



**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:	North County Cork 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	07 February 2020
Centre ID:	OSV-0003294
Fieldwork ID:	MON-0022949

About the designated centre

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

The designated centre is located in a large town in County Cork. It is situated in a quiet residential area within walking distance of the town centre and close to local amenities, public transport and shops. The service can accommodate full time residential support for up to ten male and female adults and provides respite services for female adults. The centre is a detached, purpose built bungalow with mature gardens. It is comprised of nine bedrooms, two of which are designated as double occupancy bedrooms. Two bedrooms have an en-suite. There are three shared bathrooms for residents. There is a large living room, sitting room, kitchen and dining room along with laundry facilities, linen room, store room, utility room and staff office. All residents have access to transport and attend an adjacent day service. Residents are supported by nursing and care staff during the day and two care staff by night. The focus of service at the centre is on social activation and community integration.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Friday 7 February 2020	10:00hrs to 17:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with all of the residents during the course of the day of the inspection. Residents were very welcoming and actively sought out the inspector. Some residents had a good understanding of the inspectors role and recounted meeting other inspectors and recalled issues and conversations they had with previous inspection teams. Two of the residents regularly attended respite services while ten residents regarded the designated centre as their home. Residents spoke in relation to feeling safe in the designated centre and how they enjoyed living with their friends. Friendships were very evident and residents were observed to gather in small groups of their choosing to discuss their day in greater detail. Residents reflected on organised outings and how successful they were. Residents spoke of staff with great affection and acknowledged how staff had and do support them to fulfill meaningful activities of their choosing. One resident articulated how staff and advocates had assisted them to self determine through court proceedings and how such support was now helping in the exploration of possible community living and further independence. Keeping in contact with family members was also an important aspect of life described by residents. Residents spoke about and demonstrated to the inspector their ability to use mobile phones. Residents said that lack of access to internet facilities and wi-fi impacted on them.

Some residents spoke of been very happy living in the designated centre. Residents were both excited and happy in relation to their attendance at day services as well as taking part in many social activities including concerts, holidays, day trips and trips home to family members. Residents spoke of special relationships they maintained outside of the designated centre and acknowledged the support they received from staff who they felt were very kind to them.

Questionnaires completed by residents and their relatives also acknowledged the flexibility of the service to support residents and their carers. Relatives also commented on the kindness of staff, the sense of welcome within the service and the professionalism of all staff.

Three residents spoke specifically in relation to the sharing of bedrooms in the designated centre. One resident had previously requested that they have a single bedroom so they could watch television on their own, however, they could not understand why this wish was still unrealised. Two residents who availed of a respite service were not happy that they had to share a room. The resident who had to share with all respite residents was equally unhappy with this arrangement and despite not being a verbal communicator, had raised the issue in an advocacy meeting. One respite resident was equally unhappy that they had to leave the designated centre they resided in, in another town, as the service was only open from Monday to Friday.

Capacity and capability

The inspector observed evidence of a good quality service provided to residents by staff who promoted person centred care while affording residents recreation, occupation and activities based on choice. Advocacy and residents' rights were incorporated into residents meetings and in some aspects of individual care plans. Overall the designated centre was well managed and well staffed, however it was evidenced that families had concerns regarding the staffing structure within the designated centre when staff were engaged in cleaning and cooking activities rather than direct resident care.

There was evidence of a supportive management structure in place that was effective in managing the designated centre. The registered provider was committed to ongoing improvement through audit, annual review and follow up actions. Direct supervision and development of staff was supported by the person in charge of the service.

The registered provider had in place a statement of purpose that reflected the services and facilities available to residents. The statement of purpose was up to date and on display on the day of inspection. While schedule 1 requirements were met, minor corrections to support the application to renew registration and reflect the current service more accurately, were required.

The person in charge was experienced, skilled and qualified to meet the needs of managing the designated centre and was supported in the role by a person participating in management. The person in charge had responsibility for two additional designated centres as well as fulfilling a management role for a separate day service facility. One designated centre was in another town which impacted on the direct level of supervision and support the person in charge could give to staff. The person participating in management informed the inspector that a planned recruitment campaign would reduce the number of service areas that the person in charge had to manage. The person in charge and staff were actively involved in a diverse programme of auditing which included infection control, safety, bedrooms, cleaning, intimate care, fire safety and care plans. Issues were subject to prompt follow up and address, especially in relation to maintenance issues. The registered provider had also undertaken an annual review of the quality and safety of the service provided and this was available in the designated centre. Residents and families were involved in this process and their views captured in the final document.

The registered provider had made provision for the assignment of additional staff to the designated centre to assist with activities and reduce negative interactions between some residents. This involved the employment of agency staff. Agency staff were very familiar with the needs of the residents. The inspector noted that staff resources at times during the day had an impact on residents when staff were engaged in cleaning and cooking duties. Staff had less direct engagement with

residents.

The registered provider had in place a system of training that ensured all staff were trained in fire and safety, managing behaviours that challenge and the safeguarding of residents. There was evidence that staff had also undertaken training in medicines management, basic life support, infection control, epilepsy management and manual handling. All training was up to date.

The registered provider had an effective complaints policy in place. All residents knew how and to whom a complaint could be directed. The designated centre had easy to read notices in place to encourage residents to make complaints known. This was also an agenda item for residents meetings. There was written evidence that some complaints were still open and that residents were being supported by staff and independent advocates to achieve an agreed solution. These complaints related to residents rights and are separately referred to in the quality and safety section of this inspection report.

All current restrictive practices in place had been previously notified to the inspector. All adverse events that had occurred in the designated centre had also been notified to the inspector within three working days of their occurrence.

The provider had a directory of residents in place for the designated centre. Information relating to a resident who had transferred out of the designated centre and was subsequently readmitted was well recorded. The required information for residents who availed of a respite service were also accurately maintained.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge who had the necessary skills, qualifications and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had in place qualified and skilled staff to meet the assessed needs of residents, however, the resources employed did not provide for full-time staffing which removed staff from direct resident care and contact.

Judgment: Substantially compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents and it was maintained to reflect the residents on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clear and defined management structure in place within the designated centre which detailed lines of authority and accountability, however the person in charge had responsibility for two other designated centres as well as managing a day service. As a result, the performance management of staff was not up to date.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had an agreed written contract with each resident, outlining terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose in line with schedule 1 requirements. Minor corrections to support the application to renew

registration and reflect the current service, were required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had provided to the Chief Inspector all notifications pertaining to adverse incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure, which included an appeals process.

Judgment: Compliant

Quality and safety

The inspector observed a well managed service that was person centred. Staff focus was very much on the overall provision of care and activities to ensure residents had a safe and meaningful day. Staff interventions were observed to be kind, respectful and non intrusive. The physical environment of the designated centre impacted on some residents rights as well as their overall quality of life.

A number of residents clearly articulated that they were unhappy with having to share a bedroom. This was also a finding of the previous inspection. The registered provider had arranged for residents who shared a bedroom to be moved to a larger bedroom, since the last inspection. This action did not bring the designated centre into regulatory compliance and the Health Information and Quality Authority (HIQA) had communicated this fact in writing to the registered provider. One resident had been given a single bedroom but this decision impacted greatly on another resident who was now sharing their bedroom with up to three different respite residents weekly. This resident did not have verbal communication but had used sign language to raise the matter with an advocate at a residents meeting. Residents who availed of respite also told the inspector that they would prefer a single room or the use of an adjacent respite service that was closed. Another resident was unhappy that they had to move every weekend from their designated

centre in another town because it closed for weekends.

Each resident had a comprehensive healthcare plan in place. Medical treatment was delivered in a timely fashion through a general practitioner of choice. Each resident had the direct input from a range of allied health professionals. Health screening and health checks were available to residents. Residents who required oxygen therapy had clear rationale and instructions within their individual care plan. Each resident had a comprehensive hospital passport.

There was evidence of a good standard of individual care planning for each resident. Care planning incorporated safeguarding plans, intimate care plans and health and social care needs. Residents goals were subject to review and each goal and its progress were recorded. There was evidence of multidisciplinary input to care planning and review. Many residents attended an adjacent day service and their individual goals and plans were linked. Visits were encouraged and staff made efforts to ensure that residents were assisted and transported home. Special events and birthdays were facilitated in the day service attached to the designated centre. There was good evidence that residents were well supported to attend family events. Many residents were very physically active and favoured outdoor activities that included walks, swimming, eating out and attending parks. Residents were well linked in to the local town and attended activities with groups of people that they said were their friends. Residents enjoyed attending the cinema and bowling.

The premises was observed to be comfortable and homely. Residents could avail of individual spaces and communal spaces depending on the activity they were engaged in. Many bedrooms were individualised and residents were actively engaged in personalising their own bedroom. While overall the premises was observed to be maintained to a good standard, the kitchen cupboard doors were in need of replacement. The kitchen also accommodated a large cooker and extractor hood system that had not been used for years but remained in situ. As reported in the last inspection, some residents requested that their bedroom door be held open. The person in charge has sought a maintenance solution to this request that would not compromise fire and safety systems. An agreed door holding device had yet to be applied.

It was evident and observed on inspection that staff implemented the least restrictive practice and all interventions were consistent and afforded residents to self regulate. This was evident through the allocation of staff to residents on a one to one basis. Staff also sought to reduce resident anxiety through meaningful engagement and activation, relocation and distraction. Residents who required positive behavioural support had current plans in place and were reviewed regularly by a behaviour specialist.

All communication with residents and staff was observed to be respectful, unhurried and appropriate. Each resident had a communications passport and staff demonstrated excellent knowledge of residents needs based on utterances and gestures. Television was available to residents in a communal sitting room and in some bedrooms by choice. Residents informed the inspector that they had no access to the internet, despite the fact that many residents could use mobile phones and

electronic tablets. Information was available to residents in easy to read format documentation in the form of posters, photographs and signs.

All monies held for residents were used only for the purposes of buying items for the named resident. All transactions were overseen by the person in charge and countersigned by another staff member. All transactions were evidenced by a receipt. Progress had been made since the last inspection to secure personal funds for some residents. One resident had been supported to secure a change of advocacy based on their wishes and also was planning towards the acquisition of an independent home in the community. Each resident had adequate space to store personal possessions within their bedroom.

Each resident had in place a personal emergency evacuation plan. Residents who required additional supports also had in place a fire evacuation plan. Staff conducted daily and weekly fire checks. A fire alarm test activation on the day of inspection demonstrated that all fire doors closed effectively and all exit door magnets released to allow horizontal evacuation. Fire drills conducted at times of maximum and minimum staffing levels were all within acceptable time frames. The fire alarm system, emergency lighting, fire extinguishers and fire hose reels had all been serviced in the current year.

Staff were active in supporting the protection of residents. All staff in the designated centre had undertaken training in protecting and safeguarding vulnerable people. Intimate care plans were clear and had been signed by residents. Residents were aware of how to make a complaint.

Residents had access to a variety of food and personal choice was facilitated. It was evident that residents enjoyed eating out as well as ordering takeaway food. Residents were supported to maintain or lose weight subject to their healthcare plan. Food intake was closely monitored and recorded. There was dietetic and speech and language assessment and input for residents who experienced swallowing difficulties.

The person in charge had systems in place to manage medicines within the designated centre. Drug prescription charts were clear, properly signed and listed maximum doses for as required medicines. All medicines were properly and securely stored. The medicine keys were maintained on the person of a designated staff member. Rescue medicines were securely stored but within easy access of residents bedrooms. All residents were assessed in relation to the self administration of medicines and some residents were supported to administer their own medicines. Each resident had a clearly identified box with their photograph to assist medicines management.

The registered provider ensured that there were systems in place to assess, manage and review risk, risk control measures and a current and up to date risk register was in place in the designated centre. The likelihood of some risks occurring were not proportional to the risk identified.

There was evidence of a comprehensive policy in place to prevent infection in the designated centre. Staff hygiene practices were observed to be of a good standard.

The provider had a comprehensive health and safety statement in place. Staff conducted hygiene audits on a regular basis. A colour code system was in place for food preparation boards and cleaning mops.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes, however residents had no access to the internet.

Judgment: Substantially compliant

Regulation 11: Visits

The person in charge ensured that residents were free to receive visits without restriction.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control over personal property and possessions and were supported to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured each resident had appropriate care and support in accordance with the residents assessed needs and ability.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the assessed needs of residents, however, some aspects of the kitchen required replacement and painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate food and drink that was wholesome, nutritious and offered choice at mealtimes.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place to assess, manage and review risk, however, risk control measures were not proportional to some of the risks identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents at risk of healthcare infections were protected by procedures and standards to prevent and control associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had suitable practices in place relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that personal care plans were subject to review.

Judgment: Compliant

Regulation 6: Health care

The registered provider had appropriate healthcare in place for each resident, having regard to residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that procedures were applied in accordance with national policy and evidence based practice, in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that each resident's privacy and dignity was respected in relation to personal space and living space.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially 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 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for North County Cork 4 OSV-0003294

Inspection ID: MON-0022949

Date of inspection: 07/02/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The register provider will review staffing levels to facilitate the release of a staff member to carry out domestic duties within the Centre. The commencement of this role will enable staff to have more quality interaction with residents	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will put a schedule in place to complete performance management for each staff member as per organizational policy. The register provider has advertised for PIC roles a date has been identified to carry out interviews.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	

<p>The PIC has reviewed the statement of purpose in collaboration with the register provider same has been updated and reflects site specific emergency plans.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The PIC has liaised with the I T department who are currently updating the phone system within the organization. This will include internet access and Wi-Fi availability for our residents to use within the Centre. This is to be rolled out in the second quarter of this year. In the interim the IT department is sourcing a Wi-Fi mobile modem / dongle which can be utilized within the Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has liaised with the facilities manager in relation to upgrading the kitchen. These works will be completed on faze basis such as the removal of unused items and painting of kitchen presses.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC is currently reviewing the Risk register and due consideration will be given to risk rating during same.</p>	
Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC and the register provider have identified a space within the centre which can be converted into an additional bed. The PIC has liaised with the facilities manager to discuss scheduling of this work.

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(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Substantially Compliant	Yellow	30/05/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/05/2020
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff	Substantially Compliant	Yellow	30/09/2020

	shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/06/2020
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 workforce to exercise their personal and professional responsibility for the quality and safety of the services that they	Substantially Compliant	Yellow	30/05/2020

	are delivering.			
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	30/03/2020
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	28/02/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/12/2020

