Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	North County Cork 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	11 September 2019
Centre ID:	OSV-0003298
Fieldwork ID:	MON-0024358

About the designated centre

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

The designated centre is a large detached bungalow which is located on the outskirts of a major rural town. Residential services are provided to 10 adult residents who have a moderate to severe intellectual disability. The living accommodation comprises four shared bedrooms and two single bedrooms. There is a large kitchen and dining area with adjoining food storage and food preparation areas. There is a large living room and a small television room, a laundry room, toilets and two large shower rooms. There is a staff office as well as a smaller office used to store residents files and paperwork. The designated centre has a well planned and maintained garden front and rear with extensive patio and sitting areas. The staff complement consists of nursing and qualified care assistants. There are 13.5 whole time equivalent staff allocated to the service. Activities are planned within the designated centre, in the broader community and from a training centre located in another town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
11 September 2019	08:30hrs to 17:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with eight residents, many of whom were non verbal communicators. Two residents had left for day services prior to the inspection commencing. One resident was looking forward to going home with their family. Another resident was very upset and staff indicated that this resident had lost a parent in the last two years. A planned trip to the family members grave was facilitated on the day of inspection. Remaining residents did not speak with the inspector, but they appeared happy in the company of staff.

Capacity and capability

While the inspector observed the registered provider to be delivering a safe service to residents, the service provision was limited by staff shortages that impacted on the support of weekend activities. This had also been a finding of the previous inspection.

The registered provider had a defined management structure in place through a person in charge and in their absence a clinical nurse manager.The person in charge of the designated centre was on extended leave and the Health Information Quality Authority HIQA, had been informed of the management arrangements in place for the duration of this absence. The registered provider had not appointed a person in charge to manage the designated centre. The nurse manager who was providing managerial cover to the designated centre also had responsibility for managing three other residences. This manager had extensive working experience of intellectual disability and was a qualified intellectual disability nurse. They had also completed a supervisory management course. This manager had a comprehensive knowledge of all of the residents and was involved in improving the quality and safety of the service since the previous inspection.

The registered provider had in place a statement of purpose that was available to residents. There were significant gaps and omissions in the required information as prescribed by Schedule 1. Revision of the statement of purpose at intervals of less than one year had not been undertaken. The manager in charge on the day of inspection undertook to address this matter and resubmit an updated statement of purpose to HIQA.

On the morning of inspection, the inspector met with two night staff. Both staff were employed as care assistants and had access to a nurse manager by phone. Staff on day duty were supervised directly by a qualified nurse who acted as shift leader. The five staff named on the roster, were all in attendance. Historical and current rosters had five staff allocated on weekdays and three staff at weekends.

The inspector noted that of the 13.5 whole time equivalent staff employed, 3.5 staff were not available to the roster through sick leave, maternity leave and an unfilled vacancy. An employment agency was used to fill some of the vacancies with consistent staff who were familiar to the residents. Staff demonstrated flexibility and alternated between providing support, care and activation to residents, as well as undertaking household and domestic cleaning duties. Staff were observed to be engaged in domestic and cleaning duties which resulted in less direct support to residents. This matter had previously been reported in the last inspection report. The nurse manager informed the inspector that the existing roster would be subject to revision once absent staff returned and this would involve a change of allocation to increase staff numbers at weekends, by one extra staff member. The inspector was not assured that the number of staff was appropriate to the number and the assessed needs of the residents. The majority of activities recorded and tracked for residents were confined to the designated centre. Some residents preferred activities were limited due to recorded staff shortages.

All staff had been in receipt of fire and safety training. Of 18 staff members listed on the designated centre records, six required training for managing behaviours that challenge and seven required safeguarding training. There was evidence that staff had engaged in additional training programmes in matters of resident care, specific to assessed residents' needs.

The person in charge maintained an up to date directory of residents which accurately reflected required Schedule 3 information in relation to each resident. The person in charge had provided to HIQA, notice in writing, all adverse incidents that had occurred in the designated centre.

The registered provider's complaints policy was clear, visible and in an easy to read format displayed throughout the centre. Information on residents' right of appeal, how to access advocacy services and how to make contact with a confidential recipient, was clearly displayed. Staff were diligent in recording many minor issues raised by residents, which would not have met the threshold to be addressed or quantified as a complaint. The nurse manager was addressing this through staff meetings and education. Whether residents had been offered the right of appeal to their complaint, was not recorded. The inspector noted that the registered provider's complaints policy was out of date and had not been subject to review. A number of responsible persons named in the policy were no longer with the organisation.

The registered provider had undertaken unannounced six monthly reviews of the quality and safety of the service as well as an annual review. Actions arising from these reviews were not assigned to a responsible person and there was no formal plan in place to address the issues.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre,

who was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the numbers of staff were appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, however, some staff required refresher mandatory training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents that was accurate and contained all required information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the designated centre was adequately resourced in relation to staff numbers and oversight and governance was limited and stretched across other designated centres. There was no formal action plan to address issues identified by the registered providers 6 monthly audit of quality and safety.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that was not subject to annual review and did not contain all of the required Schedule 1 information.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified in writing of all adverse incidents, within 3 working days.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider did not make arrangement to appoint a person in charge during a period of extended leave by the named person in charge.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider did not ensure in all cases that complainants had a recorded right of appeal.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed a service focused on delivering support and care to residents consistent with the goals agreed by residents. There was a strong emphasis on residents' health and on resident safety. The inspector observed that the registered provider had undertaken and addressed some of the issues noted on the previous inspection, however, the overall improvement of quality, safety and

residents general welfare was limited by a lack of staffing resources.

Staff were observed to engage with residents in a respectful and dignified manner. Interactions were meaningful and person centred. Residents were afforded privacy and staff were gentle and unhurried in supporting residents. The kitchen presented as a focal point of the service and residents appeared happy to engage in domestic activities with staff. Residents attended a residents' forum meeting where activities, matters of concern and education were part of the regular agenda. Some residents had a shared bedroom and they had been consulted in relation to this. Each resident had a programme in place to promote skills and self awareness to assist them with their self care and protection. Residents were supported and encouraged to inform staff of any concerns they had in relation to all forms of abuse, which were well documented.

The designated centre was well maintained internally and externally. The gardens were inviting and well maintained. Residents utilised an activity room adjacent to the designated centre for individual and small group activities with staff support. This area was also used for private and quiet time for residents as well as by their visitors. While some rooms required painting due to normal wear and tear, these works had been communicated to the maintenance department and were to be addressed.

All fire extinguishers had been checked and certified by a competent person. The fire alarm system and the emergency lighting was checked in July 2019. Staff conducted a daily and weekly fire check and all fire escapes and routes were clear. Recent fire drills were recorded with acceptable evacuation times. Staff had taken measures to assist and encourage residents to participate in fire drills. Each resident had a current personal emergency evacuation plan. The boiler house and plant attached to the designated centre was serviced in the 2019 and it was in good working order.

Residents were observed to have choice in the diet and foods they ate. Food was observed to be prepared in hygienic conditions and the kitchen, dining room, food stores, larders and fridges were seen to be clean and well maintained. There were good levels of food stocks and residents shopped locally for some goods while others were ordered online. Residents were observed to have unrestricted access to the kitchen and some residents assisted with kitchen tasks. There was a separate food preparation area for gluten free foods. Each resident had a speech and language therapy annual review in relation to their feeding, eating, drinking and swallowing needs.

The registered provider had a current risk register in place that was up to date. The risks identified were relevant to the designated centre as well as being specific to residents. Follow up actions were well documented.

Many of the residents were non verbal communicators. At the time of inspection, no resident was using a mobile phone while all residents had access to the designated centre landline. Many residents had a television set in their bedroom as well as access to two televisions in a communal sitting room and a small designated

television room. Residents also had access to radio and music players. Each resident had an up to date communications passport and a number of notice boards were effectively used to assist residents with goal planning, identifying key workers, tasks and activities. Photographs were used to good effect. The residents guide and many of the notices were in an easy to read format. Residents were supported by staff to communicate and each resident had access to a speech and language therapist.

The individual assessments and personal care plans reviewed by the inspector were observed to be current and records were well maintained. The plans were comprehensive and reflected the assessed needs of each resident. The care plans were signed by the resident or their representative. Each plan was subject to an annual multidisciplinary review and the attainment of set goals was clearly documented.

Residents were able to indicate to the inspector some of the activities they liked and choose to take part in. Residents were supported to maintain links with family as well as the broader community, however, many activities were planned and based within the designated centre. The person in charge articulated planned changes to staff rosters to increase activities for residents across the week and especially for weekends. At the time of inspection, resident's activities were curtailed or unfulfilled due to staff shortages. Two residents attended a training centre off site. The inspector observed that attendance at this training centre involved an early start for residents who left the designated centre prior to 08.00 hours and returned after 17.00 hours. There was documentary evidence that the residents wished to attend the training centre. The person in charge was reviewing the hours of attendance to take into consideration the age of the residents and the introduction of a semi retirement programme.

The designated centre services were nurse led. Each resident had a comprehensive healthcare plan in place and were subject to an annual health assessment. Residents had a named general practitioner who was based in the local town. The input of multidisciplinary and allied health professionals was clearly documented, as were their recommendations. The inspector saw that some residents had a home physiotherapy programme in place, devised by a physiotherapist and requiring staff support to implement. The inspector observed that some residents physiotherapy programme had not been implemented or had ceased, without a recorded explanation.

A number of residents had behaviour support plans in place. Staff demonstrated familiarity with the support plans and informed the inspector how they redirected residents or otherwise occupied residents to prevent adverse incidents in the designated centre. It was noted that six staff members required training in managing behaviours that challenge. The person in charge had informed HIQA of all restrictive practices in place in the designated centre. Not all of these restrictions were recorded in the designated centres restrictive practices log. The restrictions were not subject to review by the registered providers restrictive practice committee. One resident, who had been the subject of notifications to HIQA, and whose behaviour was a matter of concern to other residents, had a positive behaviour support plan that was subject to review by an external behaviour

specialist. The inspector observed that this review was delayed and deferred and a revised plan was awaited at the time of inspection. Greater urgency should have been applied to this review as the residents behaviour was impacting the resident, their fellow residents and visitors.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider failed to ensure access and opportunity for the residents to occupation, recreation and involvement with the wider community due to limited staff resources.

Judgment: Not compliant

Regulation 17: Premises

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

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had adequate quantities of food and drink. These were properly and safely cooked. Residents were offered choice which was wholesome and nutritious.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective fire safety management system in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a comprehensive assessment, by an appropriate health care professional, of their health, personal and social needs.

Judgment: Compliant

Regulation 6: Health care

The registered provider had appropriate healthcare in place for each resident, however, planned physiotherapy was not implemented or recorded for some residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider did not ensure that positive behaviour support reviews took place in a timely manner. Restrictive practices in place in the designated centre were not subject to review by the providers restrictive practices committee.
Judgment: Not 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's privacy and dignity was respected.
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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 5 OSV-0003298

Inspection ID: MON-0024358

Date of inspection: 11/09/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has reviewed the current staffing allocations where gaps have been identified the PIC is liaising with the HR department to recruit these posts. Following a review of the roster the PIC has allocated staff on a more even distribution across the 7 days to support the residents needs. Since the inspection two staff have returned from maternity level which has provided more flexibility and an improvement in staffing levels.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has reviewed and updated the training matrix a plan is in place to deliver specific training to relevant staff. Staff who require training updates have been informed of training requirement and agree to undertake training allocated. Since the inspection on 11.09.10 two staff having completed MAPA training , with a plan in place to having the remaining 3 staff updated. Three staff required fire training this training will take on 21/10/19. The PIC has identified staff who require manual handling training a plan is in place to deliver this training. The PIC has requested safe guarding training this training will be supported by the	

designated officer.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has reviewed the actions of the unannounced six monthly review where actions are not completed the PIC has assigned a staff person to take responsible to complete the action within a specific time frame.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC will review and update the SOP to reflect the contain of schedule 1 information following updating the PIC will submit revised copy to the authority.

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant

Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent: The Person who had taken on the role of the person of responsible has completed a management course. This person has agreed to undertake the PIC role for the duration of the PIC extended absence. The register provider will submit NF30 to the authority this process is in progress.

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The register provider will review and update the complaints policy. The PIC has met with the staff to reiterate the content of the policy and update onsite protocol to reflect the right of appeal process.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: With the support of the activation staff and CNM1 there will be a full review of the daily activities to reflect residents wishes, interests and changing needs.This will also include a review of the retirement plan for the two residents that attend the day service. The activation person will lasise with other stake holders in the wider community to explore other activities or groups to afford residents a wider variety of community participant. The PIC has spoken with the manager of the day service an agreement is in place to facilities a later start time for the residents to attend their day service and the manager of the day service will meet the residents to assess their wishes regarding semi-retirement plans.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has liaised with the facilitates manager to identify a date for painting work. A plan is in place to complete same.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The PIC has meet with the staff regarding the implementation and recording of specific	

residents physiotherapy programme.. On discussion staff report that they were being carried out but not being filled into the recordings. The PIC has conveyed the importance of the physiotherapy plans to the staff in the area and spoke about this at a staff meeting. There is now an end of day check list in place to remind staff of the various aspects of the day that must be completed. Staff giving report are required to fill in this to indicate they have checked to ensure areas such as programs are accurately recorded

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The behavior support(MEBS) plan is now in place. A redacted version is available on request.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Yellow	13/09/2019
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Yellow	31/10/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Yellow	31/10/2019

	accordance with their interests, capacities and developmental needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Yellow	31/10/2019
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.	Not Compliant	Yellow	31/12/2019
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Yellow	30/11/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2019

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2020
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	Yellow	18/11/2019
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	Yellow	25/10/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Yellow	18/11/2019
Regulation 03(2)	The registered provider shall	Not Compliant	Yellow	18/11/2019

	review and, where necessary, revise the statement of purpose at intervals of not less than one year.			
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.	Not Compliant	Orange	25/10/2019
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.	Substantially Compliant	Yellow	31/12/2019
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	13/09/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not	Substantially Compliant	Yellow	31/12/2019

	the resident was satisfied.			
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	13/09/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	12/09/2019