



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

Issued by the Chief Inspector

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| Name of designated centre: | St Martin's House Residential & Respite |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 October 2019 |
| Centre ID: | OSV-0002508 |
| Fieldwork ID: | MON-0023780 |

About the designated centre

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

This is a service providing residential care and support to five adults (male and female) with disabilities. Two of those residents live in the centre on a full time bases and three avail of shared care services. The centre comprises of a three bedroom detached bungalow in Co. Donegal and is in close proximity to a small town. At the time of this inspection residents had no designate transport facilities and relied on public transport or taxi services to access community based facilities further afield such as hotels, shopping centres, and restaurants. One resident had their own small private bedroom while the other four shared the two remaining bedrooms. Communal facilities include a well equipped kitchen cum dining room, a comfortable small sitting room, a utility facility, shared bathroom facilities, an office and staff bathroom. The centre also has a large private parking area to the front and a private garden area to the rear of the property. There are systems in place to ensure the assessed needs of the residents are provided for and all residents have access to GP services and a range of other allied healthcare professionals. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge (a qualified nurse and acting area coordinator), a team of staff nurses and a team of health care assistants. All staff have qualifications and/or in-service training so as they have the knowledge and skills required to meet the needs of the residents in a competent and comprehensive manner.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 - 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 |
|-----------------|----------------------|---------------|------|
| 08 October 2019 | 11:00hrs to 16:30hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

The inspector met and spoke with four of the residents over the course of the inspection and was invited to have lunch with one of them. Residents communicated using various methods of communication to include facial expression, body language and spoken language. All four residents appeared happy and content in their home, were seen to be relaxed and comfortable in the presence of staff, were smiling and laughing over the course of the day and appeared happy in the company of the inspector. Staff were also seen to be attentive, caring and respectful towards each resident.

One family member was also spoken with as part of this inspection. They reported that the care was second to none, staff were great, there was excellent continuity of care, their relative was very happy living there and they had no complaints whatsoever about the service. Written feedback on the service from family representatives was equally positive and relatives stated they were very happy with the care provided to their loved ones.

On the day of this inspection staff were supporting residents to decorate the house for Halloween. Residents seemed to enjoy this activity and while it was observed that staff were at all times professional in their dealings with the residents, there was a good sense of camaraderie between residents and staff.

One resident liked to spend a lot of time in the kitchen and this was facilitated. They had their own chair and small table and staff ensured they were comfortable and chatted away to the resident while preparing meals. The inspector had lunch with this resident and some of the staff and it was observed that staff understood the needs of the resident very well. The resident appeared happy and smiled and chatted with staff throughout the day. However, it was also observed that when the resident wanted time alone, staff were respectful of this.

The premises were not of an adequate size to support five residents. Two bedrooms were double occupancy rooms and one was observed to be small. This meant the beds were close together. The inspector also observed that at times in this particular bedroom, one resident could keep the other awake at night time due to making noise and vocalising. The single occupancy bedroom also required attention as this room was being used as both a bedroom and a showering facility. It was observed that the residents bed was within three feet of the shower, with only a shower curtain separating their bed and their shower trolley.

Notwithstanding, residents appeared happy and content in their home, there were no complaints about the service on file for 2019 and family representatives spoke positively about the quality and safety of care provided to their loved ones.

Capacity and capability

Residents appeared happy and content in this centre and systems were in place to meet their assessed needs. This was reflected in the good levels of compliance found across most regulations assessed as part of this inspection process. However, the provider had failed to adequately address issues related to the premises (as identified in the previous inspection in November 2017) and the staffing arrangements required review as the centre was operating without its full compliment of nursing staff.

The centre had a management structure in place which was responsive to the assessed needs of the residents. There was a clearly defined management structure which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in her role by a team of staff nurses and health care assistants.

The person in charge was a qualified registered nurse and it was observed she had a significant management remit in the wider organisation. At the time of this inspection she was person in charge of two designated centres and area coordinator for a number of other designated centres and a day service. Notwithstanding, the person in charge provided good leadership and support to her team and despite the fact the centre was operating without its full compliment of nursing staff, she ensured that the resources available to her were managed accordingly so that the individual and assessed needs of the residents were being met as required by the Regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

It was observed that some staff required refresher training in safeguarding of vulnerable adults. However, off the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications in nursing and/or healthcare and all had undertaken a suite of in-service training to include children's first, fire training, manual handling, safe administration of medication and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The person in charge ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available along an in depth self audits of the centre (undertaken by the person in charge). Such audits were ensuring the service was responsive to the needs of the residents and were bringing about changes to the operational management of the centre.

However, some issues as identified in this audit were not being adequately addressed in an adequate or timely manner by the provider. For example, issues related the suitability of the premises to support all residents who used the

service were on going since 2017 and had not been adequately addressed at the time of this inspection. This is further discussed in section 2 of this report under regulation 17: premises. It was also observed that the staffing arrangements for the centre required review as it was operating without its full compliment of nursing staff.

While there were systems in place to respond to any complaints arising in the centre, none had been made about the service in 2019 and information on independent advocacy was also available to residents.

Overall, from spending time with and speaking directly to the residents, from speaking with one family representative and speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed so as to meet the needs of the residents. Residents appeared happy and content in their home, got on well with each other and appeared relaxed and at ease in the company and presence of staff. However, the premises were not suited for their stated purpose and the current staffing arrangements in place required review.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities. She had also completed a continuous professional development certified course in leadership and management, which was specific to the disability sector.

She was aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and despite being the area coordinator for a number of other services (to include day services) and person in charge for another centres, she knew the needs of each individual resident living in this service very well.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review as the centre was operating without its full compliment of nursing staff. However, on the day of this inspection staff were seen to be attentive to the needs of the residents at all time and knowledgeable of

their assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Children's First.

From speaking with four staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs. It was observed however, that some staff required refresher training in safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis at operational level. Systems were also in place to support and promote the delivery of safe services.

However, some of the actions arising from the auditing process were not being addressed by the provider in a timely or adequate manner. For example, issues related to the suitability of the premises to support five adult residents had not been adequately addressed at the time of this inspection. Issues were also identified with the staffing arrangements as the centre was operating without its full complement of nursing staff.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre which were to be provided to residents.

The person in charge informed the inspector that it will be kept under regular review

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to inform the Chief Inspector of any notifiable incident occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that there had been no recent complaints made about the service.

It was also observed that residents had access to independent advocacy services if required.

Feedback from family representatives on the service provided to the residents was also very positive.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was found to be of a good standard. It was provided in consultation with each resident and/or family representative and systems were in place to ensure their health and emotional well being were being supported and provided for. However, some minor issues were found with supporting residents to access their community and with the process of managing risk. As already highlighted in this section one of this report, the provider has also failed to take timely or adequate actions to address ongoing issues with the premises as highlighted in the previous inspection of the centre on November 22, 2017.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were

being supported to maintain links with their families and frequent some community based amenities. Residents also had access to day service facilities where they could engage in a number of activities of interest such as arts and crafts, baking and exercise programmes. However, at the time of this inspection the centre had no designated transport facilities and had to rely on public transport and/or taxi services to use their community. This situation could at times, impact on residents accessing their community. There was however, a plan in place to address this issue as staff had successfully undertaken a fund raising campaign to buy suitable transport for the centre. They informed the inspector that they envisaged they would have their own designated transport within the next four to five weeks.

Residents were being supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, physiotherapy and dietitian. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had as required access psychology support. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required. Plans were also in place to further train and up skill staff in the management of behaviour of concern.

Systems were in place to keep residents safe in the centre and access to independent advocacy services formed part of the service provided. Staff had training in safeguarding of vulnerable adults and from speaking with four staff members, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. However, at the time of this inspection there were no safeguarding issues on file in the centre.

Systems were also in place to manage and mitigate risk and keep residents safe. For example, where a resident may be at risk due to a health related issue, access to medical interventions and comprehensive care plans were in place to mitigate this risk. However, it was observed that some aspects of the management of risk required review. For example, one resident had a very specific and significant intervention in place and the inspector was informed that this was to ensure their safety and promote their well being. While this intervention had been reviewed and protocols were in place for its use, there was no comprehensive risk assessment available on the reasons for its implementation. This in turn meant it was not possible to ascertain if the control measures in place were proportional to the risk identified.

The premises were not of an adequate size to support five residents. As already discussed in this report, two bedrooms were double occupancy rooms and one was observed to be small with the beds were close together. At times in this particular

bedroom, one resident could keep the other awake at night time due to making noise and vocalising very loudly. The single occupancy bedroom also required attention as this one room was being used as both a bedroom and a showering facility. It was observed that the residents bed was within three feet of the shower, with only a shower curtain separating their bed and their shower trolley. There was also inadequate private space for residents to receive visitors in private.

There were systems in place to ensure all fire fighting equipment was serviced annually and/or as required. A sample of documentation informed the inspectors that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. From a small sample of files viewed, the inspector observed that staff had training in fire safety. Fire drills were being held quarterly and it was observed that at the last fire residents evacuated the house in a timely manner. Each resident had a personal emergency evacuation plan in place which was up to date.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Residents were supported to independently look after their own medication where they wished to do so. All residents had undertaken a self administration of medication assessment however, staff provided support to all residents with their medication requirements. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration. Some protocols required review however, when this was brought to the attention of the person in charge and staff nurse they informed the inspector they would be addressed as a priority.

Overall, while issues were found with the suitability of the premises and minor issues found with community access for residents and the process of managing risk, residents appeared very happy and content with the service and their emotional and health care needs were being comprehensively provided for.

Regulation 17: Premises

The provider has failed to take adequate or timely action to address issues with the premises as highlighted in the inspection on November 22, 2017. The premises were not of an adequate size to provide a service to five adult residents, some residents had no alternative but to share bedrooms and the layout of the single occupancy bedroom required review. There was also inadequate space for residents to receive visitors in private.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

However, some aspects of the management of risk required review. For example, a resident presented with an issue that posed a risk to their safety and well being. There was a significant intervention in place to manage and mitigate this risk however, no risk assessment was available on the implementation of this intervention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

However, at the time of this inspection the centre had no designated transport available to them and had to rely on public transport and/or taxi services. This situation could at times, impact on residents accessing their community.

There was however, a plan in place to address this issue as staff had successfully undertaken a fundraising campaign to buy a designated vehicle for the centre.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents health, safety and overall well being.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure residents were adequately safeguarded in the centre. Staff had training in safeguarding of vulnerable adults and from speaking

with four staff members, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. However, at the time of this inspection there were no safeguarding issues on file in the centre. It was observed that some staff required refresher training in safeguarding however this issue was discussed under regulation 16: training and staff development.

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 | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for St Martin's House Residential & Respite OSV-0002508

Inspection ID: MON-0023780

Date of inspection: 08/10/2019

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 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • One replacement staff nurse post has been approved. A staff nurse has been appointed and will commence employment from the 18th November 2019. • One Staff nurse has returned from planned leave. • A CNM2 competition is being planned and the vacant post will be filled from this panel pending approval. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Refresher Safeguarding Training is scheduled for 21st Nov 2019 and the 17th Dec 2019. Places have been booked for all staff who require refresher training to attend. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: | |

- One resident is currently transitioning to another centre and will transfer permanently when registration is received. This will reduce the numbers in the centre to four.
- A Proposal to reconfigure the centre and costings for the required works is being prepared and will be submitted for approval. The planned works will ensure each resident has their own bedroom.
- One replacement staff nurse post has been approved. A staff nurse has been appointed and will commence employment from the 18th November 2019.
- One Staff nurse has returned from planned leave.
- A CNM2 competition is being planned and the vacant post will be filled from this panel pending approval.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- One resident is currently transitioning to another centre and will transfer permanently when registration is received. This will reduce the numbers in the centre to four.
- A Proposal to reconfigure the centre and costings for the required works is being prepared and will be submitted for approval. The planned works will ensure each resident has their own bedroom.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

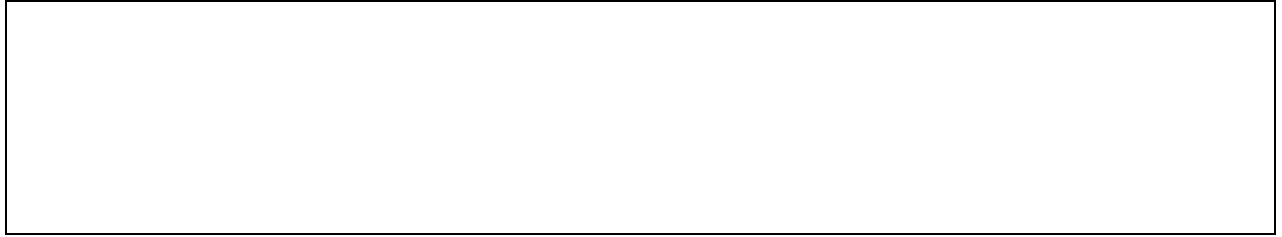
- A risk assessment was completed on 17th Oct 2019 and is placed in the residents' personal plan. All staff have been made aware of this.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A new vehicle has been purchased and is available to the designated centre.



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 | 18/11/2019 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 17/12/2019 |
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre | Not Compliant | Orange | 30/06/2020 |

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| | are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | | | |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 30/06/2020 |
| Regulation 26(1)(e) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. | Substantially Compliant | Yellow | 17/10/2019 |
| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet | Substantially Compliant | Yellow | 21/10/2019 |

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| | the needs of each resident, as assessed in accordance with paragraph (1). | | | |
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