



Office of the Chief Inspector

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

Name of designated centre:	Rathfredagh Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	12 June 2019
Centre ID:	OSV-0003449
Fieldwork ID:	MON-0026733

About the designated centre

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

Rathfredagh Cheshire Home provides residential support for a maximum of 25 residents. The centre also provides respite services. It provides support for adults primarily with physical disabilities, which includes individuals with spina bifida, cerebral palsy, acquired brain injury and multiple sclerosis. However, residents may also have secondary disabilities which can include intellectual disability, aphasia and apraxia. The centre is located near a busy market town in West County Limerick. It is comprised of a two-storey house and a courtyard dwelling.

The house is comprised of ten single en-suite bedrooms, eight studio apartments and four one-bedroom apartments. This house also has a large dining room, living room, kitchen, laundry, physiotherapy gym, activities room and hydrotherapy pool all located on the ground floor. There is also office accommodation for management, staff team and administration located on both the ground floor and first floor. The courtyard is comprised of five one-bedroom apartments which also contain a kitchen/living area and bathroom. The building also has a separate kitchen and communal area and accommodation for staff.

The staff team is comprised of nursing and care staff who provide support by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
12 June 2019	08:30hrs to 18:30hrs	Elaine McKeown	Lead
12 June 2019	08:30hrs to 18:30hrs	Lucia Power	Support

Views of people who use the service

Inspectors had the opportunity to meet with 10 residents currently living in the centre and one individual availing of planned respite services.

Residents told the inspectors that they were very happy with the service they were receiving. One resident spoke of how they were supported to go into the local town or nearby city with the availability of designated drivers in the centre. This person could then independently pursue hobbies, attend appointments such as the hairdressers and collect their prescription from the pharmacy. The resident was delighted to have a personal assistant for an agreed number of hours each week which has been in place since January. The resident has a short break planned for Belfast in the coming weeks and outlined the places and venues that they plan visiting while there. The resident spoke of other trips they had taken in the previous year and showed the inspector some of their hobbies. These included a sugán chair which was nearly finished, jigsaws and model cars. The resident explained how they self-administer their own medications and was able to outline to the inspector what they would do if they wished to make a complaint. The resident was responsible for their laundry and was content to spend time alone in their apartment watching sports programmes.

Another resident who required some support from staff to mobilise in their wheel chair explained how they liked to listen to music and love to go to venues to hear live bands. The resident was very happy with the food in the centre and would not change anything about their environment. The resident has been living in the centre for many years and told the inspector that they would talk to any of the staff if they had concerns. They also were delighted to explain an upcoming trip that has been planned to their hometown in Co Clare.

Another resident told the inspector that they love music and that they attend concerts with the support of staff. The resident said they were very happy and the centre is now their home. The resident explained to the inspector that they did not always feel safe but in the last few years the provider had put a lot of supports in place and that they were now very happy and want to spend the rest of their life living where they currently reside.

Capacity and capability

This was a good service and throughout the inspection the provider demonstrated their capacity and capability to deliver a safe, effective and quality service to residents. There was clear governance and effective operational management systems in place. Overall, the inspectors found that the centre was adequately resourced to meet the needs of the residents.

During the inspection, the inspectors met with the person in charge, the person participating in management and the clinical nurse manager 2 (CNM2). All were knowledgeable about the residents' needs and supports. They spoke confidently about their responsibilities and the management systems in place to ensure safe and appropriate care was being provided to residents.

The person in charge worked full-time in this designated centre and was appointed to the role in September 2018. The person in charge had completed supervision for staff in the designated centre. There were systems in place, such as audits to ensure that the service was provided in line with the residents' needs and as described in the statement of purpose.

The person participating in management provided the inspectors with up-to-date information for the notifications submitted regarding the departure of the previous person in charge and the arrangements in place for the management of the designated centre while awaiting the commencement of the current person in charge. All notifications had been submitted in accordance with the relevant regulations.

The provider had a statement of purpose in place but gaps were noted in relation to registration details, visitor arrangements and how the provider consults with residents in the running of the centre. The provider had policies in place as per schedule 5, some policies required updating as they exceeded the three year review period. The provider had identified the appropriate training for staff and demonstrated to the inspectors how this training was tracked. However the provider had not ensured that all staff had received the mandatory training, specifically - fire safety and safeguarding training. Staff training was also an action on the previous inspection.

The registered provider had a copy of an annual review and had also carried out unannounced visits to the designated centre. The review was comprehensive and included the views of residents. The inspector looked at service quality questionnaire's and there was good evidence of consultation with residents and how their views were taken into account.

The provider had an effective complaints procedure for residents and noted good follow up with feedback to the residents in relation to the outcome of the complaint. The provider had also carried out a review of the complaints in their annual review. Residents told the inspectors how they would make a complaint and who they would go to.

Regulation 14: Persons in charge

The role of the person in charge was full time and the person possessed the necessary skills, knowledge and experience to fulfil their governance role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider did have a training plan in place but not all staff had received the mandatory training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider maintained a copy of a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place in the designated centre to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored. The provider had a copy of an annual review in the designated centre and had carried out an unannounced inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose, however not all information as per schedule 1 was included.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that appropriate notifications and quarterly returns had been submitted to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider had notified the Chief Inspector in line with regulatory requirements when the person in charge was absent.

Judgment: Compliant

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

The registered provider had notified the Chief Inspector, of the arrangements in place for the management of the designated centre during the absence of the person in charge, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents in place

and all complaints were investigated in a prompt and timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies in place as per schedule 5, however some policies required updating as they had exceeded the provider's scheduled review period of two years.

Judgment: Substantially compliant

Quality and safety

During the course of the inspection, the inspectors found that residents were happy with the support they received.

The provider had ensured residents were supported to communicate with their peers, families and staff. There were on-going assessments with regular reviews from the speech and language therapist evident in documentation looked at during the inspection. However, one resident did not speak English as their first language. While the person in charge did assign staff with knowledge of the language to the resident, where possible, not all staff could effectively communicate at all times with the resident. The provider had not trialled alternative methods of communication with this resident.

The provider did not have personal accessible plans in place for the residents. Goals were not reviewed and there was no evidence of planning meetings to capture the wishes of the resident. The provider did have a future planning process but this was not implemented on a yearly basis and did not demonstrate effective goal planning and supports for the residents.

The provider had very good and effective health plans in place for the residents, each health care need was well documented, good follow up was recorded and reviewed regularly. Residents had access to the national screening process. The provider did have in place a positive behavioural plan for residents requiring this support, the plans were comprehensive in nature, but there was no process in place to guide staff and there was lack of reviews and follow up.

The provider ensured that residents had access to supports in the community. This was very evident on the day of inspection as inspectors observed residents leave the centre for their daily activities. Residents had access to a number of facilities and each was in line with their individual preference. There was good evidence of community inclusion and the provider had linked with external agencies to provide specialist and community supports for the residents. From what the inspectors observed the residents were very involved with their community and the provider was very active in promoting community inclusion.

The provider had a risk management register in place, which adequately described the specific control measures in place to mitigate against risk. Staff spoke confidently of how they implemented specific control measures in practice, in areas such as supporting residents to safely administer their own medicines. Residents were also supported to participate in positive risk-taking, with some residents independently accessing local amenities on a regular basis.

Fire safety systems were in place in the designated centre including fire alarm system, emergency lighting and fire extinguishers- with such equipment being serviced at the required intervals to ensure they were in working order. The provider had also organised a site visit by the local fire brigade to ensure emergency services were familiar with the layout of the building. Fire exits were observed to be unobstructed on the day of inspection, while the fire evacuation procedures were also on display in an easy-to-read format. Residents did have personal emergency exit plans (PEEPs) in place which outlined the supports to be provided. However actions identified in a fire drill for a resident in April 2018 had not been reflected in their PEEP until the same issue was identified in another fire drill in December 2018. While one resident who was receiving respite services on the day of the inspection did have a PEEP, a copy was not located in the fire folder with all the other residents' PEEPs. Phased fire drills had taken place throughout the designated centre with all locations completing fire drills regularly. However, while the provider had completed night time simulation drills these had not taken place with the minimal staffing numbers that are rostered on duty in the centre on some occasions. On the day of the inspection, inspectors sought assurance from the provider regarding the ability of two staff to safely evacuate residents from the buildings due to the high support and changing needs of some of the residents.

Regulation 10: Communication

The provider was aware of the communication needs of each resident; however, not all residents were assisted and supported at all times to communicate in accordance with their needs.

Judgment: Substantially compliant

Regulation 11: Visits

The provider had ensured there was ample space for residents to receive visitors in accordance with their wishes. They were also supported by staff to visit their families.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured residents had access to occupation and recreation. The provider provided opportunities for residents to participate in activities in accordance with their wishes and supported residents to develop and maintain links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The designated centre was clean, comfortably furnished and reflected the residents' personal choices and interests. The registered provider had ensured that the premises were of sound construction and kept in a good state of repair internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Some residents' had modified diets and individual specific feeding requirements which were supported as per the guidelines provided by the speech and language therapist.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared an easy-to-read guide which was available for residents. However, the provider had not included all the information required as per the regulation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured that risks were identified and effectively managed at the centre; residents were kept safe from harm. In addition, residents were supported to increase their independence through positive risk taking such as accessing the community independently and self-administration of medications.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place at the centre. Both residents and staff had been involved in regular fire evacuation drills. However, the provider had not ensured that the effectiveness of the centre's fire evacuation plan had been assessed under all circumstances such as minimal staffing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had good oversight to ensure and review the centre's medication practices were in-line with the provider's policies. Medication was being securely stored and administered by suitably qualified staff. However, not all medications had been administered as prescribed to a resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that the personal plan was the subject of a review and conducted in a manner that ensured the maximum participation of each resident.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had in place an appropriate health care plan for each resident, that was comprehensive having regard to the residents identified health care need.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured there was positive behavioural plan in place for residents, however there was evidence of lack of follow up and a process to guide staff in supporting residents

Judgment: Substantially compliant

Regulation 8: Protection

The provider had policies and procedures in place to guide staff and ensure that all residents were safe from harm. Current safeguarding concerns were being investigated and progressed as per the provider's guidelines. However, not all staff had up-to-date training in safeguarding, this will be actioned under regulation 16:

Training and staff development.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' privacy and dignity was respected and the services were in accordance with the residents' wishes.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially

	compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathfredagh Cheshire Home OSV-0003449

Inspection ID: MON-0026733

Date of inspection: 12/06/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has reviewed the training records and identified staff requiring refresher training. Safeguarding training has been provided on the 6th, 20th and 27th June and further training planned for 2nd August and 20th September. Fire Training is planned for 13th August.</p> <p>The PIC will take responsibility for the ongoing compliance with Regulation 16 and will review the training records of all staff monthly at the local senior management meeting.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The PIC will ensure that all the information as per schedule 1 is included in the statement of purpose by reviewing the document every six months or more frequently if required. The PIC has ensured that the Statement of purpose and function has been amended to include Visitor Arrangements and Service Users involvement and consultation process in the running of the centre.</p> <p>Each resident can receive Visitors in accordance with their wishes without restriction. The facility has apartment style individual accommodations where people can receive visitors and two communal areas as well as ample space around the grounds that people can</p>	

entertain visitors.

Service Users involvement and consultation process includes involving each service user in decision making, to speak out about complaints and provide feedback about all aspects of the service we provide. Meetings with service users are held monthly and an Annual Service Review is carried out with service users.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The PIC has assigned a member of staff to review the Schedule 5 policies on a quarterly basis. The PIC has ensured that all Schedule 5 policies are currently up to date. It was agreed at Senior Management level that Cheshire Schedule 5 policies will be reviewed every three years in line with HIQA guidance.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
The PIC will ensure that all residents are assisted and supported at all times to communicate in accordance with their needs and wishes by consulting with each resident individually and consulting with the speech and language therapist.

The PIC will trial assistive communication technology methods with a resident where English is not his first language.

A staff member has been identified to explore Assistive Technology with residents.

Alexa communication device has been purchased and a tablet is being purchased to trial with Residents in order to improve communication.

Attempts are continually being made to recruit a bilingual PA.

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The PIC will ensure that all residents have access to all information pertaining to Regulation 20 and discuss this information at the residents meeting scheduled for 9th September 2019.</p> <p>The Residents guide is being reviewed Nationally within Cheshire Ireland Services and the PIC is part of the committee facilitating this.</p> <p>Hard copies of all HIQA reports pertaining to Rathfredagh have been made available to all residents and visitors in Rathfredagh. The Current residents guide has been updated to version number 5, to include how to access HIQA reports online and within the building and the arrangements for visitors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will ensure that all fire precautions under Regulation 28 are adhered to. Cheshire Ireland is in the process of increasing the Rathfredagh night time staffing to one nurse and two care support staff per night. This will commence on Sept 1st 2019.</p> <p>Night time drills have taken place with minimum staffing of one nurse and one care support staff.</p> <p>Respite PEEPs have been included in the Fire Folder.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The PIC will ensure that all standards within Regulation 29 are adhered to by meeting quarterly with the providing pharmacist and ensure that the practices relating to the ordering, receipt, prescribing, disposal and administration of medicines are in line with the schedule.</p>	

The CNM2 has scheduled a nurses meeting for 13th August to discuss Regulation 29 to ensure all standards within this schedule are carried out continuously and effectively.

Regulation 5: Individual assessment and personal plan

Not Compliant

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

The PIC will ensure that each individual assessment and personal plan is compiled and reviewed in line with Regulation 5, annually or more frequently if required, reflecting the needs of each resident.

The service at Rathfredagh, are undertaking to facilitate service review and future planning meetings with each resident and the MDT, to review their service and plan their goals for the year.

The service at Rathfredagh, are currently developing an 'Easy Read' personal accessible plan for all residents. This plan will be developed in conjunction with each resident and will incorporate goal planning. These goals will be reviewed with each resident quarterly or more often when required.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Positive behaviour support training has taken place on the 19th July and further training scheduled for 12th September.

The Positive Behavioral Support plans are reviewed as part of joint site visit in conjunction with quality partner and clinical partner. A review date addendum will be added to the Positive Behavior Support Plan document to reflect review dates and follow up.

The Positive behavioural support and procedure which will include supports on how to guide staff is being reviewed currently by Cheshire Nationally and will be completed in January 2020.



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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2019
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	30/09/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	06/08/2019
Regulation	The registered	Substantially	Yellow	13/08/2019

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	13/08/2019
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	06/08/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Substantially Compliant	Yellow	06/08/2019

	paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/04/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/04/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the	Not Compliant	Orange	30/04/2020

	resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	30/04/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with	Not Compliant	Orange	30/04/2020

	the resident's wishes, age and the nature of his or her disability.			
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.	Not Compliant	Orange	30/04/2020
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.	Not Compliant	Orange	30/04/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	12/09/2019

