Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Landscape
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	01 September 2021
Centre ID:	OSV-0002397
Fieldwork ID:	MON-0026138

About the designated centre

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

Landscape is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service to six adults with a disability. The centre comprises of two premises which are located in close proximity to each other. The first unit is a two storey house which consists of a five bedrooms, office, sleepover room, two sitting rooms, dining room/kitchen, three bathrooms and utility room. The centre's second premises is a two-storey house which comprised of three bedrooms, sitting room, dining room, kitchen and bathroom. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place to provide management and nursing support outside of office hours and at weekends if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 1 September 2021	09:45hrs to 17:35hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met three of the five residents who lived in the designated centre during the inspection, and spoke with the person in charge, the staff team and the services manager.

The inspector reviewed five resident questionnaires that had been completed with the support of staff and gave the views of residents on areas such as how comfortable the centre was, the food and mealtimes, rights, activities and the care and support from the staff team. The inspector spoke with two residents in the designated centre, and spent some time with residents who communicated in alternative manners, for example through pictures and lámh sign language. Questionnaires demonstrated that residents overall were happy with their home environment, the support they received from staff, their activities and the food available.

There was a relaxed and pleasant atmosphere in the designated centre during the day, with staff observed to offer low arousal and calm supports and supervision throughout the day. Some residents were spending time together at the dining room table writing, or using their computer tablets, or sitting together in the living room. Some residents showed the inspector their bedroom which they liked to spend time in alone throughout the day. This room was a good size, had a large bed, television and DVD player and sufficient storage for clothing, furniture and personal belongings. Residents bedrooms were decorated with photographs from their youth or of their family and important people to them.

Staff were promoting a total communication approach in the designated centre. This means supporting all communication abilities, and using photographs, pictures, signage and lámh sign language to support residents' expressive and understood communication. The inspector observed some residents using individual communication methods to request items, or express their wishes, which were understood and responded to by staff members. Staff told the inspector they had completed training in lámh sign language and in the individual communication needs of residents and this had supported residents to communicate their needs in a more effective manner. There had been ongoing input and support from speech and language therapy services which had a positive impact overall.

Residents had items of comfort around the house available to them, such as soft toys or musical items. While items on display were limited due to the needs of residents, important information was visible in cabinet notice boards in the hall way, for example, showing the fire evacuation plan and other important information for residents. While the designated centre was large and accessible, some minor paint work was in need of refreshing to enhance the decoration. This had been planned but had not yet taken place as it would require residents to vacate the building for a period of time to allow the work to be completed. The provider had plans to address

these decorative works in the future.

There was an accessible back garden for residents to use. The garden had a small trampoline, outdoor seating and a ramp to side entrance. The front of the house was accessible by steps or ramp entry and had a paved front drive with space for parking. Following identified risks associated with the centre's smaller vehicle, the provider had sourced a larger rented vehicle for the designated centre, which offered more space.

The inspector observed practical management of risk in the designated centre, in a manner than promoted residents' safety. For example, the use of a slow cooker and food preparation in the early part of the day to reduce the amount of cooking at the hob and oven at times when this may pose a risk.

There was a smell of dinner cooking in the afternoon and residents were looking forward to their dinner. Residents told the inspector that the food was nice and staff made really nice meals that they all enjoyed.

Some residents had returned to day services for some days in the week. While they had not returned to the day services full-time yet, residents were happy to be back to their day services in a staggered manner throughout week. Not all residents had been supported to return to day services at the time of the inspection, this was due to changes required to prevent infection control and the requirement for residents to alter their usual routines.

While there was a high amount of staff working in the centre, support and supervision was discreet and staff maintained a relaxed and low arousal atmosphere in the house during the day. The person in charge was promoting a restraint free environment and there was only one environmental restriction in place which was documented and reviewed regularly. Residents had easy access around their home and all parts of the centre.

While the day of the inspection was relaxed, the inspector was aware that at times staff were required to support residents to manage their behaviour, and the impact this may have on other residents. This resulted in incidents between peers and a high amount of notifications submitted to the Chief Inspector of Social Services. The provider and person in charge had identified an ongoing safeguarding concern which was being managed in the shorter term through additional staffing and resources and enhanced input from health and social care professionals. Longer term plans were being considered in consultation with residents and external agencies involved in their care and support placements. While the safeguarding plans were well thought out, reviewed and updated regularly, and the provider had put in place control measures to alleviate the issue, there remained an ongoing risk of harm and upset to some residents living in the designated centre.

Residents were observed to be well supported in line with their individual needs during the day of the inspection. However, the provider and person in charge had identified that the environment and designated centre, along with the number of residents, was not fully compatible with the assessed needs of everyone living there. This was impacting on the ability of the staff team to ensure all residents were

safeguarded and afforded a calm and pleasant place to live in line with their assessment of need.

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.

Capacity and capability

The provider and person in charge demonstrated they had the capacity and capability to operate the designated centre in a manner that ensured effective governance arrangements and oversight and monitoring of the care and support in the designated centre. The provider had resourced the centre effectively with a stable and familiar staff team available to residents, who had positive relationships with individual residents and understood their needs well. However, the provider identified that the designated centre was not fully meeting the needs of all residents, and the impact of this was resulting in negative experiences for some residents. The provider had taken a number of actions to address issues in the designated centre in line with safeguarding plans to promote residents' safety and better support all residents' needs. For example, by limiting the number of people living in one unit of the centre and not filling a vacant room at this time, through sourcing a rental hall for daily activities to afford residents more time apart, increased staffing levels at day and night-time and through hiring a larger vehicle for residents to use. That being said, there remained ongoing residual risk to residents' experience and quality of life in the designated centre, and to their safety.

The provider had ensured there were effective leadership and oversight arrangements in place in the designated centre. The provider had appointed a full-time person in charge. The person in charge reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risks.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a twice per year basis, along with an annual review on the quality and safety of care. The provider had altered the manner in which they conducted their unannounced visits to respect national restrictions and visitor guidance.

There was a stable and consistent staff team identified to work in the designated centre and rosters were maintained to demonstrate the planned and actual hours

worked. Staff were qualified in social care or other care professions, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for by the person in charge. While some routine training was in need of refreshing due to the impact of COVID-19 on face-to-face training, this had been risk assessed by the person in charge and control measures put in place to limit any impact this could have.

Families had made numerous compliments to the staff team in the designated centre regarding the care and support offered to their family members. Complaints were encouraged and there was good communication with residents and families, yet some residents were still not satisfied that their daily routines were disrupted at times, and this had not been fully resolved.

The provider and person in charge demonstrated that they had effective governance systems and resources in place to monitor the quality of care and support in the designated centre and to respond to emerging issues. Residents had a pleasant home environment and were supported by a familiar staff team. However, improvements were required to ensure residents felt safe at all times and their daily choices and activities were not negatively impacted upon.

Regulation 15: Staffing

There was an adequate number of staff on duty each day and night to meet the needs of residents. The staffing resources in the designated centre were well managed and the person in charge maintained a planned and actual roster.

The provider and person in charge had taken positive action to amend the amount of staff hours in response to residents' needs and emerging risks. There was a stable and consistent staff team of social care workers available to support residents living in the designated centre which ensured consistent care and support in line with residents' plans.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was good oversight of the training needs of staff, and arrangements were made to plan for training as required. Staff had been afforded additional training that would better support residents, for example, in alternative communication.

Staff were appropriately supervised, both formally and informally by the person in

charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a management structure in the designated centre, with clear lines of reporting and responsibility.

There was effective oversight arrangements and monitoring systems in place and pathways for information and escalation from the person in charge to the provider, for example, through monthly information reviews with the services manager.

The provider had completed unannounced visits to the centre on a twice a year basis, and had completed an annual review of the quality of care and support.

While the provider had identified that the designated centre was not fully suitable to meet all residents' needs, the provider was advocating for alternative arrangements and options to address this with external agencies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a formal written procedure for the management of complaints in the designated centre, along with an easy-to-read guide. Residents were encouraged to raise complaints or issues and questionnaires outlined that residents were happy with how staff responded and engaged with them if they had raised a complaint.

While complaints had been logged and recorded on behalf of residents, until the issues regarding the suitability of the designated centre for residents had been addressed, the provider could not ensure a satisfactory resolution.

Judgment: Substantially compliant

Quality and safety

While residents' safety and quality of life was promoted through person-centred care and support, improvements were required to ensure the designated centre could meet all residents' needs, and to ensure that all residents' experience in the designated centre was positive, free from disruption and harm and protective of their right to have choice and control over their daily activities and environment.

Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported.

The specific type of supports and environment that would best meet some residents' needs had been assessed. The provider had identified that this designated centre and model of care was not fully suitable to meet all residents' assessed needs. This was impacting on other residents, as at times some residents' behaviour was negatively affecting others and resulted in safeguarding incidents. Even with the additional supports put in place by the provider and staff team, a long term resolution was required to ensure all residents living in the designated centre had their individual needs met, and all residents were afforded a suitable and safe place to live. There were ongoing discussions with the provider's funder and local area team to advocate for the needs of residents and to attempt to address this issue.

There were policies, procedures and pathways in place to identify and respond to any safeguarding concerns or risks, and staff had received training in safeguarding vulnerable adults. Safeguarding plans were put in place in response to incidents in order to promote residents' safety. While procedures and reporting processes were followed closely and comprehensive safeguarding plans put in place, the underlying issue of the designated centre not fully meeting all residents' needs continued to cause safeguarding incidents to occur.

Residents had access to their own general practitioner (GP) and other health and social care professionals, and were supported to keep healthy through attending regular health appointments, follow-up appointments or adopting the advice of health professionals. Residents also had an 'All About Me' folder, and had time each month with their key worker to review their goals and aspirations. Records were well maintained to demonstrate the outcome of health appointments and to ensure advice from health and social care professionals was recorded and implemented. If required, residents had access to psychology services and had clear written plans to support them to manage behaviour positively. Staff were knowledgeable on the individual needs of residents and how to support them through proactive and reactive strategies.

The designated centre was made up of two residential units; one a home for up to four residents and one a home for one resident. The centre was designed and laid out in line with the written statement of purpose. Overall, the designated centre was a pleasant and homely environment which was well maintained and had access to outdoor garden space for residents to use. Each resident had their own private bedroom which was individually decorated to their taste and wishes. Some communal parts of the designated centre required painting to manage general wear

and tear. This had not been possible to complete previously due to the impact it could have on residents' daily activities.

Residents were protected against the risk of fire in the designated centre, through fire safety systems and local procedures. Each resident also had a written personal emergency evacuation plan (PEEP) that supported their safe evacuation in the event of an emergency.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments. Personal protective equipment (PPE) was available along with hand-washing facilities and hand sanitiser. The provider had contingency plans in place and had alternative accommodation facilities available to support residents to self-isolate if this could not be achieved within the designated centre.

Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their needs and wishes. Individual communication supports were put in place for residents. Staff had been training in alternative communication methods and there was ongoing input from speech and language professionals to guide their supports.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was designed and laid out to meet the needs of residents and was in line with the facilities and services as described in the written statement of purpose.

The building was of sound construction and was clean and in a good state of repair. Some decorative painting works were required to the communal rooms such as the kitchen and dining area.

The requirements of Schedule 6 were met.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through effective risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency, for example, if there was a flood or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly and the provider had plans and facilities in place to support residents to isolate if they were required to.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre, for example, a fire detection and alarm system, emergency lighting system, fire containment measures and firefighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills along with simulated practice exercises had taken place in the designated centre. Residents had a written personal emergency evacuation plan (PEEP) which was reviewed following each fire drill or evacuation practice.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems, policies and procedures in place to promote safe management of medicine in the designated centre. Residents were supported to have their medicine reviewed regularly by the prescribing physician, and records of medicines being administered were well maintained.

There was oversight and monitoring of the use of PRN medicines (medicines to be taken as the need arises) to ensure it was used as prescribed and to monitor its

effectiveness.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Where a need had been identified, there was a written personal plan in place outlining how each resident would be supported.

The provider and person in charge, were aware that the designated centre and its services were not fully suitable to meet the assessed needs of all residents, for example, the impact the environment and number of residents living together had on some residents and their quality of life.

Judgment: Not compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to other health and social care professionals through referral to the primary care team, or to professionals made available by the provider.

Advice or recommendations from health and social care professionals was incorporated into residents' personal plans, and put into practice by the staff team.

Residents had access to national screening programmes, as applicable to their age and gender.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to health and social care professionals to support them to manage their behaviour, such as psychology services for example.

If required, residents had written plans guiding the positive support in relation to

behaviour. These were reviewed regularly for their effectiveness.

Staff were knowledgeable on how to respond to behaviour that was challenging and how to support residents' individual needs.

The person in charge was promoting a restraint-free environment.

Judgment: Compliant

Regulation 8: Protection

While procedures and process were followed in relation to safeguarding incidents, and reported to the National Safeguarding team, and comprehensive safeguarding plans put in place, there remained a risk of ongoing incidents between peers.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Landscape OSV-0002397

Inspection ID: MON-0026138

Date of inspection: 01/09/2021

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • Two members of St Michaels House Quality and Safety Department met with the residents on the 6.9.2021 to discuss the residents' concerns and complaints and will follow up again once they are furnished with an update from the Provider • The Person in Charge and the Provider will continue to document complaints made by residents and escalate internally and externally on behalf of the residents • The PIC will make an application to the national advocacy service on behalf of the residents. • The Provider will re-engage with HSE on-foot of recent reviews completed by the HSE in relation to sourcing suitable accommodation internally and externally for the residents within the centre • The Provider has also sought legal advice in relation to the ongoing complaints from the residents within the centre in trying to resolve their complaints	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The Person in Charge will ensure that the communal areas such as kitchen and dining room are painted	

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Individual Coordination meetings (ICM's) will continue to take place in order to review the Assessment of Need (AON) of the residents within the centre. This process has started and on the 25.8.2021 and one resident's will and preference of moving centers' was supported by the Provider to another centre within the orgainsation.

• Further ICMs will be scheduled by the PIC in order to review the remaining residents AON within the centre. Through this process clinical guidelines and support plans will be assessed and amended as required in meeting their assessed needs

• Based on the outcome of the reviews, the Provider will continue to support individual residents support needs and particular attention will be made to the compatibility of the residents within the centre. The Provider will continue to explore all internal options within the orgainsation and based on the outcomes of these reviews the Provider will attempt to support the residents will and preference.

• The Provider will re-engage with HSE as a matter of urgency in attempt address the incompatibility issues within the centre and addressing each residents individual support needs and requests

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The Person in Charge and The Provider will continue to document all safeguarding risks/concerns and continue to ensure notifications are submitted to HIQA within the agreed timeframe and that HSE safeguarding team and HSE Disability Manager are also informed.

• The Provider will undertake a review of the designed centre in relation to compatibility of residents by completing a review of each resident's AON and recommendations will be discussed with the Provider and the HSE.

• The Provider will continue to explore all internal and external options available to the residents in order to reduced the safeguarding issues within the centre

• The Provider will continue to ensure the centre is well resourced in meeting the needs

of the residents.

• The Provider will re-engage with HSE on-foot of recent reviews completed by the HSE in relation to sourcing suitable accommodation internally and externally for the residents within the centre

• The Provider has also sought legal advice in relation to the ongoing complaints from the residents and trying to address their concerns and complaints

• The PIC will seek a meeting with SMH Designated Officer and the local safeguarding team in order to review all the safeguarding plans within the centre

• The PIC and Provider will complete an application to vary in reducing the number of residents within the centre and converting one of the rooms into a sensory room in an attempt to further support the needs of the residents and provide a therapeutic area for the residents to use on a daily basis.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/03/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	30/06/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2022
Regulation 05(3)	The person in	Not Compliant	Orange	30/06/2022

	charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2022