



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

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| Name of designated centre: | The Meadows |
| Name of provider: | Nua Healthcare Services Unlimited Company |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 06 March 2018 |
| Centre ID: | OSV-0003384 |
| Fieldwork ID: | MON-0021035 |

About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to both female and male adults some of whom have autism. The centre comprises of one large bungalow which provides accommodation to four residents. There is also a living complex attached to the bungalow where one resident resides. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. The person in charge is employed fulltime in the centre and is supported by two deputy team leaders. The skill mix in the centre includes social care workers and assistant support workers.

The following information outlines some additional data on this centre.

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| Current registration end date: | 01/07/2021 |
| Number of residents on the date of inspection: | 5 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|------------|------|
| 06 March 2018 | 10:30hrs to 18:45hrs | Anna Doyle | Lead |

Views of people who use the service

The inspector met all of the residents residing in the centre. Three residents chatted with the inspector about the services provided and their views on what it was like to live in the centre. The general feedback was positive and residents spoke about being happy living in the centre. Staff interactions were observed to be respectful and dignified towards residents who were observed to be relaxed in their home.

All residents were observed to be involved in activities external to the centre on the day of the inspection and daily activity schedules were completed to support residents with their chosen activities.

Residents spoke about being happy with the food being provided in the centre and were observed interacting with staff in a jovial manner about who prepared the best meals.

Residents' questionnaires had been completed by residents with the support of staff which highlighted some areas that they would like improved.

The inspector also viewed compliments logged from residents' representatives on their satisfaction levels with some services being provided in the centre.

Capacity and capability

Overall the inspector found that the services provided in this centre were contributing to positive outcomes for the residents.

The previous inspection completed in December 2017 found that some improvements were required under a number of regulations. On review of the actions taken by the provider and the person in charge since this, the inspector found that all of the actions had either progressed or were completed.

There were effective governance and management arrangements in place to ensure that services were reviewed and monitored on a consistent basis. The provider had arrangements in place to carry out an unannounced quality and safety review. These were undertaken by members of the quality assurance team employed in the wider organisation. The last one completed in December 2017 demonstrated that the person in charge was implementing the findings from this in order to improve services.

An annual review was due to be completed in July 2018 and the provider was aware

of their requirement to include consultation with residents and their representatives as part of this review.

In addition, to the existing governance arrangements, the director of operations also outlined a new governance objective that was being implemented by the registered provider to further strengthen these arrangements. This included more unannounced visits by the regional manager and increased meetings with the director of operations and the person in charge. The provider also had a defined objective to improve information governance processes in the wider organisation which included a review of the records maintained for residents in designated centres.

The person in charge was full time in their role and was supported by deputy team leaders. The person in charge was found to have a very good knowledge of the residents' needs in the centre.

There were sufficient staffing levels in the centre which included contingencies to cover staff leave. The skill mix included social care workers and assistant support workers. A sample of personnel files viewed in preparation for this inspection were found to be in compliance with the regulations. Staff were knowledgeable around the residents' needs in the centre and were supported by the person in charge through regular supervision and staff meetings in the centre.

From a review of the training matrix, all staff had completed mandatory training. Additional training had also been provided in monitoring vital signs, support around the application of restrictive holds and further training was scheduled at the next staff meeting.

A transition plan for one resident who had been admitted to the centre last year was viewed and this had been well planned. However, the inspector found that the contracts of care in place for residents did not outline the additional fees that residents may incur in the centre. For example, some dental and medical procedures. The contracts had also not been signed by the residents' representative where appropriate. The director of operations did make the inspector aware at the opening meeting that this was currently being reviewed by the provider.

The inspector also found that while no complaints had been logged in the centre since the last inspection, that there was a policy in place to guide the management of complaints. In addition, there were a number of resident forums should a resident wish to make a complaint.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documents as part of their application to renew

the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time and met the requirements of the regulations. They had a good knowledge of the residents residing in the centre and had arrangements in place to supervise staff and ensure that the services provided were monitored and reviewed.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in place in the centre to meet the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training. Since the last inspection they had also completed additional training in monitoring vital signs for residents. Some staff had been provided with support around the application of restrictive holds and further training was being scheduled for this at the next staff meeting.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted insurance records as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contract of care for residents did not outline the additional fees that residents may incur in the centre and they had also not been signed by the resident's representative where appropriate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre that met the requirements of the regulations. Some minor improvements required were addressed and submitted post inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of a sample of incidents that had occurred in the centre, the inspector was satisfied that the provider and person in charge were meeting the requirements of the regulations.

Judgment: Compliant

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| Regulation 32: Notification of periods when the person in charge is absent |
| The registered provider was aware of the requirement to notify HIQA in this event. |
| Judgment: Compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent |
| The registered provider was aware of their requirement to notify HIQA in this event. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| There was a complaints policy in place in the centre which had been developed into a user friendly version for residents. A number of forums were available to residents in order to raise concerns. There had been no complaints logged in the centre since the last inspection. |
| Judgment: Compliant |
| Regulation 4: Written policies and procedures |
| The policies and procedures required under Schedule 5 of the regulations were available in the centre. The provider also had a key events schedule document in place that highlighted when policies required review in order to meet their obligations under the regulations. |
| Judgment: Compliant |
| Quality and safety |
| The inspector was satisfied that residents' welfare in the centre was promoted and ensured that residents were safe in the centre. Since the last inspection the actions |

from this had been implemented or were still in progress at the time of this inspection. Significant improvements had been made to the review of restrictive practices in the centre and to areas of the centre that required attention from the last inspection.

Improvements were still required in a number of areas inspected.

Residents were supported to attend day services in line with their wishes and were also being supported to have jobs in the community. Each month residents met with their key workers to discuss monthly outcomes. These monthly outcomes focused on goals that residents might like to achieve for the following month. Residents spoke about being involved in a number of groups external to the centre and some of the goals they had in place.

The centre was homely, personalised and clean on the day of the inspection. Residents were supported to have their own key to their bedroom if they wished and overall appeared content living in the centre.

The inspector found that residents were supported to exercise their rights through a number of forums in the centre. Residents had personal information folders and rights posters were displayed in the centre to inform residents. They were consulted on how the centre was run through resident forum meetings and one to one key working meetings. Information in relation to advocacy services was displayed in the centre and one resident was being supported by an external advocate.

Improvements were required in the location of monitoring equipment used in the centre in order to ensure that the residents' privacy was maintained at all times.

Each resident had a personal plan which outlined their assessed needs. Records were updated on a regular basis. However, some improvements were required to ensure that any changes to the assessment of need were clearly documented in order to guide practice for staff.

Communication passports were in place for residents where required which included some interventions that had been recommended by an allied health professional to enhance residents' communication skills. The inspector observed some of these interventions being implemented in practice and found that they were positively contributing to improving residents' communication skills. However, improvements were still required to ensure that all recommended interventions were included in the residents' communication passport and that these were being reviewed regularly to demonstrate positive outcomes for residents.

Residents were supported to launder their own clothes if they wished and adequate space was provided for the storage of personal possessions. A personal safe was provided for residents should they wish to store valuables. Residents' finances were audited in the centre to ensure accuracy and transparency. However, the financial assessment in place to assess whether residents could retain control over their own finances required more detail to include residents' abilities and the supports required to manage their financial affairs.

The inspector found that since the last inspection a fire drill had been completed in the centre from which no issues had been identified. There were records in place to demonstrate that emergency fire fighting equipment was serviced appropriately. Staff were aware of the procedure to follow in the event of a fire and had been provided with fire safety training.

While there were risk management systems in place for the management of most identified risks, there were no individual risk assessments for one resident to provide assurances that risks had been assessed and that appropriate control measures were in place to mitigate any potential risks. This was discussed at the feedback meeting.

Effective medication management practices were in place in relation to the storage, prescribing and disposal of medication in the centre but improvements were required to ensure that protocols in place for the administration of as required medication were reviewed as they were generic in nature and not specific to the individual resident.

As stated, significant improvements were noted in the review of restrictive practices in the centre. However, not all restrictions had been discussed at this review. The inspector found that from this review, some restrictions had been removed altogether and that there was a more rigorous review process in place for the restrictions that remained in place. Some improvements were still required to ensure that restrictive practices were being implemented for the shortest duration, that a log was maintained when restrictions were implemented and to ensure that restrictions imposed were not impacting on residents' access to snacks and drinks in the centre.

The inspector found that there were mechanisms in place in the centre to deal with any incidents of alleged abuse. Since the last inspection, there had been no alleged incidents of abuse notified to HIQA. Safeguarding plans were in place for some residents and they were being reviewed at staff meetings. All staff had completed training in relation to safeguarding residents. Residents were supported by their key workers on a weekly basis to discuss concerns they may have about services provided in the centre.

Regulation 10: Communication

Improvements were required to ensure that all recommended interventions were

included in residents communication passports and that they were subject to a regular review.

Judgment: Substantially compliant

Regulation 11: Visits

A visitors policy was available in the centre and the arrangements in place were also outlined in the statement of purpose for the centre. Visits were planned around the wishes of the residents in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The financial assessments in place to assess whether residents could retain control over their own finances required more detail to include residents' abilities and the supports required to manage their financial affairs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to attend day services in line with their wishes and were also supported to have jobs in the community.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, homely and well maintained on the day of the inspection. The matters set out in Schedule 6 of the regulations were being provided to residents in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents said they were happy with the food being provided in the centre. Snacks were readily available and support was provided to residents to prepare meals in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was no individual risk assessments for a resident to provide assurances that risks had been assessed and that appropriate control measures were in place to mitigate any potential risks. This was discussed at the feedback meeting.

Judgment: Not compliant

Regulation 27: Protection against infection

Adequate hand washing facilities were available in the centre. The person in charge informed the inspector that there were no residents residing in the centre who may be at risk of a health care associated infection at the time of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in order to ensure a safe evacuation of the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Protocols in place for the administration of as required medication required review as they were generic in nature and not specific to the individual resident.

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| Judgment: Substantially compliant |
| Regulation 5: Individual assessment and personal plan |
| Improvements were required to ensure that any changes to the assessment of need were clearly documented in order to guide practice for staff. |
| Judgment: Substantially compliant |
| Regulation 6: Health care |
| Residents were provided with appropriate health care in line with their assessed needs. |
| Judgment: Compliant |
| Regulation 7: Positive behavioural support |
| Improvements were required to ensure that restrictive practices were being implemented for the shortest duration, that a log was maintained when restrictions were implemented and that restrictions imposed were not impacting on residents access to snacks and drinks in the centre. |
| Judgment: Not compliant |
| Regulation 8: Protection |
| There were systems in place to protect residents from all types of abuse in the centre. |
| Judgment: Compliant |
| Regulation 9: Residents' rights |

Improvements were required to the location of monitoring equipment used in the centre in order to ensure that the residents' privacy was maintained at all times.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of periods when the person in charge is absent | Compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Not compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for The Meadows OSV-0003384

Inspection ID: MON-0021035

Date of inspection: 06/03/2018

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 |
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| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1) Contract for the provision of services to be reviewed and updated to include fees and individuals rights to pay for other services if you choose to do so. 2) Keyworking sessions to be completed with residents regarding new contract for the provision of services. 3) Residents and representatives (where appropriate) to be made aware of the new changes and to sign the new contract if applicapile. | |
| Regulation 10: Communication | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ol style="list-style-type: none"> 1) The communication passports for all residents residing in the Centre are being reviewed and updated in full incorporating SLT recommendations. 2) Keyworkers with oversight by the PIC will review the effectiveness of communication passports for each service users. 3) All the above points are to be discussed at the team meeting due to take place in May and June 2018. | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> 1) Review Resident Finance Policy and develop a financial assessment to assess residents' ability to retain control over their own finances if they so wish. 2) Should a resident be assessed as requiring support with money management, this | |

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| <p>will be identified in their Personal Plan along with the Strategies required/agreed.</p> <ol style="list-style-type: none"> 3) The Resident will be consulted with through Key-Working Sessions regarding the implementation of a skills teaching program designed to develop money management skills. 4) Implementation and monitoring of the skills teaching program will be completed in line with the task analysis guidelines in place. 5) The work towards achieving this outcome for the Resident will be tracked through Identified Monthly Outcomes Records. 6) All the above points are to be discussed at the team meetings scheduled for May and June 2018 | |
| Regulation 26: Risk management procedures | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1) Risk registers to be reviewed by PIC to ensure that significant risks identified by the inspector are adequately assessed. 2) PIC to ensure that any additional control measures required are implemented. 3) Significant risks will be discussed on a daily basis at handovers and risk registers will be discussed at team meetings to ensure that staff are fully aware of all significant risks | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1) 'As required' medication guidelines for agitation and anxiety will be reviewed in full to ensure that they are individualized to each resident. 2) 'As required' medication guidelines for agitation and anxiety will be recorded in Standing Operating Procedures contained in the individuals Kardex folder. 3) All other "As required medication" will be recorded on the individuals Personal Plan and recorded on the individuals Kardex. 4) If it is deemed necessary by the assigned clinician, a Standing Operating Procedures will be devised. 5) All the above points to be discussed at the team meetings scheduled for May and June 2018. | |
| 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> <ol style="list-style-type: none"> 1) A review of activity schedules will take place to ensure that the activities contained in these are in line with individual wishes of residents and are consistently | |

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| <p>implementing interventions outlined in the Personal Plan document</p> <ol style="list-style-type: none"> 2) PIC to ensure that there is a menu of activities in the Centre should the resident require alternative choices. 3) The rationale for changes made to behaviours that challenge will be contained in the individuals' reactive strategies which is part of the Personal Plan. 4) All the above points to be discussed at the team meetings in May and June 2018. | |
| Regulation 7: Positive behavioural support | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1) PIC to review restrictive practices as identified by the authority with Director of Services . 2) Observation charts to be put in place for monitoring equipment as identified by the authority. 3) All the above points to be discussed at the monthly team meetings from May 2018. | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1) Change monitoring equipment to appropriate location used in the centre. 2) Change the monitoring screen to ensure the residents privacy is maintained at all times. | |

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 10(2) | The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan. | Substantially Compliant | Yellow | 30th June 2018 |
| Regulation 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Substantially Compliant | Yellow | 30th June 2018 |
| Regulation 24(3) | The registered provider shall, on admission, agree in writing with | Not Compliant | Orange | 30th June 2018 |

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| | each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | | | |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Not Compliant | Orange | 30th June 2018 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 31st May 2018 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal | Substantially Compliant | Yellow | 30th June 2018 |

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| | and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | | | |
| Regulation 05(8) | The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6). | Substantially Compliant | Yellow | 30th June 2018 |
| Regulation 07(3) | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process. | Not Compliant | Orange | 30th June 2018 |
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration | Not Compliant | Orange | 30th June 2018 |

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| | necessary, is used. | | | |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Not Compliant | Orange | 30th June 2018 |