that they had read and were familiar with the policies. The registered provider was requested to provide employee files for half of the staff named on the designated centres roster. Schedule 2 information pertaining to documentary evidence in relation to these examined files were all complete and in line with regulation. The provider had in place a directory of residents for all residents availing of respite services. All information contained specified information as determined by regulation.

Notifications of incidents arising per regulation 31 were notified to the Health Information Quality Authority HIQA. However, a number of notifiable incidents recorded in the registered providers incident management system that should have been notified to HIQA, had not. Appropriate safeguarding actions were implemented by the provider. There was comprehensive evidence that all incidents were appropriately investigated by the provider and involved residents, their families, day services, social workers and designated officers.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up to date. How to make a complaint was displayed on posters throughout the designated centre and residents had a version that was an easy to read format. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. All complaints were pursued to conclusion with the satisfaction of the complainant noted.

The registered provider had made application to HIQA to renew the registration of the designated centre. All relevant information and documentation had been made to HIQA in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made application to the authority to renew registration

and all required documentation was in order.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provide ensured that the number, qualification and skill mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of respite services.

Judgment: Compliant

Regulation 21: Records

The registered provider had in place all required information and documentation

relating to the sample of employee files reviewed.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to deliver effective care and support in accordance with its statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector notifications and incidents within three working days, however, not all incidents recorded in the designated centre had been notified.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and available in an easy to read format.

Judgment: Compliant

Regulation 4: Written policies and procedures

A sample of implemented policies that were subject to inspection complied with matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was operating to a good level of compliance and providing a service of good quality that was safe for residents. Staff and resident interactions were observed to be respectful and meaningful. Residents enjoyed staying in the service and liked the homely atmosphere. The general welfare of residents was promoted and any concerns raised by residents were effectively dealt with.

There was evidence that residents had a meaningful stay while in respite. The standard of care to residents was observed to be of a good standard and appropriate to the individual needs of the resident. Staff focused on facilitating residents occupation and recreation and the maintaining of peer friendships. Residents indicated that they like walking around the locality, going to the city, visiting parks, coffee shops and having meals out.

The premises was warm and welcoming. The designated centre was very clean and staff demonstrated good hygiene practices. All bedrooms were prepared before residents arrived. Some areas of the designated centre required painting to address areas where remedial repairs had been conducted and also those areas which showed signs of wear and tear. Residents had individual bedrooms for privacy. There were communal areas as well as private areas for residents to spend time alone with their activity of choice as well as receive visitors. Some residents who had a preference for eating alone were facilitated.

The fire and safety systems in place were of a good standard. All fire equipment and detection systems were serviced within the last 12 months and all aspects of fire safety were checked by staff on a daily and weekly basis. Some fire extinguishers required re-labelling and this had been notified to the contractor by the person in charge. All fire exits and escape routes were clear on the day of inspection. All fire stopping works had been undertaken since the last inspection. Fire drill evacuation times were recorded as taking approximately one minute. The inspector noted that the registered provider had installed emergency lighting on the first floor since the last inspection. Running man signs were required on the first floor to assist residents identify the evacuation route in the event of a fire. The person in charge notified the registered providers maintenance department of this requirement on the day of inspection. A test of the fire alarm system indicated that all fire doors were fully functional and all magnet locked exits opened.

The support of residents' rights were evident through choice of activities, choice of menus, choice of times to attend respite and choice of bedrooms. Residents

indicated that they could also avail of respite with their friends. Residents also had a voice through monthly service user forum meetings and an annual family forum. There was evidence in the records of forum meetings that staff supported residents to discuss what activities they would like to take part in, how to adhere to a healthy diet and how to respond in the event of a fire.

All communication was observed to be respectful and done in a manner to support the resident. Residents had access to two communal televisions. Residents also had access to telephones and internet. Some residents used their own electronic tablets for communication and for leisure activities. Each residents communication passport was part of their overall individual care plan. Staff used photographs and pictures to impart information to residents in relation to daily activities, staff on duty and choice of menu.

The registered provider had in place an up to date health and safety statement as well as a current risk register. Both had been subject to recent review and timed actions were attributed to named, responsible persons.

The standards of cleanliness and general hygiene practices were observed to be of a good standard. Staff on duty had responsibility for cleaning the designated centre while residents were at day services. The cleaning policy and regime for staff was up to date. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. Staff had undertaken training in the safe preparation of food.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Positive behavioural support plans for residents were maintained in the designated centre. Practices were of the least restrictive means to ensure resident safety, and all were risk assessed. The scoring of risk assessments in relation to restrictive practices were inaccurate as risks rated as no or little risk continued to have restrictive practices in place. The designed centres risk register was also recently updated, however while all risks pertaining to individual residents were well documented, many risk rating had the same value whether controls were put in place or not. Restrictive practices were not subject to review as part of the personal planning process. The registered provider had plans in place to address this.

The designated centre maintained a lot of information pertaining to each resident. Individual personal care plans were maintained and stored at the residents' day service. Records in relation to some aspects of care regarding residents routine and what made them happy or sad, activities of daily living and necessary supports were well documented. The person in charge was in contact with residents' day services to collate a personal care plan reflective of day and respite services that defined and linked goals. Each resident had been the subject of an annual multidisciplinary team review. The information discussed was clinical in nature and did not reflect input or information relating to the residents time at the respite service.

Each residents file had current information in relation to their healthcare needs. Residents requiring specific nursing care had access through the registered

providers staff located in a nearby day service. Residents who required medical or hospital interventions were supported to do so by their families.

Residents informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Residents enjoyed cooking with staff. An accurate record of fridge temperatures was maintained.

Each resident had adequate storage for their personal clothing and possessions. On admission, each resident was given a copy of the items and medicines that they had brought with them and this was also recorded on return of items on discharge. All monies were kept in a safe which staff maintained. All expenditure had receipts in place and items were checked and countersigned.

Residents who attended for respite brought their own supply of medicines. This was recorded by staff and all unused medicines returned home with residents. All medicines were securely stored, properly administered and dispensed. Staff had undertaken the safe administration of medicines course. Resident self administration of medicines was not assessed by the staff and on the day of inspection, no resident was administering their own medicines.

Regulation 10: Communication

The registered provider ensured that all residents were assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that all residents had adequate space to store their

possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access occupation and recreation while availing of respite.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of residents, however some areas required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider ensured that there was a current resident's guide available to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place, however, review arrangements to ensure that measures were proportional to the risk identified needed to be considered.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, however some emergency signage was required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had suitable practices in place in relation to aspects of medicines management, however, residents were not subject to a risk assessment in relation to taking responsibility for their own medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider did not have in place a comprehensive personal plan for each resident that reflected the nature of residents assessed needs and the supports required, specific to the nature of the respite service.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner, however, the registered provider did not ensure that restrictive practices were reviewed as part of the personal planning process.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident had the freedom to exercise choice and control in their daily life while attending respite services.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for East County Cork 2 OSV-0003290

Inspection ID: MON-0022948

Date of inspection: 09/01/2020

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>New system in place to ensure all 3 day and quarterly notifications are submitted within time frame as per the regulations.</p> <p>All staff informed of new system for reporting incidents/accidents and notifications to HIQA</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Schedule of paintwork commenced 20/02/2020</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>PIC reviewed and amended scoring ratings in Site Specific Risk Registrar 21/01/2020</p> <p>PIC amended individual risk assessments scoring ratings in relation to rights restrictions in use 14/02/2020</p> <p>There is a system in place to review Rights Restrictions annually and as required.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Running Man Signage x 2 for upstairs corridor and landing installed 21/01/2020</p>	

Worn labels identified on some fire extinguishers replaced.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC will ensure all residents will be assessed as to their ability to take responsibility to self-administer their own medication.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC will ensure care plans will be completed within 28 days of admission to short break service. Care plan completed 16/01/2020 for last admission. A new schedule has been put in place to review and update support plans for 2020 The key worker list reviewed and amended. PIC will ensure all rights restrictions are discussed and documented as part of the annual scheduled review of individual personal plans</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: PIC will ensure all rights restrictions are discussed and documented as part of the annual scheduled review of personal plans.</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	26/03/2020
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.	Substantially Compliant	Yellow	14/02/2020

Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/01/2020
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/03/2020
Regulation 31(1)(a)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre.	Not Compliant	Orange	06/02/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the	Not Compliant	Orange	16/01/2020

	designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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.	Not Compliant	Orange	16/01/2020
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	16/01/2020
Regulation	The person in	Not Compliant	Orange	31/12/2020

05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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	31/12/2020
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those	Not Compliant	Orange	31/12/2020

	responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/12/2020