



Office of the Chief Inspector

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

Name of designated centre:	Cork City South 2
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	12 March 2019
Centre ID:	OSV-0003295
Fieldwork ID:	MON-0023358

About the designated centre

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

The centre provided a home to 27 male and female residents and was based on a campus on the south side of Cork city. In addition to the centre, the campus also had sports fields and large day service facilities on site which some residents access. All of the residents had high support needs with most residents needing assistance with all activities of daily living including eating and personal care. Many residents also had complex healthcare needs including epilepsy and mobility problems. The centre consisted of two large interconnected bungalows. Bungalow one provided a home to 14 residents. There were four double bedrooms and six single bedrooms. This part of the centre also had a large bright foyer which was under reconstruction on the day of inspection. There was a visitor's room and a large sitting room. There was also a kitchen area and a dining room, a shower room and a bathroom. Bungalow two provided a home to 11 full-time residents with two single bedrooms available for respite care. One of these bedrooms had been specifically modified for the use of one respite resident, one night a week. This part of the centre had a kitchen area, a dining room and a large sitting room, a staff office, a staff changing area, a sensory room, a personal care / beauty room, two shower rooms, 2 toilets and a storage room.

The following information outlines some additional data on this centre.

Current registration end date:	04/01/2021
Number of residents on the date of inspection:	26

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
12 March 2019	10:00hrs to 18:00hrs	Michael O'Sullivan	Lead

Views of people who use the service

Many of the residents in this designated centre had severe and profound levels of intellectual disability with complex health and mobility needs. Many residents could not communicate verbally. All residents appeared happy, content and well cared for. Residents who could verbalise indicated that they liked the centre and the staff. They indicated they enjoyed activities and the garden. No resident appeared unhappy or upset and all interactions between staff was observed to be unhurried, respectful, appropriate and person centred. One relative in attendance on the day spoke highly of the service and staff who cared for their relative.

Capacity and capability

This designated centre was very well managed and the inspector observed a good quality and safe service. Overall, there was evidence of very competent staff that responded to the identified needs of residents. Effective leadership and governance arrangements were in place to ensure proper management and oversight at the centre. Residents were observed to be in receipt of a person centred and meaningful service based on their individual and assessed needs and there was a strong focus on nursing and personal care consistent with the residents high physical dependencies and complex presentations.

The person in charge, a qualified nurse, was employed as a clinical nurse manager 2 and had over 30 years experience of caring for residents with an intellectual disability. The person in charge was actively involved in the governance and management of the centre as well as carrying out duties in terms of direct care and provision of services. The person in charge was supported in the day-to-day management of the centre by a clinical nurse manager 1 who assumed the role of shift leader in the absence of the person in charge. The agreed roster accommodated the attendance of both the person in charge and the clinical nurse manager on some working days which promoted the continuity of care and the consistency applied to the management of the designated centre.

There were 45 staff members attached to the designated centre in a permanent and relief capacity. The greater proportion of staff were either qualified nurses or nursing assistants. The provider had in place specific kitchen staff, laundry staff and activation staff employed Monday through to Friday. Cleaning staff were employed through a contract cleaning company. Since the previous inspection, the provider had put in place a specific role of activity coordinator. It was evident that residents benefited greatly from the introduction of this role. However, it was also evident to the inspector that 18 of 27 residents were dependent on activation and recreational

provision from one member of staff. Increased levels of dependency were evident in residents who could no longer avail of day service provision or who required substantial staff support to access activities outside of the designated centre. While activities and residents involvement were tracked to ensure equity across all residents, additional staff resources were required to ensure all residents had in place the facility to have a meaningful day.

All staff had undertaken training in fire safety, safeguarding and managing behaviours that challenging. While there was evidence of a comprehensive schedule of staff training in place and priority given to physical care provision, some staff required refresher mandatory training in the areas of fire and safety (29%) and managing behaviour that challenges (69%).

The registered provider had undertaken a six monthly unannounced visits and an annual review report which were made available to the inspector. Issues identified were addressed or in the process of being addressed by the person in charge and the clinical nurse manger 1. Staff members engaged in audit activity and all audits were supervised by the on site managers. While the provider had in place a designated person participating in management, there was no structure in place to provide formal supervision to the person in charge. The person in charge maintained an accurate directory of residents for the designated centre.

There was evidence that a comprehensive complaints policy was in place. Documentation was in an easy to read format and available to residents at the centre through the centre's residents' guide and communal notice boards. The person in charge was advised to ensure that the information available to residents and families was consistent and in accordance with the information set out in the statement of purpose and to include telephone contact numbers for designated complaints officers. All received complaints were recorded in a complaints log and investigated and resolved in-line with the complaints policy.

The registered provider had in place a current statement of purpose that was available to each resident. The person in charge undertook to include details of the fire precautions and associated emergency procedures within the next revision. Resident participation in the operation of the designated centre was principally through the family forum which families attended annually. Management within the centre met on a monthly basis to review and action the issues brought forward by families.

The designated centre had a policy in place for volunteers and appropriate garda vetting, a role description and support structures were evident on site. The volunteer activity in relation to supporting residents activation, the creation and maintenance of a beautiful garden space and the repair and labelling of residents garments were obvious to the inspector on the day.

Regulation 14: Persons in charge

The registered provider had appointed in a full-time capacity, a person in charge that was suitably qualified, skilled and experienced.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualifications and skill mix of staff was appropriate to the assessed needs of residents, however, the numbers of staff employed for activation needed to be increased based on the residents current and assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge did ensure there was appropriate training in place for staff, however, many staff required immediate access to refresher training in relation to mandatory courses.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre consistent with Schedule 3 information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an effective management and governance system in place for the designated centre, however, there was no formal supervision process in place or available to the person in charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place and available to each resident. The statement of purpose required amendment to include the emergency and evacuation procedure in the event of fire.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that volunteers were properly supervised, had current garda vetting and had a written description of their role and responsibilities.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had made provision to the Chief Inspector all notifications relating to the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place which outlined the appeals process.

Judgment: Compliant

Quality and safety

Overall the inspector found evidence of a good quality service where improvements had been made since the last inspection. Care was observed to be person centred and specific to the identified needs of the residents. The person in charge and

clinical nurse manager 1 worked effectively to achieve continuous improvements in the delivery of service.

The premise was clean, bright and welcoming. There was a major deconstruction project underway on the day of inspection where an indoors garden was in part removed to create additional space for a proposed residents film viewing area and a dedicated staff office / medication storage room. This project also sought to afford residents easier access to an external garden. There were communal spaces to accommodate residents that afforded choice of activities. Each room was appropriately furnished and new furnishings were on order. One resident continued to reside in a very small bedroom. The person in charge indicated that this resident would be prioritised for the next single room that became available in the designated centre. Residents had their own storage facilities. The premises overall was in a good state of repair but many bedroom and communal areas required painting to address the effects of normal wear and tear. Floor coverings were in a good state of repair but heavily marked in areas. Contract cleaners maintained the premises to a good standard. Deep cleaning was in progress as part of a schedule of cleaning by additional cleaning staff, when the inspector arrived. The external gardens were very well maintained.

Individual care plans were much improved since the last inspection and information was neatly filed and easily retrievable. Some goals identified in the plans had been carried forward from previous years and staff had noted no change and dated the care plan. The person in charge did have a review schedule in place for care planning with residents and family members. There were still gaps in personal care planning relating to ongoing review of goals that were not consistent with the statement of purpose which stated that plans would be reviewed monthly by a named nurse. Communication plans had been updated since the last inspection and were specific and relevant to residents.

The provider had a document called the 'OK health check' which provided good information and this assessment captured the health care needs of the residents. The inspector noted a high standard of nursing care delivered to all residents. Some healthcare plans were reviewed by the inspector. Important information noted within one residents healthcare notes was not captured in the residents' hospital passport. Some residents were placed on internal waiting lists of three to six months awaiting allied health professional assessment.

Positive behavioural support plans and the restrictive practices log for the designated centre was up to date. Staff employed the least possible restriction for the least time possible. One respite resident had restrictive practices in place to replicate the residents home environment. While the provider had gone to considerable lengths to safeguard this resident through the use of closed circuit television, motion sensors and altering the bedroom environment extensively, there was no evidence of review of these practices by the providers restrictive practices committee.

There was evidence of residents inclusion with the wider community and residents spoke about these activities. Additional activities had been added to those on offer

since the last inspection. These included bowling, outings, holidays, sensory relaxation, massage, hairdressing, cinema, meals out, beauty therapy and tac pac. The activity coordinator role and programme had greatly enhanced the residents day but more hours / resources needed to be applied by the provider to maximise the benefits to residents and reduce the instances where residents were left alone in small groups to watch television while activation activities took place elsewhere in the designated centre. All staff on duty the day of inspection were observed to be respectfully engaged in activation of residents through conversation, singing, karaoke and hand massage.

Effective fire safety arrangements were in place at the centre with all equipment being regularly serviced to ensure it was in full working order. Residents were involved in regular fire drills which ensured they could effectively evacuate from the centre in recorded times between 1 minute 10 seconds to 3 minutes 45 seconds. The inspector noted deficiencies in some corridor fire doors which in two instances were immediately addressed by the providers maintenance department. A set of fire doors required the input from a specialist fire adviser to address structure issues and the provider confirmed this specialist review to take place within a week. The person in charge was advised to amend fire evacuation notices on display to be specific to the designated centre. The inspector was assured by the integrity of the other corridor fire doors, the means of horizontal evacuation, the recorded fire drills and the personal emergency evacuation plans for each resident.

Residents had both choice and variety in the food they ate, which was all freshly prepared on the campus and transported in thermal boxes to the designated centre. There were clear directions in each kitchen regarding residents dietary requirements linked to their food, eating and swallowing assessment. There was evidence that direct care staff were allocated to maintaining kitchen duties and food provision at weekends. These staff demonstrated very good knowledge of residents food and nutritional needs, however, the inspector was of the view that appropriately trained staff dedicated to the sole provision of food and food preparation should be allocated to ensure consistency and adhere to hazard analysis and critical control point (HACCP) regulations. Previous restrictive practices relating to kitchen areas had been revised and discontinued after risk assessment. Staff were observed to engage in practices that promoted protection of residents against infection.

All medications within the designated centre were clearly labelled and contained dates of opening. All storage facilities were appropriately locked and the key kept on the clinical nurse manager or the staff nurse responsible for medication management. Staff interviewed in relation to the providers medication management policy were very clear of their responsibilities. All residents' medication charts were well maintained and clearly legible. Medication that required refrigeration was in a locked fridge in the staff office.

Residents had adequate storage for their personal possessions and laundry facilities on site were managed daily by one member of staff dedicated to that purpose. Some bed linen was individualised. Some residents had a television set in their bedroom by choice. All residents financial transactions were recorded and

received with signatures from two staff members

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured each resident was facilitated to receive visitors and suitable facilities were available to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control of their own possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided appropriate care and support to some residents having regard to the nature and extent of the resident's disability and assessed needs. Additional resources for resident activation were required.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured the premises was designed and laid out to meet the needs of the residents, however, many areas required painting, floor coverings were extensively marked, furnishings awaited replacement and one resident had a bedroom that was too small for their needs.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The registered provider ensured that each resident had access to adequate food and drink that was wholesome and nutritious, however, the person in charge needed to ensure that all foods were properly and safely prepared, cooked and served.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had arrangements in place to ensure that risk controls were proportional to the risks identified, however, the risk register required details regarding the named person responsible as well as the due date for completion of actions.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider and staff ensured that residents were protected from the risk of healthcare infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had effective fire and safety management systems in place, however some fire doors needed specialist input to address structural defects. The fire evacuation notices for the designated centred needed to be specific to the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place to manage the ordering, receipt, prescribing, storing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents' plans were subject to review, however the effectiveness of the the plan was not always assessed or updated in keeping with the providers statement of purpose.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had in place a healthcare plan for each resident, however some information was not included in residents hospital passport and many residents were awaiting allied health professional assessment for periods of 3 to 6 months.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The registered provider did not ensure that procedures were applied in accordance with their restrictive practices policy as no restrictive practice were being overseen or reviewed by their restrictive practice committee.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially 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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Cork City South 2 OSV-0003295

Inspection ID: MON-0023358

Date of inspection: 12/03/2019

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: The registered provider will review staffing allocation to the centre in order to ensure that resources are in place to enable all residents to have a meaningful day	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has put in place a plan for training . Training has been booked for the 25th and 26th April '19,16th and 17th May '19 . Dates are to be confirmed for June ,July , Aug and September. All staff will have training completed by 30th September '19	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A formal supervision system to support Person's in Charge will be put in place by the Registered Provider	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose now includes emergency and evacuation procedure in the event of fire.</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: The registered provider will review the allocation of resources to the centre to ensure that all residents are supported to access to facilities for meaningful occupation and activities according to their interests and wishes.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PPIM and Facilities manager will audit the facilities on the 16/4/19 to identify where works are required. A plan to carry out identified works will be put in place.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The Person in Charge will review and allocate resources to ensure that there are staff dedicated to the sole provision of food preparation the seven days of the week.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider shall ensure that the risk register contains details of named person responsible and due dates for completion.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Doors were rectified on 27/3/2019. Fire evacuation notices are now specific to the centre.</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: The Registered Provider and Person in Charge will ensure that audits will be conducted on all personal plans. Actions from audits will be addressed by Person in Charge to ensure compliance.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Hospital passports have been updated. Waiting times for allied health professional assessments will be discussed at annual multidisciplinary meeting in May '19</p>	

Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Right's Restrictive Policy has been reviewed and will be signed off in April'19. A robust system for oversight will be in place by end May '19.	

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	30/06/2019
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	30/06/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community	Substantially Compliant	Yellow	30/06/2019

	in accordance with their wishes.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2019
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.	Not Compliant	Orange	30/09/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2019
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and	Substantially Compliant	Yellow	30/06/2019

	safely prepared, cooked and served.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/06/2019
Regulation 26(1)(b)	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 risks identified.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	18/04/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	18/04/2019

	event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/04/2019
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	30/04/2019
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	30/04/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider	Substantially Compliant	Yellow	31/05/2019

	or by arrangement with the Executive.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/05/2019