



Office of the Chief Inspector

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

Name of designated centre:	Glen 3
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	22 August 2019
Centre ID:	OSV-0003727
Fieldwork ID:	MON-0025931

About the designated centre

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

The designated centre consists of three bungalows located in a campus setting and provides a residential service for up to 16 adult ladies who have an intellectual disability and require moderate to high support interventions. The centre is located in a suburb of Co. Dublin with access to a variety of local amenities. Residents are supported 24 hours a day by a team comprising of a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff. Residents are supported to engage in a range of activities which were meaningful to them both in the community and on the campus where the centre was located. The houses in the centre are purpose built and there is a living room, shared dining and kitchen area, a smaller sitting room, two bathrooms, an office and staff room, laundry room and attic space for storage. Each resident had their own bedroom which was decorated in line with their individual preferences and needs. Each house has a shared garden and patio area which leads on to the main campus gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
22 August 2019	09:30hrs to 17:30hrs	Marie Byrne	Lead

Views of people who use the service

The inspector of social services had the opportunity to meet and briefly engage with 13 of the 16 ladies living in the centre during the inspection. Throughout the inspection, the ladies appeared comfortable. Staff were observed supporting them in line with their wishes and preferences, and to support them to make choices in relation to their day-to-day lives.

One of the ladies expressed her opinion to the inspector in relation to the quality of care and support in the centre. She expressed satisfaction in relation to living in the centre, staff support and in relation to her meals. She indicated that she was very happy living in the centre, that she felt safe and that the food was good. She outlined the complaints process and detailed complaints she had made in the past on her own behalf and on behalf of her peers, and how satisfied she was with the outcome of these complaints. The remaining ladies in line with their needs and wishes did not express their opinions verbally to the inspector.

Capacity and capability

In line with the findings of previous inspections, the inspector found that the registered provider and person in charge were not ensuring that all residents in the centre were in receipt of a good quality and safe service. The inspector found that a number of actions identified by the provider following previous inspections had not been implemented and that this was leading to poor outcomes for some residents. These actions included a schedule of works to one of the premises in the centre and the implementation of recommendations following a staffing review in the centre. The inspector acknowledges that the timeframe for the completion of some actions following the most recent inspection in the centre, had not passed at the time of this inspection.

There were management systems and structures in place and staff had clearly defined roles and responsibilities within the centre. There was evidence that the management team were present in the centre regularly, providing support for residents and staff. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre (PPIM). There was evidence that the person in charge and person participating in the management of the designated centre were meeting regularly and discussing required actions to ensure that residents were in receipt of good quality of care and support in the centre. They had systems in place for the oversight and monitoring in the centre including the completion of audits and the review of incidents, including

the sharing of learning following these reviews.

The annual review of care and support and six monthly visits by the provider were being completed in line with the requirements of the regulations. The latest annual review had been completed and there was evidence that some actions following this review were progressing. However, in line with findings of this and previous inspections some actions had not fully progressed and this was leading to negative outcomes for residents in relation to their experience of service provision, particularly relating to the premises not meeting their needs and staffing supports.

The provider had recognised that staffing levels in the centre required review to ensure they were appropriate to meet residents' assessed needs. They had commissioned an external agency to review core staffing in the centre. The recommendations of this report were to increase staffing levels in the centre. A meeting was planned with members of the management team in the weeks following the inspection to discuss the implementation of this report. In the interim there was evidence that the person in charge and PPIM in the centre were attempting to allocate staff from within their existing resources, to areas where residents' safety was a priority.

In addition to the fact that current staffing numbers were not meeting residents' needs, there were a number of staffing vacancies in the centre. These vacancies included 0.5 whole time equivalent (WTE) vacancy for a clinical nurse manager, 1.5 WTE staff nurse vacancies and 1 WTE care staff vacancy. In line with the findings of previous inspections, the inspector found through discussions with staff, meeting residents and reviewing documentation, that consistency of staff was important in the centre in line with residents' assessed needs. There was evidence that the provider was attempting to minimise the impact of staffing vacancies for residents by using regular relief and agency staff while they were in the process of recruiting new staff. There was a recent successful recruitment drive for nursing staff who were due to start in the centre in the coming months.

Staff had completed training and refreshers in line with residents' needs. A number of staff who spoke with the inspector were knowledgeable in relation to residents' needs. They stated that they were well supported in their role and that this support was offered by the clinical nurse managers, the on-call managers and the PPIM in the centre. They were not in receipt of regular formal supervision. However, they clearly outlined plans in place for regular formal supervision in the coming weeks, which had been discussed with them at recent staff meetings.

Residents were protected by the admissions policies and procedures in the centre. The inspector reviewed a sample of residents' contracts of care and they contained all the information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. They had been signed by the resident or their representatives.

Residents were protected by the complaints policy and procedures in the centre. They were available and on display including pictures of the local complaints officer.

Complaints were logged, discussed and reviewed regularly. There was a section in the complaints form to show actions taken and required follow ups. In addition, the satisfaction level of the complainant was recorded on the complaints form.

All adverse events requiring three days' notice of notification to the Chief Inspector of Social Services had been submitted. However, the inspector found that the person in charge had not submitted a written report to the Chief Inspector at the end of quarter two 2019, in relation to any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used and any non-serious injury to a resident where immediate medical or hospital treatment was not required. The person in charge submitted this information to the Chief Inspector following the inspection.

Regulation 15: Staffing

The provider had recognised they there were not sufficient staffing numbers in the centre to meet the number and needs of residents. They were in the process of reviewing and implementing the recommendations of a recent staffing review, and were in the process of recruiting to fill existing staffing vacancies.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers to support them to carry out their roles and responsibilities in line with residents' assessed needs. They were supported in their role and plans were in place for regular formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A number of actions identified by the provider following previous inspections and audits and reviews completed or commissioned by them, had not been implemented and that this was leading to poor outcomes for some residents. These actions included a schedule of works to one of the premises in the centre and the implementation of recommendations following a staffing review in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose. Each resident had a written contract of care which outlined the care, welfare and support to be provided, the services to be provided and the fees to be charged including additional fees if required.

Judgment: Compliant

Regulation 31: Notification of incidents

A written report to the Chief Inspector in relation to any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used and any non-serious injury to a resident where immediate medical or hospital treatment was not required, had not been submitted in line with the requirement of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible and on display in the centre. Residents and staff who spoke with the inspector were aware of the complaints process. Complaints were logged, followed up on and closed to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good, and that residents were safe. However, in line with the findings of previous inspections, they were failing to act on key actions identified by themselves to improve outcomes for residents in relation to the quality and safety of care and support in the centre.

These actions included planned works to ensure the design and layout of the premises was meeting residents' needs and the implementation of the recommendations following a staffing review.

On the day of the inspection, the centre was found to be clean, comfortable and generally meeting the number and needs of residents in the centre. Residents' bedrooms were decorated in line with their needs and preferences and they had access to adequate space to meet their needs. However, in line with the findings of previous inspections, the centre was not designed or laid out to meet the number and needs of all residents in the centre. The majority of residents had free access to all areas of their home. However, one resident did not have full access to their home. They had restricted access to bathroom and kitchen facilities. The provider had submitted a compliance plan to the Chief Inspector on 08 June 2018, stating that these planned works would be completed by 31 March 2019. Following the last inspection, the provider sent assurances that the planned works had commenced on 20 May 2019, and would be completed by the 12 August 2019. On the day of the inspection, these works had commenced in the centre, but they had not been completed in line with this timeframe and the additional restrictive condition of the registration of the centre. Following the inspection, the provider outlined that this was due to a delay in receipt of specialised equipment and sent assurance that the works would be completed by 16 September 2019.

Residents' personal plans were found to be person-centred. The inspector reviewed a sample of residents' personal plans and they each had an assessment of need and care plans developed in line with their assessed needs. In addition, they had personal development plans in place which outlined the likes, interests, skills and contributions, key people in their lives and the supports they required to enjoy a good life. There was evidence of regular review and update of residents' personal plans to ensure they were effective. Residents had goals in place and there was evidence of tracking of these goals and pictures of residents enjoying activities involved in achieving these goals.

Residents were being supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to allied health professionals in line with their assessed needs. Residents had support plans in place which were reflective of their current healthcare needs and which were clearly guiding staff to support them. In addition, they had health communication books in place with key information in relation to their care and support needs. They were supported to access health information as required. Staff who spoke to the inspector were knowledgeable in relation to residents' healthcare needs. From the sample of residents' plans reviewed by the inspector, there was evidence that they were either accessing the national screening programme, or that discussions were being held in relation to supporting residents to make decisions in relation to taking part in the programmes.

It was evident through discussions with staff and review of documentation including residents' personal development plans and goals, that efforts were being made to ensure that residents were engaging in activities of their choosing, both at home and in the community. Activities were being discussed regularly at residents'

meetings. To assist residents to choose activities there were pictures available of them engaging in a variety of activities both home and community based. Goals were in place for residents to explore new activities and experiences in line with their known likes and dislikes. Residents were being supported to try these new experiences or activities and their enjoyment levels were being recorded. As a result of these goals, a number of residents were now regularly enjoying activities in their community. The inspector sampled a number of residents' activity records and found that the majority of them were enjoying a variety of home and community based activities. However, a number of residents had limited opportunities to engage in activities in their local community. The provider had recognised this in their latest annual review and six monthly review and were in the process of developing systems and practices to support the ladies to identify and pursue their goals to enjoy a good life.

Residents were protected by appropriate safeguarding policies and procedures in the centre. Staff had completed training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities, including immediate actions to keep residents' safe. A number of staff discussed difficulties implementing one particular safeguarding plan due to staffing levels. They outlined additional controls which they were putting in place including accessing support from other houses in the centre at particular times of the day. It was clear that staff were being vigilant and that the person in charge and PPIM were attempting to prioritise staffing resources to keep residents' safe.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly. Incident review and tracking was evident in residents' personal plans as was learning following incidents. The vehicles in the centre were regularly serviced, insured, suitably equipped and roadworthy.

Residents' meetings were held regularly and there was evidence of consultation with residents in relation to the day-to-day running of the centre. There was an advocacy group in the organisation who were meeting regularly and there was information on display in relation to areas such as residents' rights, complaints, and advocacy. Throughout the inspection it was clear that staff were working hard to ensure that all residents' privacy and dignity were respected at all times. Staff were observed throughout the inspection to be supporting residents to make choices and to have control over their day-to-day lives. These choices included how they wanted to spend their time and what meals and refreshments they would like. However, as previously outlined, due to the design and layout of areas of the centre supporting residents to make choices was not always possible. In line with the findings of the previous inspection, one resident had to get the attention of staff in order to access bathroom or kitchen facilities. The inspector observed staff supporting this resident in line with their requests for support. However, this was dependent on the staff completing regular checks and being visible to the resident when they needed their support.

Regulation 13: General welfare and development

Overall, residents were being supported to enjoy activities in line with their likes, dislikes and preferences. However, in line with the inspectors findings on inspection, the provider had identified in their audits and reviews that improvements were required in relation to residents goals and access to their local community.

Judgment: Substantially compliant

Regulation 17: Premises

The centre were found to be clean, comfortable, well maintained and meeting the majority of residents' needs. In line with the findings of previous inspections, the design and layout of one of the houses in the centre was not meeting residents' needs. The provider had submitted a compliance plan to Chief Inspector and works were due to be completed by 31 March 2019 in line with an additional restrictive condition of registration of the centre. These works had commenced, however; they had not been fully completed.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices in the centre. There was a risk register in place and general and individual risk assessments were developed and reviewed as required and in line with learning following incidents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were person-centred and they had access to the support to develop and meet their goals. They had an assessment of need in place and care plans were developed as required. Personal plans were reviewed regularly to ensure they were effective and reflective of residents' care and support needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. They had assessments and care plans in place and they had access access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices. Staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. Allegations were reported and followed up on in line with national and the organisations' policy and safeguarding plans were developed and implemented as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were occurring regularly in the centre. There was evidence that residents were being supported to make choices and have control over their daily lives. However, as detailed in the report, due to the design and layout of areas of the centre, supporting residents to make choices was not always possible. Information in relation to their rights and advocacy were available and on display throughout the centre.

Judgment: Substantially 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glen 3 OSV-0003727

Inspection ID: MON-0025931

Date of inspection: 22/08/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 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. -An external review of staffing is completed and awaiting discussions with Senior Management, recommendation from the report to add an additional 17.5 hours to WTE of one of bungalows within the Designated Centre. - The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. 1 nurse vacancy will be filled on the 14th October with the Commencement of the pre-registration Nurse within the Designated Centre. -All vacancies within the designated center will have a business case completed by the Service Manager and forwarded to the Director of HR to filled in a timely manner</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. Meetings have been held between PIC, Service manager and HR director in relation to converting a .5 SN post to a .5 CNM1 post to support Governance and Management of the centre. This is subject to approval. -The designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose;</p>	

It was highlighted in a previous inspection that an action was needed in relation to some building works in one of the bungalows. This work was ongoing during the latest inspection and now has been fully completed.

- An annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. The PIC, Service Manager, HR manager and HR Director are having ongoing meetings to discuss the findings of an external report in relation to WTE for the DC

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre. This includes all 3 day notifications in line with regulation 31.

-The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre:

- (a) any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used;

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The registered provider shall provide the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) Supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

-The PIC highlighted areas of improvement through audits and reviews for residents and will ensure that all goals in relation to personal development plans are reviewed and improvement to community access is implemented.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider shall ensure the premises of the designated centre are—</p> <ul style="list-style-type: none"> (a) designed and laid out to meet the aims and objectives of the service and the number and needs of residents; (b) of sound construction and kept in a good state of repair externally and internally; and (c) clean and suitably decorated. <p>-The registered provider shall make provision for the matters set out in Schedule 6.</p> <p>Works outlined in a previous inspection and in line with the centre annual review had highlighted the need for building work. When funding was authorised the work commenced. This work was ongoing at the time of the latest inspection but now has been completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability—</p> <ul style="list-style-type: none"> (a) participates in and consents, with supports where necessary, to decisions about his or her care and support; (b) has the freedom to exercise choice and control in his or her daily life; (c) can exercise his or her civil, political and legal rights; (d) has access to advocacy services and information about his or her rights; and (e) is consulted and participates in the organisation of the designated centre. <p>-The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p> <p>The action in relation to this regulation has been completed 16-09-2019.</p> <p>The layout and design of the centre supports the residents to make choices. The building and addition of a new en-suite bathroom and toilet for one resident and the building of a small enclosed kitchenette will provide greater compliance with this resident over all rights in line with regulation 9.</p>	

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)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	01/02/2020
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.	Not Compliant	Orange	31/01/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	16/09/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	16/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	31/01/2020

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	24/08/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	24/08/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/10/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/10/2019