



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 3
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0003287
Fieldwork ID:	MON-0039028

About the designated centre

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

West County Cork 3 is located on the outskirts of a town and consists of two, two storey houses connected by a shared entrance. Each house is comprised of seven individual resident bedrooms, bathroom facilities, a kitchen/dining area leading to a living area and a separate smaller living room. The centre is open Monday to Friday each week and supports up to 14 residents over the age of 18, both male and female with intellectual disabilities. Residents attend a day service, away from this centre, Monday to Friday but residents have a semi-retirement activation plan in place and do not go to day services everyday. residents are supported by the person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 (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
Wednesday 22 February 2023	09:05hrs to 19:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The premises provided for residents to live in was well presented. Staff members on duty interacted with residents in a pleasant and respectful manner. Positive comments were made by some residents but one resident wanted to reside in the centre seven days a week.

This designated centre operated on a Monday to Friday basis and was registered for a maximum of 14 residents but at the time of this inspection only nine residents were availing of this centre. Upon the inspector's arrival at the centre, most residents were away from the centre attending a day service operated by the same provider in a neighbouring town. These residents did not return to the centre until late in the day but one resident did remain in the centre throughout the day as part of a semi-retirement initiative that was ongoing in the centre.

After the introduction meeting for this inspection with the person in charge (PIC), the inspector met this resident in the living area on one side of the centre. The resident did not engage verbally with the inspector but appeared quite happy as seen by their smiles. At various points during the day the resident was seen doing some colouring and being supported to play a keyboard by a member of staff. On each occasion it was seen that the resident continued to smile and appeared very comfortable in the presence of the staff member who was supporting them for much of the day.

As the centre was largely unoccupied for a large part of the inspection, the inspector used this time to review relevant paperwork and to review the premises provided to get a sense of how residents were supported while in their home. The centre was comprised to two adjoining houses with a shared entrance and was also connected by a corridor on the first floor. Both houses were of a similar layout and it was seen that the communal areas, such as a living area and kitchen in each house, were well furnished and decorated while also being modern in their general appearance.

Aside from the living areas each house also had its own separate living room and while in one of these the inspector noted that some signs were on display relating to human rights. At other points in the centre the inspector observed other signs displayed around issued like how to make a complaint and how to contact the Confidential Recipient. Signs and displays were also used to give residents information about the running of the centre. For example, in both houses were whiteboards which detailed activities for the day while there were signs showing photographs of the staff members who were on duty that day. It was noted that these signs showed photographs of individual staff with and without face masks.

Numerous resident photographs were also on display throughout and towards the end of inspection, eight residents returned to the centre from day services all of whom were met by the inspector. One of these residents was seen to show a CD they have bought to the PIC who also helped this resident to find out the upcoming

dates for Easter. This resident along with some of the residents they lived with, were met in the living area on one side of the centre as they prepared for a meal. It was noted that all residents appeared content or happy with staff members present, including a member of the centre's management, engaging pleasantly and respectfully with the residents throughout.

Shortly after the inspector visited the other side of centre and entered the living area where four residents were present. One of the residents there immediately got up from their chair at a dining table and asked was the inspector with the Health Information and Quality Authority (HIQA). When the inspector confirmed that he was with HIQA the resident brought the inspector to their bedroom to show him a letter that they had recently received from the provider's Chief Executive Officer (CEO). The CEO had sent this letter in response to a letter the resident had sent themselves to the CEO wanting to know when the centre would operate as a seven day service.

As this centre operated a Monday to Friday, the resident went to another designated centre operated by the same provider at weekends. However, this resident had expressed for a long period of time that they wanted to live in the current centre on a full-time basis and indicated to the inspector that they wanted to stay in the current centre at weekends. The resident had previously made similar comments to the inspector when he carried out an inspection of this centre in June 2018. The resident indicated that they liked living in the centre and when asked what they liked about living there the resident responded by saying "the fun".

The resident also said that they liked their bedroom which was personalised with some photographs and a trophy the resident had received previously. As the inspector was leaving this resident's bedroom, another resident greeted the inspector and showed him their bedroom which was also seen to nicely furnished and personalised. This resident indicated they liked their bedroom and liked living in the centre. Another resident was briefly met as they were listening to some music in one of the separate living rooms. This resident smiled when the inspector greeted them and also gave an affectionate gesture to the inspector before going to lie down on a couch in that living room.

Prior to finishing the inspection, the inspector spent time in the entrance lobby of the centre between the two houses and saw that some residents were supported to leave the centre to go to a nearby soccer pitch for a walk and to watch a local team training. At this time one of the residents that the inspector had met earlier came out to the inspector and repeated some similar phrases and words to the inspector a number of times. While the inspector could not clearly make out what the resident was saying, a staff member later indicated that the resident was talking about wanting the centre to remain open seven days a week and that the resident could speak about this often. It was noted that the family members of some residents had raised similar issues also.

Family feedback was included in the most recent annual review completed for the centre with comments made on this topic including one family member indicating that their relative "loves the hostel and wants to stay seven days a week now".

Another comment made was that “we need a seven-day service, this is of the utmost importance”. It was noted though that family members also made very positive comments on the existing services provided within the centre and the centre’s staff and management. Examples of such comments were “very happy with the service”, “communication is excellent from the PIC”, “fantastic PIC” and “great staff”.

In summary, a resident had a strong desire to live in this centre seven days a week. Some residents met appeared to be happy and content while in this centre while some made positive comments about living here. The staff that were on duty were seen to interact appropriately and positively with the residents while the premises provided was well presented overall.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The designated centre had re-opened since the previous HIQA inspection. The provider was conducting key regulatory requirements such as annual reviews and unannounced visits to the centre but some improvement was required regarding their content and frequency respectively. While there had been times when an assigned shift had not been filled, there were no staff vacancies at the time of inspection.

This centre is run by COPE Foundation. Due to concerns in relation to Regulation 23 Governance and Management, Regulation 15 Staffing, Regulation 16 Training and Staff development, Regulation 5 Individualised assessments and personal plan and Regulation 9 Residents’ rights, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider’s registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in October 2022 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has provided an action plan to the Chief Inspector highlighting the steps the provider will take to improve compliance in the providers registered centres. These regulations were reviewed on this inspection and this inspection report will outline the findings found on inspection.

Registered until October 2024 without any restrictive conditions, this centre had last been inspected by HIQA in November 2021. At that time the centre had been closed since March 2020 due to the COVID-19 pandemic. Some of the 11 residents who previously availed of this centre were living in other designated centres operated by the provider while other residents were being supported at home by family representatives then. During that inspection it was indicated that some residents

and their family representatives were struggling to support the needs of their residents and that certain residents were anxious to return to this centre. In addition, prior to the pandemic the centre had traditionally operated on a Monday to Friday basis but during the November 2021 inspection it was highlighted that the provider had submitted a proposal to the Health Services Executive (HSE) to increase the services provided from a five day service to a full-time residential service.

On the current inspection it was indicated that the centre had reopened in February 2022 on a Monday to Friday basis with nine residents having resumed availing of this centre since it reopened with two past residents remaining in other centres operated by the provider. It was also indicated that some approval for the proposed a full-time residential service been received from the HSE in September 2022 but final approval for this was awaited from the HSE. The inspector was informed that the provider had raised this issue with the HSE on a number of occasions including on the day of inspection. It was indicated that the matter would again be escalated to the HSE. While the provider's efforts regarding this matter were acknowledged, the continued operation of this centre on a Monday to Friday basis did impact some residents which will be discussed further in the next section in the context of Regulation 9 Residents' rights.

The residents in this centre were supported by a staff team consisting of care assistants. In accordance with the requirements of the regulations, staffing in a centre must be in line with the needs of residents and the centre's statement of purpose. During the current inspection it was indicated that there were no staff vacancies but it was highlighted that one vacancy, which had been present since the centre reopened in February 2022 had only been recently filled. This vacancy had meant that a specific evening shift, as outlined in the centre's statement of purpose, had not always been filled. This was noted from discussions with staff and a review of the staff rosters maintained. Staff working in this centre had been provided with training in various areas although it was noted that one staff who had recently commenced working in the centre had not undergone some training in fire safety and safeguarding. In addition, records provided that some staff were overdue refresher training in de-escalation and intervention or had not completed training in this area.

Such training was indicated as being required for all staff according to some recently reviewed risk assessments. However, the PIC, who oversaw the staff team did indicate that such training may not have been needed in this centre. The PIC was a clinical nurse manager (CNM) and was suitably experienced, skilled and qualified to fulfil the role and while they were responsible for a total of two designated centres at the time of this inspection, there was evidence that they maintained oversight of the current centre and was available to support residents. For example, the PIC conducted numerous audits in the centre, oversaw staff team meetings and held their own meetings with residents also. They also ensured that longer term staff working in the centre underwent a performance appraisal and that newer staff participated in an induction process. The PIC worked from this centre multiple days during the week and also outlined how they provided informal supervision of staff by

conducting unannounced visits to the centre on some evenings.

Aside from these, other representatives of the provider also conducted further unannounced visits to the centre to assess the quality and safety of care and support provided with written reports of these available. Such unannounced visits are required by the regulations to be conducted every six months but it was noted that there had been a seven month gap between the two most recent provider unannounced visits. The provider had ensured though that an annual review for the centre had been completed since the previous HIQA inspection but while this annual review did contain relevant information, it did not assess the centre against relevant national standards as required. The carrying out of annual reviews, provider unannounced visits and audits did promote governance and oversight of this centre. However, when reviewing other documentation in this centre the inspector reviewed a risk assessment related to governance in the centre. This indicated that an additional CNM was required to support the centre's governance. The inspector was informed that recruitment of this position had recently begun.

Regulation 15: Staffing

While there were no vacancies at the time of this inspection, a specific evening shift as outlined in the centre's statement of purpose had not always been filled since the centre reopened in February 2022. A risk assessment highlighted that an additional CNM was required to support the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

One staff who had recently commenced working in the centre had not undergone some training in fire safety and safeguarding. In addition, records provided that some staff were overdue refresher training in de-escalation and intervention or had not completed training in this area with recently reviewed risk assessments indicating that all staff required this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There had been a seven month gap between the two most recent provider unannounced visits. The most recent annual review conducted did not assess the

centre against relevant standards.

Judgment: Substantially compliant

Quality and safety

A resident did not have choice and control over where they wanted to live. Residents were being regularly consulted related to other matters and support was given to residents around achieving identified goals.

As highlighted earlier in this report, this centre operated on a Monday to Friday basis. However, some residents required a full-time placement and as result certain residents of this centre went to another designated centre operated by the provider in a nearby town for respite at weekends. An inspection of this other centre conducted by HIQA in January 2023 had highlighted the negative impacts that this arrangement was having on some involvement residents. During the inspection of the current centre, it was clearly apparent that one resident in particular, who went to the other designated centre at weekends for respite, wanted to remain in this centre on a full-time basis. It was noted that efforts had been made to support the resident to express their wish in this regard. For example, the resident had been recently assisted to send a letter to the provider's CEO wanting to know when this centre would be open on a full-time basis.

The resident received a prompt response to their letter which acknowledged that the resident's current living arrangements were "not ideal" but also highlighted that it was not possible to say when the centre would be open full-time. It was acknowledged that the provider had previously submitted a proposal to the HSE for this centre to remain open as a full-time service and that final approval for this from the HSE was awaited. However, in accordance with Regulation 9 Residents' rights, it is the provider's responsibility, in this case COPE Foundation, to ensure that that each resident has the freedom to exercise choice and control in their daily life. Based on the findings of this inspection, this resident currently did not choice and control over where they choose to live with similar findings have been made during previous HIQA inspections in June 2018 and February 2020.

While this remained an ongoing issue, the current inspection did find good evidence that residents were given information and offered choice in other areas. Each week a residents' forum meeting was held in the centre that was facilitated by staff where residents were consulted on their choice of meals and activities for that week. There was also separate monthly meetings which were used to give residents information on topics like safeguarding, maintenance issues, fire safety, rights and restrictions. A log of any rights' restrictions were also being maintained in the centre and kept under review. However, when reviewing other documentation the inspector noted that some residents were receiving nightly checks. While there were reasons for these, such checks did impact residents' right to privacy but were not included in the

centre's rights' restrictions log.

It was noted though that some other residents had previously been receiving similar checks but these stopped after residents expressed their wish for this according to records reviewed. When reviewing other records, the inspector also came across consent booklets which contained information on what consent was and a consent card. This consent card was intended to indicate individual residents consent to treatment for various health and social professionals such as general practitioners. The inspector reviewed a sample of these consent cards and saw that some were signed by residents but others were not. It also noted that none of the consent cards seen were dated so it was unclear when they had been last reviewed. It was indicated by the PIC that these consent cards had been reviewed since residents had returned to the centre in February 2022.

The consent booklets and cards were contained within residents' individualised personal plans, a key requirement of Regulation 5 Individualised assessments and personal plan. In accordance with this regulation, such plans must be informed by a comprehensive assessment of health, personal and social needs that should be completed at a minimum on an annual basis. When reviewing a sample of personal plans the inspector found recent assessments of health needs but there was no equivalent assessment document for personal or social needs. A member of the centre's management informed the inspector that the provider was currently reviewing this area and was working on a new template for a comprehensive assessment of needs. It was highlighted though that some information relating to residents' personal and social needs would be captured by goals that were identified for residents as part of a person-centred planning process.

Such a process can be used to involve residents in the review of their personal plans and it was seen that most residents had completed this since returning to the centre with the residents' families also involved. It was noted though that one resident had not had a person-centred planning meeting since they returned to the centre so their last such meeting had been completed in 2019. It was acknowledged that efforts had been made to arrange a person-centred planning meeting for this resident in more recent times. Examples of goals identified for residents through person-centred planning including having birthday parties, going to a soccer match, attending a musical, shopping trips and having overnight stays away. Documentation included within residents' personal plans indicated that such goals had been achieved or were being progressed but it was noted that time frames and responsibilities for supporting goals were not always assigned. Aside from goals, the PIC also indicated that they had commenced work to ensure that each resident had a version of their personal plans that was available to them in an easy-to-read format.

Aside from documentation relating to residents' personal plans, the inspector also reviewed complaints records in the centre which indicated that one resident had made some recent complaints around noise from other residents. In one of these complaints the resident was described as becoming "tearful". While it was initially indicated to the inspector that there was no safeguarding aspect to such complaints, during the feedback meeting for this inspection the inspector requested further assurance on this matter given a particular comment that the resident had made to

the inspector. In addition, the inspector sought further information relating to statements that another resident could make. The inspector was informed of these statements by staff some of which amounted to allegations. While it was indicated that these allegation were reviewed locally and unfounded, no records of these were being kept while such statements were not referenced in relevant risk assessments and safeguarding plans for the resident. The day following inspection it was indicated that, after consultation, the noise complaints made by one resident who be progressed through safeguarding processes and that statements made by one resident would be recorded and signed by the provider's designated officer.

Regulation 5: Individual assessment and personal plan

Some goals identified for residents did not have time frames or responsibilities assigned. One resident had not had a person-centred planning meeting since they returned to the centre.

Judgment: Substantially compliant

Regulation 8: Protection

At the time of inspection, no records of statements made by a resident, some of which amounted to allegations, were being kept while such statements were not referenced in relevant risk assessments and safeguarding plans for the resident. Complaints made by a resident relating to noise that indicated an impact on the resident had not been reviewed during safeguarding processes.

Judgment: Not compliant

Regulation 9: Residents' rights

As had been found at previous HIQA inspection in June 2018 and February 2020, a resident did not have choice and control over where they wanted to live. Night time checks were not included in the centre's rights' restrictions log.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for West County Cork 3 OSV-0003287

Inspection ID: MON-0039028

Date of inspection: 22/02/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following recent interviews there was no successful applicant for role. Further advert is being developed by HR Dept to re advertise. RM and PIC will be noted on advert to link re: informal discussions about role.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: New staff have completed mandatory Fire, Safeguarding and Manual Handling training. All staff will have completed PBS training by 31/05/2023</p> <p>Risk assessments are currently being reviewed.</p> <p>A flow chart is being developed with PBST in relation to determining level of training required for each Centre i.e. MAPA or PBS.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure an annual review will take place to report on the quality and safety of care and support provided in the centre, and such care is in accordance with standards. The provider will ensure the six-monthly unannounced visits will take place every six months as per regulation.</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:</p> <p>The PCP meeting was completed with resident. The resident's keyworkers are responsible in supporting residents achieve their goals. This is clearly stated in resident's keyworking document in resident's care plan. On developing their goals, time frames will be discussed and set with residents for each goal.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A record log has been developed with PBS Team in relation statements made by resident. This log is in residents travel pack to ensure any statement made are recorded in day service, respite and residential service. The DO has been informed of the commencement of log and PIC will link in with any entries made. The resident's risk assessment has been updated by PIC. The complaints in relation to noise have been review and submitted to safeguarding HSE to monitor</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The funding application has been escalated from the local HSE office to National office. The provider will continue to advocate for funding support from the HSE for opening of the Centre as a 7-day residential service. A review by the Provider will take place by</p>	

30/09/2023

The night time checks have now been included in Centre's right's restriction log

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	30/09/2023

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/12/2023
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of	Substantially Compliant	Yellow	17/03/2023

	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(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 responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	17/03/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	17/03/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/09/2023
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	Substantially Compliant	Yellow	17/03/2023

	living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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