



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

Name of designated centre:	St. Vincent's Residential Services Group J
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	17 January 2019
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0023374

About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability, autism, cerebral palsy, and dementia compounded by communication difficulties and behaviours that challenge. The designated centre is comprised of 3 separate but adjacent bungalows. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front. A shared storage shed to the rear of one premises accommodates aids and appliances for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
17 January 2019	08:00hrs to 16:30hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met and observed all residents during the course of the inspection. All residents appeared happy and comfortable with staff and their fellow residents. Many residents could not communicate verbally with the inspector. One resident introduced the inspector to some residents and showed the inspector bedrooms and facilities they were familiar with. One resident told the inspector that they had visited their home the previous day and had eaten out. Many residents were proud of their county hurling team and pointed to photographs of the county teams visit and the decorations they had put in place.

Capacity and capability

The inspector found the service delivered a good standard of care to residents. The registered provider and staff were responsive to the identified needs of each resident who had complex and varied presentations relating to physical, mental health, intellectual disability and palliative care needs. The inspector found that the governance and oversight arrangements in place supported the standard of care delivered. Staff were committed to respecting residents' rights, promoting choice and affording residents care and comfort aligned to their physical needs and abilities. It was evident to the inspector that residents were very comfortable with their surroundings and with staff. Staff moved between all three buildings as required. Residents demonstrated familiarity with other residents who they engaged with through day service attendance and through activities that promoted their social role between houses.

The provider's statement of purpose required updating to reflect the operation of the centre on the day of inspection. Floor plans and room designations had undergone some minor changes since the last inspection and the person in charge was requested to provide an updated statement of purpose and current floor plans outlining the changes. The statement of purpose was available to residents.

The inspector found that the provider delivered a safe service supported by a management team and structure that included evidence of regular staff meetings and supervision, as well as the full time employment of a person in charge. The person in charge was supported and received supervision from a named clinical nurse manager 3. The person in charge had qualifications in mental health and intellectual disability nursing. They had extensive knowledge and experience of both the staff and the residents within the service.

The staff team comprised of nursing staff qualified in general or intellectual disability

nursing and care support workers. There were ten staff members on duty the day of inspection providing direct care and support to residents. Each building also had a full-time staff member attending to domestic catering and cleaning duties. There were four staff on duty at night time – one allocated in each house and one additional member working across the three houses. The inspector found the staffing roster was not appropriate to residents individual assessed needs and the high levels of physical care needed by residents. While the basic care afforded to residents was very good, it was evident that some residents were not in receipt of activation or meaningful activities due to the increased levels of complex care required by some of their fellow residents. Staff with specific activation duties were not replaced when absent. The staffing ratio allowed for residents to exercise limited choice in terms of daily activities and outings, which in turn impacted on residents having a meaningful day. Residents who attended a designated day service on the campus, spoke positively of the service they received, however, some residents had records in their notes indicating their non attendance at day services due to staff sick leave. Some residents whose access to activities was limited also had records of increased behaviours that challenge, for the same time periods.

Mandatory training records for fire safety, safeguarding of residents and managing behaviours that challenge were in date and in place for all staff members. Staff attendance at mandatory training was monitored and recorded. Renewal of training was monitored by the person in charge in relation to day staff and the night supervisor for night staff. Staff on night duty who required updated training in managing behaviours that challenge were booked for training dates in January and February 2019.

The provider had undertaken an unannounced review / six-monthly audit of the service in July 2018 and an annual review in December 2018. Many recommendations made in the annual review had been highlighted in an audit of July 2018 without progress. There was little evidence of a plan in place to address identified concerns in relation to standards of care and support. There was no named individual responsible for actions or timescales applied to such actions.

All notifications of incidents arising per regulation 31 were notified to the Authority in a timely manner. Appropriate safeguarding actions were notified to the inspector and there was clear documentary evidence that actions taken by staff were proportionate and timely, with the residents best interest at the centre of the work undertaken by staff.

A residents guide and an easy to read format of the complaints procedure was on display. The provider had an up to date detailed complaints policy available. Details of advocacy services and confidential recipient services were available to residents. Complaints and issues were also addressed at service user meetings which were recorded. Historical complaints from families recorded concerns relating to lack of activation and occupation. Letters on residents' files also indicated a high level of satisfaction with the services as well as wishes to maintain residents in their current setting as opposed to community settings. Staff made referrals to the national advocacy service on behalf of residents. Each resident had a charter of rights. The current registration certificate was displayed in the main hallway of one

building. The directory of residents was up-to-date and contained the schedule 3 information as required.

Regulation 14: Persons in charge

The provider had in place a person in charge who was full-time and had the necessary experience and qualifications to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the numbers of staff were appropriate to the number and assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge did ensure that staff had access to appropriate training and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents which included information specified in schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clear and defined management structure in place, however, recommendations to address audit and review findings were not assigned

to specific plans.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose that required review and updating to reflect current room designation and minor alterations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Adverse incidents within the designated centre had been notified to the chief inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place for residents.

Judgment: Compliant

Quality and safety

The inspector observed that the quality and safety of the service provided to residents was of a good standard. The designated centre presented as welcoming, warm and clean. Some residents were observed to have meaningful connection with staff and interaction was respectful, caring and person centred. Staff were observed to respect residents wishes in relation to privacy and self determination. The planned attendance of a singer / guitarist on the day of inspection was observed to be interactive and enjoyed by residents. Many interactions were observed to be unhurried and person centred.

The fire evacuation plan for the centre was current and reflected the nature of the service comprised of three buildings. This plan reflected the dependency needs of

residents and was consistent with the personal emergency evacuation plan for each resident. The fire alarm panel and all fire detection systems were inspected and serviced by a registered contractor. All fire extinguishers and fire blankets had been serviced in April 2018. Staff fire and safety training was in date. Staff conducted and recorded fire evacuation drills. All residents had the means of direct horizontal evacuation and escape with keys in place on fire exits. A external door had been installed in one residents bedroom since the last inspection to assist evacuation. Each house had an open fire or stove which was properly guarded. A chimney sweep was engaged to clean flues. Fire evacuation drills were timed between 1 to 4 minutes. The inspector was assured with the existing staffing ratio in place, all residents could be evacuated safely.

All three buildings had undergone extensive remedial works in 2018 where all windows and fascia / guttering were replaced. The replaced windows afforded greater comfort to residents and access to window opening and ventilation was easier. The provider still awaited painting works to make good the internal window areas. Many areas of the service also required upgrading in relation to internal walls and finishes which had been subject to normal wear and tear. Blinds that were removed for building works needed to be re-installed. The provider was in the process of upgrading washing facilities to wet rooms.

Each resident had an individual care plan and personal plan in place. Personal care planning between staff and residents relatives were taking place in the designated centre on the day of inspection. This included current risk assessments and multi-element behavioural support plans which were comprehensive. It was evident that the action plans and personal plans for residents were not always linked. With the complexity of presentation and the limited capacity of residents to make their wishes and goals known, this area required greater attention from key staff. Some residents had goals set for 2017 that were not achieved and carried over again to 2018 and 2019 with a current review date. Unrealised goals set by residents to spend a night in a hotel or have a raised flower bed created outside the unit were noted. Lack of activation staff and staff absences were recorded as reasons for residents not achieving goals. Some goals were recorded as one off events, and once achieved, failed to become regularised. The inspector observed significant focus on resident's basic care needs, however some residents general welfare and development were not fully realised. The identification of a social role for residents was a positive step that residents enjoyed and the provider was encouraged to link this development to residents personal plans. There was little detail in a transition plan in place, relating to a resident who was to move from another designated centre, however a multidisciplinary team meeting on the matter was recorded.

Each resident had a contract in place with the terms and conditions relating to their residency. This was signed by the resident or their representative. Residents demonstrated little ability to partake in service user meetings as a group. Meetings were used to convey changes to the environment and how to make a complaint, as well as to plan activities.

Each resident had a television in their bedroom with access to multiple channels. Residents had access to the Internet with staff assistance, support and

supervision. Some residents used electronic tablets, one to communicate with their family. Staff assisted residents with letter writing and phone calls. Each resident had a poster in their bedroom to assist staff with communication.

The food prepared on site was observed to be varied, balanced and nutritious.

There was adequate storage in bedrooms for personal items and clothing. Residents had personal effects on display in both their bedroom and their living areas. Each resident could avail of a laundry service within the centre and were supported by staff with this task. Residents had a variety of mobilising aids which led to congestion in bedrooms, shower rooms and communal areas in two of the buildings. Additional storage had been provided in a shared outside shed which needed to be further utilised.

Infection control measures within the centre were to a good standard. Staff were observed to utilise good practices in hand washing and hand hygiene. An infection control and prevention policy was signed as read by all staff members. Three hygiene audits had been undertaken in 2018 and actions and follow up were addressed at team meetings.

Consent for restrictive practices were recorded in residents' care plans. Restrictive practices were discussed and staff had good knowledge on the management of behaviours that challenge. There was evidence that the least restrictive practice was used and consent was sought and recorded on residents' files.

All staff had received training in the safeguarding and protection of residents. Each resident had an intimate care plan in place and a copy of the residents' consent. Formal safeguarding plans and preliminary screening meetings were well documented in residents' files. Staff had up to date knowledge on managing behaviours that challenge and understood and implemented the least restrictive practices possible, all of which were subject to regular review. Advocacy meetings were facilitated in the designated centre and records of the meeting conducted in August 2018 were available to the inspector. Some residents who had no family members were visited by volunteers. The service encouraged visitors and all visits were recorded on the residents' file. Families were invited to partake in planned events.

The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage and administration of medicines. Medication was stored securely in a drug trolley and the keys maintained on the person of the nurse in charge. Each residents' drug prescription sheet was identifiable with the residents' name and photograph. A secure refrigerator was also provided for medication.

Residents' healthcare plans demonstrated diligence and follow up in relation to health monitoring and recording. Residents were engaged with national screening programmes appropriate to their age and clinical presentation.

Regulation 10: Communication
The registered provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.
Judgment: Compliant
Regulation 11: Visits
The registered provider facilitated visitors and volunteers in accordance with residents wishes.
Judgment: Compliant
Regulation 12: Personal possessions
The person in charge ensured that residents had control over their personal property and support to manage their financial affairs. Space within the centre was limited by the amount of appliances and aids required by some residents, which were stored on site or moved from room to room when not required.
Judgment: Substantially compliant
Regulation 13: General welfare and development
The registered provider ensured that each resident had appropriate care and support with regard to the nature and extent of their disability, however, not all residents had access to facilities for occupation and recreation, as well as opportunity to participate in activities of interest.
Judgment: Substantially compliant
Regulation 17: Premises
The registered provider ensured that the premises was suitable to meet the needs

of residents, however, general painting works were required as well as the repair to paintwork after the installation of windows. Window blinds also required refitting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with adequate quantities of food and drink that was wholesome and offered residents' choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide that outlined the complaints procedure that was accessible to residents. Information was discussed as a regular agenda item at service user meetings.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that procedures and practices in place on the day of inspection were consistent with the standards for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had a comprehensive assessment in place for residents. Not all individual care plans were updated or subject to review within a 12 month time frame. The names of persons responsible for pursuing objectives were not named.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had appropriate healthcare for each resident that related to the residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to assist and support residents to manage such behaviour.

Judgment: Compliant

Regulation 8: Protection

The registered provider protected residents from all forms of abuse. Each resident had formal safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider operated a designated centre that was respectful of residents rights and matters of choice, consent, advocacy and participation within the centre were evident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0023374

Date of inspection: 17/01/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff on leave impacting on the day service activation of residents will be replaced by 25/02/2019. This will ensure all residents will be in receipt of their scheduled activation.</p> <p>A clinical nurse manager three with training and leadership role re social roles and enhancing social roles will meet with the staff team and person in charge and review alternatives as to how community inclusion and social roles that are meaningful can be enhanced within the Centre. This will be completed by 14/03/2019.</p> <p>The service manager with the person in charge and the Director of Human Resources will review the staffing arrangements to identify how the residents needs can be better met. This will be completed by 30/04/2019.</p> <p>The person in charge has met with the day service manager and the staff within the designate center regarding development of an age appropriate retirement programme for a number of the residents.</p> <p>The person in charge will put a referral to the volunteer coordinator for a volunteer to support a resident/residents in the center.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

<p>management: All audits will include actions and recommendations. All actions and recommendations will identify responsible individuals to ensure action is completed. Audits currently in place will be reviewed by the PIC and PPIM to ensure named responsible persons for actions is identified. This will be completed by 10/03/2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge and the Service Manger will review the statement of purpose, to ensure that all changes are reflected, including updating of floor plans and outlining room purposes. This will be submitted to the authority by 10/03/2019.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: A review of items leading to congestion in the center will be completed by the person in charge and staff team. Items that can be transferred for storage to the provided storage unit of the center will be transferred there to allow more space within the center. This will be completed by 25/02/2019. Back up hoists for use in an emergency will be removed form the bathroom areas and stored and charged in the storage units. This will be completed for 25/02/2019.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: A Clinical Nurse Manger three form the service will deliver in house training to all staff regarding goals and identification of realistic and achievable goals for residents. A review of each person centered plans and the tracking of their goals will be completed by the Clinical Nurse Manger three and the Person in Charge to ensure a focus on quality</p>	

outcomes for each resident. All goals will be achievable and meaningful. Where goals were achieved and enjoyed and beneficial to the resident, these goals/activities can then form part of an ongoing plan and activity for the resident. This will be completed by 30/04/2019.

A staff vacancy due to leave in the day service area will be replaced by the 25/02/2019 thus ensuring all residents will receive the day service and activation sessions in place for each person.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
All doors and windows in the center have been recently replaced leaving painting works to be completed. There is as per report also general wear and tear of the centers paint work. Painting of the center houses is currently being costed and will be completed by 30/06/2019.

Due to the replacement of the windows and doors, original blinds are no longer suitable. Quotations for blinds are currently being sought and blinds will be replaced by the 31/05/2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The person in Charge will review all care plans and review dates. The person in charge will complete for each plan an audit for each care plan. The key worker nurse is responsible for completing the actions and updating the plan of care. Post completion by the key worker by the assigned date the Person in charge will again review the plan to ensure the personal plan is in date and relevant to the care needs of the individual.

A clinical nurse manager three will deliver training to the staff team re personal care plans, updating and reviewing of same. All of the actions will be completed by the 31/05/2019.

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 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	25/02/2019
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/04/2019
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access	Substantially Compliant	Yellow	25/02/2019

	to facilities for occupation and recreation.			
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.	Substantially Compliant	Yellow	25/02/2019
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/05/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/04/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound	Substantially Compliant	Yellow	30/06/2019

	construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	10/03/2019
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	10/03/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	31/05/2019

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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	31/05/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/05/2019