



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

Issued by the Chief Inspector

Name of designated centre:	Woodview
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	23 September 2020
Centre ID:	OSV-0003731
Fieldwork ID:	MON-0023569

About the designated centre

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

Woodview is a residential setting providing care and support for 15 residents over the age of 18 with an intellectual disability. The centre is located within a campus based service located in North Dublin. The centre comprises of a single occupancy apartment which is home to one resident. The other area of the centre contains a number of large dormitory style bedrooms, a number of single bedrooms, two large bathrooms with six toilets, two shower rooms, two bathrooms with a bath, a number of offices and storage rooms, two large open plan dayrooms, two large kitchen come dining rooms, two laundry rooms and laundry storage areas and two small sitting rooms which are used for visitors and as relaxation rooms also. Residents are supported 24 hours a day, 7 days a week by a staff team comprising of a person in charge, clinical nurse manager, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 September 2020	11:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, it was evident that the residents had a good quality of life living in the centre which had been their home for many years. Residents ranged in age from 56 to 89 years. The majority of the residents were over 65 years and in line with national guidance for COVID-19 had been limiting their activities within the community. Consequently, social goals identified for some of the residents could not be facilitated.

Overall governance and management systems in place ensured that residents received positive outcomes in their lives and the delivery of a safe and quality service. However, as identified on previous inspections, the overall setting was not designed and laid out to meet the objectives of the service, and the number and needs of the residents. Although efforts had been made to make the centre homely, it had an institutional feel and concerns remained regarding the suitability and fitness for purpose of the building. There was a lack of private space available for the majority of the residents who resided in dormitory-style accommodation with multiple occupancy bedrooms. This impacted on residents privacy and dignity. In addition, improvements were required to the maintenance and upkeep of areas in the centre.

In line with a condition of the centre's registration, there were no new admissions to the centre in the preceding three year period. The number of residents living in the centre had reduced from 24 to 15. The provider had plans in place for the transition of a number of the residents to more suitable accommodation in line with their changing needs, or in line with their wishes and preferences. The COVID-19 pandemic had impacted on timelines proposed for the transition of residents from the centre.

The Office of the Chief Inspector (OCI) was concerned that plans for one resident to transition from a self-contained apartment in an isolated area of the centre, had not been progressed since the last inspection. It was agreed that a plan for the transition of this resident to more suitable accommodation would be linked to a condition of the centre's registration going forward.

The inspector met briefly with six of the 15 residents living in the centre. One of the residents provided the inspector with two beautiful homemade cards to welcome her to the centre. This resident indicated to the inspector that she was happy living in the centre. Other residents met with were unable to tell the inspector their views but were noted to be in good form and comfortable in the company of staff. One of the resident was observed to be enjoying a hand massage with a staff member whilst another small group of residents were engaged in a baking class.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff was observed. Staff were observed to interact with residents in a caring and respectful manner. For example, in dormitories, curtains

were pulled around residents bed space when they were having a rest and staff were observed to excuse themselves and or seek permission before entering. In general residents in the centre did not present with behaviours that challenge.

There was evidence that residents and their relatives were consulted with and communicated with, about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector reviewed records showing 'my goals, dreams, wishes and aspirations for 2020' which had been formulated for residents. The COVID-19 national restriction guidelines had impacted on the realisation of some residents goals whilst others were being worked upon in the centre. Monthly complaints management meetings were held individually with each of the residents to provide them with an opportunity to voice any complaints. Regular group resident meetings were held to discuss amongst other things the running of the centre, menu choices and activities,

Residents were supported as required to maintain connections with their representatives during the pandemic restrictions through video and voice calls. In the preceding period, the centre had recommenced facilitation of visits under strict controls. However, at the time of inspection and in line with national guidance the centre had suspended all visiting in the centre. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that residents were receiving. The inspector reviewed family surveys undertaken by the provider in January 2020 with nine relatives and these indicated that these relatives were very happy with the care and support their loved ones were receiving. Four of the residents with the support of staff completed an OCI questionnaire which indicated that they enjoyed living in the centre.

There were a small number of vacant staff posts at the time of inspection and recruitment was underway for the positions. The majority of staff team had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences appeared to be well known to staff and the person in charge. Staff spoken with outlined that they really enjoyed working with the residents and felt supported in their role.

Residents were supported to engage in meaningful activities in the centre. There was a guide in place for fun activities which had been developed by the provider's physiotherapy department to guide staff in supporting residents. A person centred enhanced activity weekly schedule for COVID-19 had been put in place. Examples of individualised activities included, walks, beauty treatments, hand, foot, neck and head massage, story reading, table top activities, knitting, visits to the chicken house on campus, watering plants, exercise classes, chair dancing, arts and crafts, and card making. Group sessions for baking, bingo, movies and listening to music were also undertaken. The residents had access to a number of communal

gardens within the campus. Pre COVID-19 restrictions, each of the residents had been engaged in a range of activities in the community. As referred to above the centre had implemented a range of restrictions limiting residents' access to activities in the community. As the majority of the residents were over 65 years with underlying health conditions, there were no plans in the short term to reduce these restrictions. There was evidence of recent celebrations in the centre for events such as residents birthdays, national teddy bear day and national pizza day.

Capacity and capability

There were appropriate management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, some improvements were required so as to ensure that the provider meets the requirements of the regulations in terms of completing an annual review of the quality and safety of the care in the centre.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a diploma in management and was a registered nurse in intellectual disabilities. She had taken up the full time position in July 2019 but had been deputy manager in the centre for more than 6 years prior to that. The person in charge was not responsible for any other centre. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager who was located on the same campus. A senior member of staff was assigned as the lead staff member on each shift and this was identified on the roster. A deputy manager was on extended leave at the time of inspection.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a deputy manager and three team leaders in this centre and in the other centre for which she was responsible. The person in charge reported to the service area manager who in turn reported to the director of care. There was evidence that the service area manager visited the centre at regular intervals and completed audits on these visits. The person in charge and service area manager held formal meetings on a regular basis.

Six monthly unannounced visits as required by the regulations had been undertaken. However, the provider had not completed an annual review of the quality and safety of care. There was evidence that a number of audits and other checks were undertaken in the centre on a regular basis. Examples of these included, monthly medication audits, infection control, cleaning, care plan, risk register, quality checklist for restraints, fire, and health and safety. There was evidence that actions

were taken to address issues identified in these audits and checks.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection there were two staff vacancies. Recruitment was underway for these positions. The vacancies were being filled by a small number of redeployed staff from one of the provider's temporarily closed days services. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for residents. However, a small number of staff were overdue to attend mandatory training. There was evidence that dates for this training had been scheduled. There was a staff training and development policy. A training programme was in place and coordinated by the providers training department. There were no volunteers working in the centre at the time of inspection.

Staff supervision arrangements were in place. However, there was no reported policy in place for supervision. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken within the preceding period for staff.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There were two staff vacancies at the time of inspection. However, the provider was actively recruiting to fill these positions. In the interim, vacancies were filled by redeployed staff ensuring consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

A small number of staff were overdue to attend mandatory training. It was reported that a formal policy for supervision was not available in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place, which contained all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. However, an annual review of the quality and safety of the service, in line with the requirements of the regulations had not been completed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a written contract of care which outlined the care, welfare and support and services to be provided. It also contained the fees to be charged including additional fees if required. There were no new admissions to the centre in line with the centres' statement of purpose and the conditions of registration.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the majority of the information required by schedule 1 of the regulations. However, It did not include the information set out in

the certificate of registration, as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the chief inspector as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents living in the centre received care and support which was of a good quality, person centred and promoted their rights. However, the premises was not designed and laid out to meet the objectives of the service, and the number and needs of the residents.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, communication, personal and social needs and choices. Personal plans in place had been reviewed with the involvement of the individual resident's multidisciplinary team, the resident and or their representatives. The effectiveness of the plans were assessed as part of a review as required by the regulations.

Resident's healthcare needs were being met by the care provided in the centre. This is a nurse led service with a registered staff nurse on duty 24/7. A tissue viability nurse was also available on campus for residents. Residents health needs were appropriately assessed and specific health plans were in place for residents. End of life care plans were also in place for residents identified to require same. A general practitioner (GP) visited the centre on a number of occasions each week and an out of hours GP service was also available. Residents accessed allied health professionals where required. A log was maintained of all GP and other professionals contacts. Records were maintained of monthly observations of resident's weight, blood pressure, temperature, etc.

At the time of the last inspection in March 2019, one of the residents was living in a self-contained apartment in an isolated area of the centre which it was considered was not suitable to meet the resident's needs. At that time, plans were in place for the transition of the resident to more suitable accommodation. However, these plans had not been progressed for reasons outside the control of the provider. New plans were being proposed for the transition of the resident to more suitable

accommodation.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. A trending review of all incidents was undertaken on a monthly basis. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. A fire evacuation risk assessment had recently been reviewed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Staff had received appropriate training. Fire drills involving the residents had been undertaken at regular intervals.

There were procedures in place for the prevention and control of infection. A COVID-19 response plan had been put in place which was in line with the national guidance. The inspector observed the centre was clean. A cleaning schedule was in place which was overseen by the person in charge. This included a daily infection control touch point cleaning sign off sheet. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals on all entries and exits from the centre. Disposable surgical face masks were being used by all staff whilst in the centre. At the time of inspection none of the residents or staff in the centre had contracted COVID-19.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. Overall there were minimal displays of behaviours that challenge presented by residents in the centre. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. Overall, there was evidence that alternative measures were

considered before using a restrictive practice and that the least restrictive practice was used for the shortest duration.

Regulation 10: Communication

Communication passports were in place for residents identified to require same and provided a good amount of detail to guide staff in meeting residents communication needs.

Judgment: Compliant

Regulation 13: General welfare and development

Albeit hindered by restrictions in line with national guidance for COVID-19, residents were supported to take part in meaningful activities in the centre and on the campus in line with their wishes and preferences. They were supported to maintain relationships and links in their local community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre did not meet the number and needs of residents or the requirements of schedule 6 of the regulations. There were areas of the centre in need of repair/refurbishment

Judgment: Not compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

Regulation 6: Health care

Resident's healthcare needs were met in line with their personal plans and assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and participating in the planning and running of the designated centre. They had access to advocacy services if required. However, the inspector found that improvement was required in relation to protecting residents' privacy and dignity due to the design and layout of the premises including dormitory style bedrooms and shared bathrooms.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

Plans for one of the residents to transition from a self-contained apartment in an isolated area of the centre, had not been progressed since the last inspection in March 2019.

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
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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant

Compliance Plan for Woodview OSV-0003731

Inspection ID: MON-0023569

Date of inspection: 23/09/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training records are reviewed and staff identified who require mandatory training will complete same. This will be completed by the end of 31/01/21	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC has emailed the Quality & Risk officer requesting Annual Review to be completed. Same to be completed by 31/02/21	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose was updated with the information set out in the certificate of Registration and forwarded to the Office of The Chief Inspector on 28/9/20	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There is a Service plan in place for the de-congregation of Woodview, In Woodview Villa Two Service Users will transfer to Sonas Bungalow, One Service User will transfer to house in community. Remaining six Service Users will remain until appropriate accommodation becomes available as identified in IPNA (Individual Preference and Needs Assessment)</p> <p>In Woodview Park four Service Users will transfer to alternative accommodation as identified from previous IPNA (Individual Preference and Needs Assessment). One remaining Service User will transfer into Woodview Villa until appropriate accommodation becomes available as identified in IPNA (Individual Preference and Needs Assessment) Woodview Park will then close. This is to be completed by 31/12/21 Seven Service Users will then remain in Woodview Villa until appropriate accommodation becomes available as identified in IPNA (Individual Preference and Needs Assessment. Also plan in place for one Service User to move to a new build in St. Josephs according to his needs and preferences Service Plan submitted to Chief Inspector on 13/10/20</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is a plan in place for the de-congregation of Woodview Villa and Park, currently 14 Service Users reside in Woodview Villa and Park, the current proposal is to reduce the number from 14 Service Users to 7 Service Users. There will be no new admissions to the Centre, the plan is to close Woodview Park by December 2022, the remaining seven Service Users will reside in Woodview Villa until suitable accommodation becomes available at a future date.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary</p>	

absence, transition and discharge of residents:

There is a plan in place for a Service User currently residing in a self contained apartment to move into a new build in St. Josephs, the Service User has documented evidence through his IPNA (Individual Preference of Needs Assessment)that he wishes to live in St.Josephs. There is a 'Centre Programme Plan' completed which consists of 5 stages from proposal of business case to the HSE , to completion and occupancy of same, Service User is to commence in same in August 2023. Service Plan has been submitted to the Chief Inspector for same on 13/10/20

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2021
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	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	31/01/2021

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is 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.	Substantially Compliant	Yellow	28/02/2021
Regulation 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.	Not Compliant	Orange	31/08/2023
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	28/09/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Not Compliant	Orange	31/08/2023

	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.			
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