



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

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	11 August 2021
Centre ID:	OSV-0004840
Fieldwork ID:	MON-0033656

About the designated centre

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

Kingfisher 3 consists of a semi-detached two-storey house and two detached two-storey houses located in housing estates in a city. The centre provides full time residential care for up to eight residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the three houses of the centre include kitchen/dining rooms, living rooms, bathrooms and staff rooms. The residents are supported by the person in charge, social care workers and health care assistants/support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 11 August 2021	10:05hrs to 19:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents in this centre appeared calm and relaxed on the day of inspection while being observed to be comfortable in staff's presence. Efforts were made to make the houses provided homely although some did require maintenance. Activities for residents in one house to participate in were limited.

This designated centre was made up of three houses with seven residents living in these at the time of inspection. During this inspection six of these residents were met by the inspector. On arrival at the first house of this designated centre neither of the two residents living there were present with one having left to attend their job while the other had left the house with a member of staff. After an initial discussion with the person in charge, the inspector used this time to review paperwork relating to all three houses of the centre and to assess the first house.

It was seen that this house was clean, well-furnished and well-maintained. The communal spaces available offered space for both residents and it was seen that efforts had been made to make it homely. For example, one resident enjoyed looking at maps so a globe was present in the sitting room along with models of space ships that had been made by the other resident. Making items and using their hands was particularly important for this resident and the person in charge showed the inspector photographs of other impressive works which this resident had completed such as a model train station.

Given the resident's interest in this area a shed was to be installed in the back garden of this house for the resident to work in. A space had been made available for this shed with the inspector informed that the shed would be put up soon as this was something that was particularly important to this resident. Aside from the communal areas of this house, the inspector saw one resident's bedroom which came with plenty of storage and was personalised with many photographs. It was noted that during a recent residents' meeting in this house, this resident had indicated that they wanted to put up lots of photographs in their bedroom and clearly the resident was supported to do this.

Residents meetings were held regularly in all three houses of this designated centre. In line with the centre's statement of purpose, such meetings were to be used to discuss issues of relevance to residents such as staffing, meals, activities and how to make a complaint. The inspector reviewed notes of such meetings and noted that in two of houses, the notes indicated that the meetings were being used in this way. For example, in one house one resident had mentioned that they did not like the location of their bedroom so they were supported to make a complaint about this. The inspector was informed that this resident would be moving their bedroom shortly after inspection.

In the notes of another house's residents' meetings it was seen that topics such as safeguarding, food and activities were regularly discussed. However, when

reviewing a sample of notes of residents' meetings from the third house, it was observed that such issues were not being discussed with the residents living there. For example many of the notes of these residents' meetings were very short and only provided a brief summary of how the residents were and what they had done that day. As such these notes indicated that the residents' meeting in this house were not being used to consult with residents in the manner indicated in the statement of purpose.

As this HIQA inspection was announced in advance, the provider was sent specific questionnaires for residents to complete in advance of this inspection. Such questionnaires covered areas such as food, visitors, rights, activities, care and support, staffing and complaints. Seven completed questionnaires were available for the inspector to review most of which had been completed with staff support. From reading these the inspector noted that the seven questionnaires contained very positive responses in all areas. Specific comments included in the questionnaires included "I love all my meals" and "I am happy in my home".

While reviewing these questionnaires, a resident returned to the first house the inspector visited. To suit this resident's preferred communication style staff present were using a particular type of facemask with the inspector also donning this facemask when meeting this resident. The resident did not engage with the inspector but they were seen to move freely throughout the house and make their own cup of tea while appearing comfortable in the presence of the staff member supporting them and the person in charge. The resident had recently moved into this house and when later reviewing this resident's personal plan it was noted that goals had been identified for this resident to commence social farming and go on an aeroplane amongst others. When the inspector left this house it was noted that the resident had left the house again with their staff.

The other two houses of this centre were then visited by the inspector which were located right beside each other and a short walk away from the first house. These two houses were very similar in their design and layout. In both of these houses it was seen that attempts had been made to make them home-like. For example, both had potted plants and flowers to the front and well maintained gardens to the rear with plenty of photographs and drawings on display in both. The inspector also saw some residents' bedrooms in these houses and again noted them to be personalised with plenty of storage available for their belongings.

It was seen that one of the living rooms of these houses had recently installed a new sofa set which added to the homely feel while in both houses some extra sitting rooms had been set up specifically for individual residents. However, it was noted that some maintenance was required in both of these houses. For example, the kitchens in the two houses were observed to have some damaged kitchen units which had also been observed during the previous HIQA inspection in March 2021. On this inspection the inspector was informed that approval for new kitchen units had been received but that it was unclear when they would be installed.

The inspector met all five residents who were living in these houses. These residents did not meaningfully engage with the inspector although one of them did say bye to

the inspector when they were leaving. All five residents appeared calm and relaxed while the inspector was present in their respective houses. Staff members on duty were seen to interact with residents in a very respectful manner. For example, when one resident went to use the toilet, a staff member made sure to close the door to ensure the resident's privacy was protected. While the inspector was present some residents were seen to watch television, listen to music or to have meals while two residents were also away from their house at one point while on a walk with staff.

However, while it was acknowledged that COVID-19 restrictions had played a role, there was some variance between these houses in the activities that residents participated in. For example, when reviewing records and speaking to staff in one house it was noted that residents had regular walks and drives in addition to meals out, trips to shops and picnics. It also appeared as though residents in this house had more opportunities for in-house activities such as baking, jigsaws and foot massages. In contrast, when reviewing records and speaking to the staff present in the other house, the only activities highlighted for residents in 2021 were walks, drives, watching television and listening to music.

In summary, there was noticeable differences in the activities some residents were supported to participate in and the use of residents' meetings. It was noted though that residents were supported to raise complaints which were acted upon while residents appeared calm and relaxed on the day of inspection.

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 had ensured that a suitably qualified, skilled and experienced person in charge was in place while the staffing provided was in line with the statement of purpose. Improvements were required though regarding the timely submission of notifications to HIQA and the monitoring systems in place to ensure that the services provided in all three houses were consistent.

The designated centre was last inspected by HIQA in March 2021. At the time of that inspection, the centre was made up of two houses and was registered for a maximum capacity of six residents but, after successfully applying to vary its conditions of registration, the provider increased the size and capacity of the centre by adding an extra house to the centre. As a result the designated centred was registered until December 2021 for a maximum capacity of eight. The provider had since submitted an application to HIQA to renew the registration of the centre for a further three years with the purpose of the current inspection being to assess compliance with the regulations.

In accordance with the regulations the provider had ensured that a person in charge was in place to oversee this designated centre on a day-to-day basis. The person in charge had been appointed to this role in late June 2021 and had the necessary qualifications and experience required by the regulations. At the time of this inspection, the person in charge also held a similar role in another designated centre operated by the provider but the inspector was informed that this centre was vacant and that the person in charge's focus was solely on the current designated centre.

Although this centre was made up of three houses, the person in charge visited all three regularly and was maintaining oversight of the care and support provide in each. For example, since taking up the role they carried out audits in areas such as medicines and infection control while they had also reviewed key documentation relating to the running of the centre to ensure a familiarity with the residents living there. While such audits helped monitor the services provided, under the regulations the provider must also ensure that its monitoring systems are ensuring a consistent service. During this inspection, some variance was found between the three houses of this centre in areas such as activities and the use of residents' meetings.

Despite this, the person in charge demonstrated a strong commitment to improving the services provided to residents and during the inspection they were seen to interact very positively with residents. The person in charge also oversaw the staff team in place in this designated centre. Records reviewed that all staff had underwent training to ensure that they were equipped with the skills and knowledge to support residents. It was noted though that some staff were overdue refresher training in areas such as manual handling, fire safety and de-escalation and intervention. The staffing arrangements in place to support residents were in keeping with the designated centre's statement of purpose. This is an important governance document which sets out the services provided to the residents and must contain specific information as outlined in the regulations. It was seen that the statement of purpose contained most of the required information but it was noted that the number of residents who could live in each house was not clearly stated while the description of rooms in some houses of the centre did not reflect how they were actually being used. For example, in one house one room was indicated as being a bedroom in the statement of purpose and related floor plans but in reality this was being used as a sitting room for a resident.

The statement of purpose was available in the designated along with other documentation. When reviewing such documents the inspector noted that some restrictive practices were in use in this centre. Under the regulations HIQA must be notified of any restrictive practices used on a quarterly basis. It was noted that the notification of such restrictions for the first quarter of 2021 had not been submitted in a timely manner while on the day of this inspection, a similar notification for the second quarter of 2021, which was due on 31 July 2021, had not been submitted. This was subsequently notified to HIQA the day after this inspection. Despite this, this was the third inspection in a row where this centre was found not to be compliance with Regulation 31 Notification of incidents.

Regulation 14: Persons in charge
A suitably qualified, skilled and experienced person in charge was in place for this designated centre.
Judgment: Compliant
Regulation 15: Staffing
The staffing arrangements provided were in keeping with the centre's statement of purpose while staff rosters were also maintained.
Judgment: Compliant
Regulation 16: Training and staff development
Training was provided for staff but some refresher training was due in areas such as de-escalation and intervention, manual handling and fire safety.
Judgment: Substantially compliant
Regulation 23: Governance and management
The provider was monitoring the services provided to residents with audits in specific areas carried out. The provider had previously carried out an annual review for 2020 and had a completed a provider unannounced visit in July 2021 although the final report of this had not been completed at the time of this inspection. Despite the monitoring systems in place some variance in areas such as activities and the use of residents' meetings was observed between the houses of this centre.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place that contained most of the required information but it was noted that the description of rooms as outlined in the statement of

purpose did not reflect some rooms' actual use. The capacity of each house was not clearly stated in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications around restrictive practices used in this centre were not submitted in a timely manner.

Judgment: Not compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display in the designated centre with residents supported to make complaints. Records of any complaints made were kept and actions were taken in response to such complaints.

Judgment: Compliant

Quality and safety

Since the previous inspection there had been improvements in the area of safeguarding while appropriate risk management practices were being followed. Improvement was required though in relation to fire containment measures in two houses and the goals that were identified for residents.

All three houses of this designated centres had fire safety systems in place including fire alarms, emergency lighting and fire extinguishers. However, only one of the houses had sufficient fire containment measures provided which are important in limiting the spread of fire and smoke while also ensuring a protected evacuation route. To ensure that residents were aware of what to do in the event that an evacuation was required, it was seen that fire drills were being carried out regularly with low evacuation time recorded while staff members had been provided with training in fire safety.

Training had also been provided to staff members in the area of safeguarding. It had been identified during the previous HIQA inspection that some actions in a safeguarding plan had not always been adhered to and resulted in a resident being subjected to incidents which had not been reported to management. On this

inspection it was found that safeguarding plans had been reviewed since the previous inspection and any incidents occurring were being recorded and reviewed. It was also noted that any incidents occurring prompted a review of any related risk assessments which was in keeping with the risk management processes followed in the designated centre.

Risks related to COVID-19 had also been risk assessed and it was seen that measures were in operation to reduce the potential for residents to contract COVID-19. For example there was regular cleaning and symptom monitoring of staff supporting residents in all three houses of the designated centre. Relevant training had also been provided to staff in areas such as hand hygiene and personal protective equipment (PPE). Throughout the inspection staff members on duty were seen use such PPE. It was noted that since the previous HIQA inspection in March 2021 there had been no confirmed case of COVID-19 directly associated with this centre.

However, COVID-19 had had an impact on some of the goals identified for residents as part of a person-centred planning process followed in the centre. This process allowed residents and their families to be involved in the development and review of residents' personal plans while also allowing specific goals for residents to be identified and, where possible, achieved. When reviewing some residents' personal plans, the inspector noted that their goals had been identified in November 2020 but progress with some of these had prevented due to COVID-19. While it was acknowledged that the pandemic had placed limitations on the things that could be achieved, sufficient consideration had not been given to altering residents' goals so that meaningful aims could be achieved for residents even accounting for COVID-19.

Regulation 13: General welfare and development

From speaking to the staff present and reviewing the available records, activities for residents in one house were limited.

Judgment: Not compliant

Regulation 17: Premises

Two of the three houses that made up this centre required maintenance. For example, in both of these houses, kitchen units were observed to be damaged.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A risk management policy was in place. Various risk assessments were available which outlined the control measures followed to reduce the potential of identified risks occurring. It was noted that such risk assessments had been recently reviewed with such reviews taking account of incidents occurring in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

PPE was available in the centre and was being used while there was regular cleaning in all three houses. A self assessment on preparedness and planning for infection prevention and control had been completed. Relevant training was provided to staff.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire containment measures were not present in two houses of this centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans which informed by relevant assessments and were subject to multidisciplinary review. Residents and their families were involved in the development and review of personal plans through a process of person-centred planning. This was used to identify goals for residents although it was noted that some goals had not been revised to take account of COVID-19.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding plans were in place and had been recently reviewed. Relevant training

was provided to staff and guidance on providing intimate personal care for residents was also available to guide staff in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection and residents' meetings were taking place regularly in each of the three houses. However, when reviewing notes of these meetings in one house it was indicated that these meetings were not being used to consult with residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kingfisher 3 OSV-0004840

Inspection ID: MON-0033656

Date of inspection: 11/08/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • PIC reviewed training records and identified where training refresher was required. • Refresher training in de-escalation and intervention, manual handling and fire safety are booked and confirmed for staff. • PIC to review training report on a quarterly basis to ensure staff how are due for refresher training are scheduled as required. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • PIC has introduced a specific agenda with a set of different weekly discussion topics for resident meetings for staff to refer to. This agenda will ensure staff will liaise, consult and communicate information with residents when conducting such meetings. • The PIC developed a daily activity recording chart to record each resident's daily activities. PIC will review on a weekly basis for a month and identify any gaps or improvements to be made. • After one month a scheduled activity planner will be agreed by residents and staff, which will then be implemented for each resident. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose will be updated to include the most recent information for the centers certification of registration.</p> <ul style="list-style-type: none"> • The revised floor plans will have a description of the rooms in the designated center, including their primary function. 	

<ul style="list-style-type: none"> • The Statement of Purpose will state the number of residents in each house. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC will ensure notifications will be forwarded in timely manner as required by the regulations set out. 	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • PIC has introduced a specific agenda with a set of different weekly discussion topics for resident meetings for staff to refer to. This agenda will ensure staff will liaise, consult and communicate information with residents when conducting such meetings. • To action this the PIC developed a daily activity recording chart to record each resident's daily activities. PIC will review on a weekly basis for a month and identify any gaps or improvements to be made. • After one month a scheduled activity planner will be agreed by residents and staff, which will then be implemented for each resident. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Internal maintenance and upgrade will be carried out to kitchens. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire doors will be upgraded as part of the fire upgrade plan in respect of the fire safety upgrade by the 31/12/2022 This plan will be completed with the support of the fire safety officer. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • PIC and Keyworkers to review all PCPs in place for the center and identify actions to meet the goals that were not revised due to COVID-19. This will be completed by 31st October 2021. • PIC and Area Manager and members of MDT to attend new training on PCP that will support Staff. This training is scheduled to take place in the fourth quarter of 2021. • Training for front line staff will be rolled out from 1st January 2022 across all designated centre of the BOCSILR. Training for front line staff will be scheduled as part of this rollout. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• PIC has introduced a specific agenda with a set of different weekly discussion topics for resident meetings for staff to refer to. This agenda will ensure staff will liaise, consult and communicate information with residents when conducting such meetings.• To action this the PIC developed a daily activity recording chart to record each resident's daily activities. PIC will review on a weekly basis for a month and identify any gaps or improvements to be made.• After one month a scheduled activity planner will be agreed by residents and staff, which will then be implemented for each resident.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/09/2021
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	31/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	31/03/2022

	kept in a good state of repair externally and internally.			
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	30/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022
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	17/09/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure	Not Compliant	Orange	31/10/2021

	including physical, chemical or environmental restraint was used.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/10/2021
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	29/09/2021