



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	06 October 2020
Centre ID:	OSV-0003291
Fieldwork ID:	MON-0030350

About the designated centre

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

The designated centre is located on the north side of a large city. The designated centre comprises of three individual houses that are interlinked. The service provided is reflective of a retirement home for males and females with intellectual disability who are advancing in years. Some residents live independently within the service, some attend activation and recreation services off site while some are in receipt of total nursing care within the centre. House 1 consists of a sitting room, a family room, a dining room, an art room, a kitchen, a sluice room, a nursing office, a utility room and an oratory. There are nine single bedrooms and one twin bedroom. It also has a basement floor comprising of one single bedroom, a water closet, a staff room, an activity room and a sluice room. House 2 consists of a sitting room, dining room, kitchen, multipurpose room and an office. It has seven single bedrooms and one twin bedroom. House 3 has a sitting room, cleaning store, kitchen, office and 3 bathrooms. It has six single bedrooms and one twin bedroom. The team is comprised of nursing and care assistants as well as an activities coordinator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 October 2020	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector spoke with 23 of the residents at different times of the day. Residents were very welcoming and some had been aware of the inspection.

One resident informed the inspector that they were officially retired. They spoke at length about their previous employment experience within the registered providers day services. They said that they were enjoying their retirement but missed some of their former colleagues. They said they didn't have to rush in the mornings and that they now occupied themselves with puzzles and activities. They stated they had access to a computer when working previously and that the person in charge had ordered a computer for their use in the designated centre. The resident had a love of numbers and dates and told the inspector what day of the week they had been born. This residents father visited them regularly and the current pandemic had impacted on visits as the father was protecting himself.

One resident was a big sports fan and recounted some soccer and rugby matches that they had watched the previous weekend. This resident enjoyed watching television in their bedroom and had photographs and posters of some of their sporting heros. Mass was a very important part of this residents day.

Another resident had spent many months in a general hospital recovering from extensive surgery. This resident was glad to be back in their home and stated they had missed their friends and staff. This resident enjoyed watching soap opera's. A resident had moved bedrooms since the previous inspection and told the inspector that they were involved in the decision and that they were happy with the move.

A resident had an interest in cars. Their bedroom contained many replica models of cars and car emblems that the staff had supported the resident to get. This resident assisted staff by delivering post within the service. This resident reminded the inspector to wash their hands and also spoke about the manner in which the designated centre was evacuated during fire drills.

Some residents stated that they liked the food in the designated centre. All described having a choice and variety. Coffee and chocolate were items that residents liked to get if they were on a day out from the designated centre. One resident requested that the inspector make sure that they had a cup of coffee too. One resident was very proud of the fact that they were the oldest resident living in the designated centre as well as the eldest of all residents that the registered provider provided services to.

Some of the residents described activities that they enjoyed and that they partook in. These were activities that involved the activities coordinator or a supporting staff member or volunteer. All stated that activities were reduced since COVID-19 started. Some residents stated that while they enjoyed group activities on some occasions, there was little opportunity for doing something they preferred with one to one staff

support.

The inspector observed that there was a comprehensive time table of activities available to residents. Residents did take part in preferred activities such as attending mass, reading, art work, floor games and table top activities. Reminiscence was enjoyed as an activity by some residents. Some activities were limited to groups of residents and this is highlighted under regulations 13 General Welfare and 15 Staffing, within this report.

Capacity and capability

There was evidence that the registered provider delivered a good service and promoted positive outcomes for residents. Support and care provided was consistent with the providers statement of purpose. There were clearly defined management structures with identified lines of accountability and responsibility for the service, however an essential clinical nurse management post was unfilled which impacted on the overall delivery of a quality services. There was a commitment to provide quality care that was person centred. The atmosphere was homely and relaxed. Staff engagement with residents was observed to be person centred, meaningful and respectful.

The person in charge was a full-time post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and the governance and management of the centre. They demonstrated good knowledge of residents care and support needs, residents preferences, as well as the management and supervision of staff.

The registered provider ensured that the centre was resourced to deliver effective care however, these resources did not fully support compliance with regulations. There was evidence of a defined management structure in the designated centre. The on site management demonstrated a good knowledge of the needs of residents and effective monitoring of the service, however a key clinical nurse manager position was vacant for six months. This had also been the case on the previous inspection. The registered provider was in the process of a recruitment campaign to fill this vacancy.

The majority of residents were actively retired and it was noted on the previous inspection that the majority of residents were dependent on recreation and activities planned and facilitated by an activities coordinator. This requirement was far greater due to the COVID-19 pandemic with the restrictions on visiting, volunteers and attendance at day services. The registered providers previous commitment to identifying additional staff to support residents activation and recreation needs had not been fully addressed. Planned and actual staff rotas were reviewed by the inspector. From these rotas the inspectors saw that there was continuity of care and

support for residents. While the registered provider made efforts to ensure that the number, qualifications and skill mix of staff was appropriate, the inspector noted that there were 10% of staff on maternity leave or sick leave, which had an impact on residents activities.

As per regulation the provider is required to carry out an annual review of the centre. This annual review and associated action plan was provided to the inspector. The provider is also required to carry out unannounced six monthly visits to the centre, these reports were made available to the inspector along with the associated action plan. These reports from the provider demonstrated good oversight and a review of the quality of care provided to residents.

The inspector reviewed a training matrix which outlined that all staff had in date training for fire and safety as well as the safeguarding of residents. 33% of staff required refresher training in managing behaviour that is challenging. These staff were to be scheduled for training at the next available training session.

The statement of purpose was reviewed in relation to the registered providers application to renew the registration of the designated centre. All required information was included in the statement of purpose. The inspector also saw evidence of insurance policies in place covering residents and the premises in the event of accidents. All notifications of adverse incidents in the designated centre had been appropriately reported to the Chief Inspector.

A complaints procedure was in place and accessible copies of the procedure were placed in prominent places around the designated centre. There was evidence that nominated staff in the designated centre investigated complaints and took measures required for improvement where these were possible. Documents reviewed by the inspector in relation to some complaints outlined what investigations had taken place and the improvement measures put in place in response to the complaint. Staff were recorded as actively supporting and assisting residents to make complaints as well as to seek the support of an independent advocate. Residents satisfaction with the outcome of their complaint was also clearly recorded.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that the prescribed documentation for the renewal of the designated centre was submitted as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary skills, experience and professional qualification to discharge the role and manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

While the registered provider had recruited a clinical nurse manager since the previous inspection, there was still a long term clinical nurse manager vacancy unfilled. Additional staff resources had not been allocated to residents activities and activation which had previously been committed to in the registered providers compliance plan of 2019.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had access to appropriate training, were appropriately supervised and were informed of the regulations and standards as prescribed by the Act, however 33% of staff required up dated training in managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider's governance arrangements ensured that resident's were safe and supported. There were clear lines of authority within the management structure. Annual reviews relating to the quality and safety of services had been undertaken in

consultation with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review and it reflected the facilities and services provided to residents at the centre. Information required under Schedule 1 of the regulations was in place.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that volunteers had a written description of their roles and responsibilities, received supervision and support and had a current national vetting bureau disclosure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to notify the Chief Inspector of all incidents occurring in the designated centre. All incidents were investigated with documentary evidence of follow up and closure. All actions were clearly documented.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a procedure in place to process and manage complaints. Staff had a good knowledge of the complaints procedure.

Judgment: Compliant

Quality and safety

Overall, the inspector found that following the last inspection of this centre in February 2019, the provider had made improvements to the quality and safety of care received by residents. Residents were protected and stated that they felt safe and in good health.

The inspector reviewed a sample of four residents individual care plans on the day of inspection. Each plan demonstrated that residents goals were subject to review and the review had been undertaken in the current year. Some goals were not reflective of the impact of the current COVID-19 pandemic and changes in circumstance. While it was clear that a comprehensive multidisciplinary discussion had taken place in relation to a residents care plan, the plan itself was simply re-dated without amendment or statement to the effectiveness of the plan. Appointments in keeping with the physical and medical assessed needs were clearly documented for each resident. Residents had in place speech and language assessments in relation to feeding, eating, drinking and swallowing. Staff were familiar with the assessments and residents dietary needs were tailored accordingly. Psychology and mental health interventions were documented and the residents wishes to comply or not comply with suggested recommendations were recorded. End of life care and arrangements involved the resident and their nominated contact person.

There was evidence that residents had the input of multi-disciplinary team members specific to identified assessed needs and health issues. In some instances where residents had healthcare plans, the plans had identified health goals but lacked specific detail on how they would be achieved. This was an area that had previously been compliant in part due to specific reviews undertaken ensuring that the healthcare for each resident was linked to the residents personal plan.

The inspector spoke with staff who articulated knowledge on how to manage behaviours that challenge. There was written evidence that residents' contact persons had both knowledge of and consented to therapeutic interventions. The residents' forum had a regular agenda item pertaining to residents protection from harm and abuse. All residents had an intimate care plan specific to their assessed needs. Where a resident had a safeguarding plan in place, the nominated designated officer regularly reviewed that residents safeguarding plan. Residents were reminded at residents forums of the advocacy services available to them.

In total, three pairs of residents shared twin bedrooms. One resident in particular was identified to have significant physical and mental health needs which meant they rarely left their bed or their bedroom. The bedroom was small and made the provision of care difficult. The person in charge stated that the next available single room was to be made available to provide single room accommodation to both residents in line with their assessed needs and also to ensure privacy. Residents who spoke with the inspector indicated that they felt supported to make choices and

decisions in relation to their day to day lives.

Overall, the premises were well maintained. Some bedrooms and communal areas required painting which awaited a response from the registered providers maintenance department. Bedroom door access in one house proved difficult for residents who used wheelchairs. Even with staff support, access and exiting of rooms was difficult when doors did not have a system in place to remain open. The designated centre was warm and bright. There were sufficient communal and private areas for residents use, however one room used by residents for relaxation and massage had no window coverings. All foods were supplied from a central kitchen and each house had a small kitchen where snacks could be prepared. There were good stocks of fresh, frozen and dry goods.

Many residents spoke about the activities that they took part in. Some enjoyed going for a walk, doing art work, reading and taking part in floor games. Some residents were actively interested in particular radio and television shows which they liked to discuss. Watching religious ceremonies on television was important to residents. Residents could partake in these activities either in their own bedroom or in communal areas. Residents spoke of having the freedom to leave the designated centre, visit relatives and spend time on outings to areas that interested them. Residents did say that they would like to spend more time on activities outside of the designated centre. The opportunity to participate in regular activities of interest was limited to the numbers of staff on duty as previously referenced in regulation 15 Staffing. Some residents had the use of their own mobile phone while others used a mobile phone owned by the registered provider. Internet access was available in all three houses. Most notices and communications were prominently displayed on notice boards and in an easy to read format.

Some residents were aware of the importance of good hand hygiene. Staff had undertaken training in hand hygiene and the proper use of personal protective equipment (PPE). There was evidence that staff had attended environmental workshops relevant to the current pandemic and health guidelines. Staff hygiene practices and knowledge were observed to be good. The designated centre was very clean and regular touch points were subject to an additional cleaning regime. There were hand sanitiser stations located throughout the designated centre. Residents were used to greeting people without shaking hands. All staff had appropriate PPE gear in use where social distancing could not be maintained. Visitors to the designated centre had their temperature recorded. The service was supported by staff from day services to ensure continuity of care. Current staff were maintained in pods specific to each house.

The registered provider had a current and up to date risk register in place. This register was subject to ongoing review. Minor adjustments were required to ensure the details were in compliance with regulation 26 - risks in relation to aggression and violence and risks in relation to self harm needed to be included. The index for the risk register did not correspond to some of the risks assessed and the person in charge undertook to address this on the day of inspection.

The registered provider ensured that each resident had a current personal

emergency evacuation plan. All fire systems, emergency lighting and fire extinguishers had been serviced in the current year. All exits and corridors were observed to be clear of obstructions. Fire drill records demonstrated that all residents could be evacuated safely and each drill was subject to a review and debriefing. Lessons learned were highlighted and documented.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents wishes and the current public health guidelines.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident has access to facilities for recreation as well as opportunities to participate in activities in accordance with their interests, however, residents wishes to attend to preferred activities with 1:1 support was limited.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed to meet the aim and objectives of the service and the needs of most residents, however residents had difficulty exiting some bedrooms where doors could not be held in an open position. Some areas of the designated centre awaited painting works.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate quantities of food and drink that were properly and safely prepared, cooked and served.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that their were systems in place to manage risk, however some Schedule 5 risks in relation to aggression and violence and self harm had not been subject to assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associate infection were protected by adopting procedures consistent with current guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire safety management systems were in place. All staff had received up to date training in fire and safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While the person in charge ensured that residents' personal plans were subject to review, the effectiveness of the plan and persons responsible for achieving the plan were not always identified.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had in place appropriate healthcare for each resident, having regard to the residents' personal plan, however the actions to achieve the healthcare plans were vague and lacked detail other than a statement that the resident would be supported.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider had in place clear guidelines to support residents and all restrictive practices were subject to risk assessment. The impact they had on each individual resident was also assessed.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that appropriate measures were in place in the designated centre to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered providers ensured that the designated centre was operated in a manner that respected residents.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cork City North 5 OSV-0003291

Inspection ID: MON-0030350

Date of inspection: 06/10/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A Review of staffing is underway with the PPIM, PIC and Allocations Manager. Recruitment is underway for CNM1 vacancy. An additional full time staff member will be allocated to the activation team once recruitment of staff members for maternity leave and carer's leave cover is completed.</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: Safeguarding 100% compliant – This is completed online. Fire – Awaiting further training dates for 2020 / 2021. PBS Training – Dates have been booked on this training in November and December and we are awaiting further training dates to be scheduled in early 2021. Manual Handling – All staff who were due training have completed the online theory of manual handling and onsite training will be completed by two Manual Handling instructors who work within the designated centre in small groups in line with current training guidelines.</p>	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>It has been identified that another activation staff would be beneficial to supporting residents to complete meaningful activities. Through a review of current staff allocations an additional activation role will be created from current staffing compliment once a number of temporary leave vacancies are filled.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A walkthrough with the facilities managers, PPIM and PIC was completed on the 20th October 2020. An agreed maintenance schedule has since been arranged and this maintenance schedule has commenced in the past two weeks.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Outstanding risks identified by the inspector were completed on the day of inspection and are now in place. The risk breakdown and assigned number was reviewed and changed on the day of the inspection.</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>An audit of all sections of each resident's personal support plans will be completed by Senior Nurses and CNM1 and this will be overseen by the CNM2. The Audit will include; gaps, review dates and overall standard of the support plan. Health support plans will be</p>	

more individualised to support residents in their chronic and acute health issues.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The Centre will ensure that health care support plans will include information which is more individual to each resident. This will be completed as part of the overall audit, review and implementation of new assessments and action plans for each resident.

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(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	19/02/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	19/02/2021
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	Substantially Compliant	Yellow	19/02/2021

	purpose and the size and layout of the designated centre.			
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	31/05/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	06/10/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to	Substantially Compliant	Yellow	06/10/2020

	control the following specified risks: self-harm.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2021
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/03/2021
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/03/2021
Regulation 05(7)(b)	The recommendations arising out of a	Substantially Compliant	Yellow	31/03/2021

	review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.			
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	31/03/2021
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	31/03/2021