



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

Issued by the Chief Inspector

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| Name of designated centre: | Edel Quinn House |
| Name of provider: | St Joseph's Foundation |
| Address of centre: | Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 October 2021 |
| Centre ID: | OSV-0001814 |
| Fieldwork ID: | MON-0031426 |

About the designated centre

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

The centre is a purpose built single storey bungalow. Accommodation comprises of seven bedrooms, one of which is used for overnight staff; a large and small sitting room; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and a small office. The bungalow is set in mature and secure grounds, which is planted with shrubs, trees and flowers. There was a large paved area with a patio table and chairs to the rear of the house. Residential and respite services are provided to a maximum of six adult residents. The house is in proximity to and within walking distance of the local village. Residential services are offered to both male and female service users over the age of eighteen years who have a diagnosis of a severe / profound intellectual disability with / without autism. The residents receive twenty four hour care and support. The staff team comprises of social care staff and support workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 6 |
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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 |
|----------------------------|-------------------------|--------------------|------|
| Tuesday 19 October 2021 | 09:00hrs to 15:30hrs | Michael O'Sullivan | Lead |

What residents told us and what inspectors observed

Social distancing was observed and the inspector wore a face mask and attended to hand hygiene in line with public health guidelines. Direct interaction with staff and residents were confined to periods of time less than 15 minutes and all areas were well ventilated.

The house was observed to be clean, bright and well maintained. Residents had been supported to decorate both their individual bedrooms as well as communal areas. Residents pointed to and articulated their interests in preferred activities, interests and hobbies that were evident in photographs and posters. Staff were observed knocking on residents bedroom doors before entering. One resident who used a hearing device also had a visual door bell set up in their bedroom. Day service staff had been permanently located within the designated centre in the absence of structured day services and all residents were engaged in activities of choice. The house was extensively decorated with halloween decorations and ornaments, many of which had been made by the residents.

During the course of the inspection, the inspector observed gentle, respectful and meaningful interactions between residents and the staff supporting them. Six residents were met with in the company of supporting staff. Two female residents and one male resident agreed to speak with the inspector. These residents met individually with the inspector. Other residents used few words to communicate but they could communicate both their needs and how they were feeling through gestures and expressions. Residents were observed to have unrestricted access to all parts of the designated centre. Staff were observed to be vigilant but unobtrusive.

One resident invited the inspector to view their bedroom. The room was observed to be neat and tidy and the resident had a large music collection that they enjoyed listening to. The bedroom walls had many posters of the residents favourite artists as well as photographs of the resident attending musical events. This resident also informed the inspector that they enjoyed coffee and had their own coffee machine. Another resident spoke of all the art and creative activities that staff supported them with. This resident was very proud of their participation in decorating the house for halloween. Additionally, this resident enjoyed going on social outings with residents and staff. Most records reflected that staff endeavoured to provide residents with separate social outings both in the morning and afternoons. These records also reflected that watching television was not regarded as a formal meaningful activity. Residents were observed enjoying tabletop activities such as colouring and jigsaws while awaiting structured planned outings in the community.

One resident spoke briefly regarding their love of new clothes and fashion. This resident also acknowledged that they liked horses and that they had progressed from horse leading to horse riding. This resident indicated that they did not wish to speak with the inspector any further and preferred to go for a spin and walk with their

fellow housemates.

It was evident that staff were supporting residents based on residents preferred choices and assessed needs. Residents consent was sought and recorded in relation to individual care planning as well as with contracts of residency. Staff demonstrated a comprehensive understanding of residents person centred plans, healthcare plans and residents prescribed likes and dislikes.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector observed the service to be well managed and well resourced with staff. Residents were able to engage in activities of choice. Residents had access to their local community and were consulted in the running of the designated centre. A good level of compliance with the regulations was observed. Staff demonstrated a good degree of care, support and commitment to supporting residents despite the current public health guidelines and restricted access to day services.

The person in charge was an experienced and suitably qualified person. This person was employed in a full-time capacity. Communication with the person in charge was either face to face or by mobile phone. While the person in charge was not in the designated centre on the day of inspection, the service was directly managed by an appointed supervisor who had a broad knowledge of the residents assessed needs. Residents had all attended at day services from which the supervisor had been reallocated from.

The registered provider had resourced the designated centre with a one-to-one staffing support level for one resident across the 24 hour day. This staffing resource of both social care workers and assistant support workers meant that residents were free to plan their own day, pursuing interests and activities that they wished to do. Staff had all undertaken mandatory training in fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. Refresher training was required by 27% of staff in relation to managing behaviours that challenge and 22 % of staff in relation to fire and safety training. Staff awaiting such training were booked on future courses. Staff had also undertaken additional training in relation to the safe administration of medicines, epilepsy and manual handling based on residents current presentations and assessed needs. Staff had also undertaken infection control courses such as donning and doffing personal protective equipment (PPE) and breaking the chain of infection.

The registered provider had arranged for six monthly reviews of the quality of care and support offered to residents within the designated centre. It was clear that

residents and their families were involved in this process and their views recorded in the documents. The person in charge was named as the responsible person and it was evident that matters identified were addressed within the time frame determined by the assessor. The person in charge conducted staff appraisals. On the day of inspection, these records were not available. Records were available that demonstrated that regular team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. Improvements that were required in the service provided were highlighted at meetings. Resident meetings were facilitated and recorded on a weekly basis. Records reflected that meal planning, safeguarding, advocacy, complaints and house rules were all regularly discussed with residents.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. Some information required by regulation needed to be included and the supervisor on duty undertook to address these omissions. The conditions of registration were clearly outlined and a copy of the current registration certificate was on display in the designated centre.

All complaints were clearly and accurately documented by staff. All complaints were directed to the person in charge who addressed them immediately. The complaints policy was in an easy-to-read version. Satisfaction with the resolution of such matters was recorded in keeping with both the regulation and the registered providers complaints policy. Contact details for a confidential recipient were available to the residents. No complaints had been recorded in the designated centre since the previous inspection.

The registered provider had in place a directory of residents that contained all the requirements as specified by Schedule 3 for all six residents. All notifications in relation to the designated centre had been made to the Chief Inspector within the 3 day required time frame. Notifications highlighted by the inspector for follow up had been communicated to the Health Information and Quality Authority (HIQA). On examination, these incidents were observed to have been investigated. Staff were employing enhanced supervisions as well as the least restrictive measures to ensure residents safety.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Staff members were observed to be attentive and sensitive to residents needs. Staff were also respectful in their dealings with residents and how they spoke with or spoke about residents. The designated centre was both well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that the staff team were ensuring that residents lived in a supportive and caring environment where they had control over and made choices in relation to their day-to-day lives.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents that was accurately maintained.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to deliver effective care and support to residents, however evidence was not provided on the day of inspection that demonstrated the performance management of staff. Also annual financial audit findings were at variance with the registered providers policy that stated spot checks of residents finances would be made by the coordinator. No action had been taken to address this issue and ensure that the service provided was consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had in place an up-to-date statement of purpose that

accurately described the services provided, however Schedule 1 required information in relation to residents age range and gender as well as the specific fire emergency procedures relating to the designated centre needed to be included.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector in writing of all adverse incidents within 3 working days of occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was known to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found a good level of compliance with the regulations. Residents said they were happy and felt safe with the service provided. Residents dignity and privacy were maintained in a service that was very much resident centred. The service focused on maintaining residents links with family and the community. Staff supports afforded residents choice to partake in meaningful activities.

Each resident had a care plan in place that was accurate and well maintained. Goals set by the residents were clear and documents seen by the inspector showed that these goals and the plans to achieve them were adjusted to reflect the impact of the pandemic. For example, a resident who would generally attend a beautician, received their treatments within the designated centre due to public health restrictions. Many activities were facilitated through virtual forums until residents could re-engage face to face in the community. With the level of staff support afforded to each resident within the designated centre, residents enjoyed meaningful activities of their choosing. Staff had ordered a mini projector which

residents used to attend music therapy, view music videos and look at photographs of their families over the course of lockdown. Each resident had a clear healthcare plan in place that reflected an assessment of health and wellbeing needs as well as a daily living assessment. These plans were updated every six months by the person in charge. All plans were subject to an annual multidisciplinary review. Records clearly recorded residents vaccination status and specific protocols to be followed pertaining to diagnosed medical conditions.

The records reviewed showed that the staff team endeavoured to implement the least restrictive conditions to ensure residents safety. Documents reflected that residents as well as their families were communicated with regarding the restrictive practices in place. All practices had been the subject of a restrictive intervention assessment and decision making recorded on a form particular to each resident. Restrictive interventions were reviewed by the person in charge as well as the multidisciplinary team. There was clear evidence that a resident who frequently threw their shoes at residents and staff when in the designated centres vehicle, had been the subject of a restrictive practice where their shoes were removed on entering the vehicle and returned when disembarking. The practice was clearly documented, as were the occasions when staff trialled lighter footwear and slippers. An outside contractor had been commissioned to assess the resident for a body harness that may prevent the resident throwing objects while allowing them their footwear.

Residents finances were well recorded and documented. All entries were subject to double checking and double entry by staff and the senior person on duty. The registered provider had in place a policy titled "Supporting People that use our services to manage money". In line with this policy, a financial audit was undertaken annually by a member of the registered providers finance team. For the previous four years, a finding that the coordinator had not periodically made checks of residents bank and financial transactions, was recorded as part of the financial audit. This finding was at variance with the registered providers policy that stated spot checks would be made by the coordinator. No action had been taken to address this issue. A judgement relating to this is provided under Regulation 23 – Governance and Management.

In general, residents had been very well supported during the pandemic. Staff from day services had been directly allocated to residents in their own home, affording freedom of choice and meaningful activities of interest. Residents recounted multiple activities engaged in that were also reflected in the records maintained in individual care plans. Visits home and visits to the designated centre had been reinstated. Residents were driven to places of interest where walks and dining out were enjoyed. Autumn and winter activities included swimming, horse grooming, walks and live music sessions. Some residents attended to horse grooming and horse leading. One resident had advanced to horse riding both to their surprise as well as that of the staff.

There was evidence that visits were facilitated throughout the pandemic in line with public health guidelines. Both indoor and outdoor visits were facilitated. Residents had access to a visitors room and a well maintained garden that afforded privacy

and social distancing. Residents were supported by staff to communicate with families through telephone calls and virtual forums. Residents had access to Wifi. Residents communication passports were noted to be up to date. Staff were observed using LAMH sign language as well as supporting a resident to operate a hearing aid. Easy to read documents and social stories were used to good effect. Staff were also seen to afford residents time and opportunity to respond to requests and questions. A residents guide was available to residents. This guide was updated by the person in charge on the day of inspection.

Residents stated that they liked the food available to them in the designated centre. Photographs evidenced residents taking part in cooking and food preparation. Residents also enjoyed eating out as well as getting takeaway food. There were good supplies of dry goods, fresh fruit and vegetables available to residents. Menu's clearly indicated a choice for residents. One resident had their own coffee machine and a supply of coffee pods. Staff adhered to feeding, eating, drinking and swallowing guidelines in relation to residents dietary requirements.

The premises was maintained to a very good standard. The house was observed to be clean, tidy and fresh. Rooms were all maintained to a good decorative standard. Each resident had personalised their own bedroom with posters and photographs of interest to them. Garden areas were well kept and inviting. Some planters were raised to encourage residents to cultivate and maintain the herbs grown.

The registered provider had a current risk register in place for the designated centre. All regulatory required risks were documented. This register was augmented by individual risk assessments specific to each named resident. Risks relating to COVID-19 and the pandemic were also assessed. All members of the staff team had access to the risk register where concerns or actions could be input by each individual staff member.

Infection control practices in place on the day of inspection were observed to be very good. The designated centre was cleaned to a good standard and surfaces were observed to be clean. Hand hygiene stations were in place throughout the designated centre. Hand hygiene and precautions regarding infection control were standing agenda items at both residents and staff meetings. Staff, residents and visitors were subject to temperature checks and questionnaires. Frequently touched areas were cleaned and sanitised twice a day in addition to general daily and nightly cleaning. Staff training in relation to breaking the chain of infection, hand washing and donning and doffing personal protective equipment had been undertaken. The person in charge had recently assessed the services preparedness for COVID-19 using a self assessment tool issued by the HIQA. A cleaning supervisor visited the designated centre to complete hygiene audits. Additional measures e.g. the high dusting of inaccessible roof windows and de-scaling of hand basin fittings had been sourced out to an independent contractor / specialist, as a result of audit findings.

Each of the residents had a personal emergency evacuation plan in place. These plans were located in proximity to the main fire exit. All plans had been updated by the person in charge in the current year. Staff tested the fire alarm system on a weekly basis and the emergency lighting was tested and recorded also on a weekly

basis. Fire drills were recorded at times of maximum and minimum staffing levels. Records demonstrated that residents could be safely evacuated in times under one minute. A competent fire person had tested and certified all fire extinguishers and the fire alarm and emergency lighting in the current year. All fire doors were observed to be in good condition and good working order.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors as well as visit their families in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

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

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support based on the residents assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food that was nutritious and choice was offered.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide in place and all regulatory required information was current.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre. There was a current risk register maintained in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

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| Regulation 28: Fire precautions |
| The registered provider had in place an effective fire and safety management system. |
| Judgment: Compliant |
| Regulation 29: Medicines and pharmaceutical services |
| The person in charge had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. |
| Judgment: Compliant |
| Regulation 5: Individual assessment and personal plan |
| The residents had a individual care plan that was subject to review and the effectiveness of plans were reviewed against the goals set by residents. |
| Judgment: Compliant |
| Regulation 6: Health care |
| The registered provider ensured that the residents had an appropriate healthcare plan in place. |
| Judgment: Compliant |
| Regulation 7: Positive behavioural support |
| The registered provider had behaviour support plans in place to inform residents care plans and all information was subject to review. |
| Judgment: Compliant |

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care and all residents had the freedom to exercise choice and control over their daily life which was supported through the numbers of staff allocated to the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | 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 | Compliant |

Compliance Plan for Edel Quinn House OSV-0001814

Inspection ID: MON-0031426

Date of inspection: 19/10/2021

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To come into compliance with Regulation 23 the Registered Provider provided evidence on the day after the inspection that demonstrated the performance management of staff. On June 17th 2021 it was agreed that the Person In Charge would delegate Health Care Assistant supervisions to Social Care Worker's and that the Person In Charge would complete Social Care Worker supervisions. Same has been rolled out and there were no issues re same.</p> <p>To come into compliance with Regulation 23 the Registered Provider reviewed the Management of Service User Money Policy in relation to the annual financial audit findings which were at variance with the registered provider's policy. The policy now states spot checks of residents finances will be made by the relevant Residential Area. This will be completed so as to ensure that the service provided is consistent and effectively monitored.</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>To come into compliance with Regulation 3 the Registered Provider amended Schedule 1 to include required information in relation to residents age range and gender. The specific fire emergency procedures relating to the designated centre was included into the Statement of Purpose on the evening of the inspection.</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 23(1)(c) | The registered provider shall ensure that 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. | Substantially Compliant | Yellow | 11/11/2021 |
| Regulation 23(3)(a) | The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they | Substantially Compliant | Yellow | 20/10/2021 |

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| | are delivering. | | | |
| 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 | 24/11/2021 |