Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Suaimhneas Respite
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 June 2019
Centre ID:	OSV-0005760
Fieldwork ID:	MON-0026785

About the designated centre

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

Suaimhneas Respite is a designated respite centre created to support men and women with an intellectual disability that require low to medium support. The support provided varies depending on the residents' needs and requirements. They will range from basic care needs i.e. health and personal care, building and maintaining basic daily living skills to social supports such as social skills development, support in organising and accessing social activities, developing and maintaining relationships and community links. The designated centre is located in a town in County Wicklow with a maximum capacity of four residents at any one time. The centre is managed by a person in charge who has a remit for three designated centres. They are supported in their role by a deputy manager. The person in charge reports to a senior services manager. The whole-time-equivalent staffing ratio for the centre is 5.9 as set out in the provider's statement of purpose. This designated centre was registered and commenced operation September 2018 in order for the transition of the respite service from another designated centre within Sunbeam House Services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 June 2019	11:50hrs to 19:20hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met and spoke with four residents who were availing of respite on the day of inspection. The inspector was told by residents that they liked coming for respite in the centre, the staff were nice and helped them when they needed it. Residents said that they had their own rooms during their stay which had a lock if they wished to use when inside or outside of the room. Residents told the inspector that they had fun while staying in the centre, and people often visited for dinner. Residents told the inspector that they felt safe while staying in the centre and that the building was much better than the old location as it was all on one level.

The inspector spoke with some family members of residents who attend the centre for respite services. Family members told the inspector that they were happy with the service being provided and the care and support offered to residents during their stay. The inspector was told by family members that they felt their relatives were safe in the centre, enjoyed going there for short breaks and that the management and staff working in the centre were approachable and supportive.

The inspector observed residents being offered choice in relation to what they wanted to eat for their evening meal. Interactions between staff and residents were person centred, and it was demonstrated that staff had a pleasant, trusting and familiar relationships with residents by discussing their favourite music, asking residents about people who were important to them and things that were happening in their lives. The inspector observed that residents were supported to be independent and encouraged to make their own decisions and offer their own opinions.

Capacity and capability

Overall, the inspector found that the provider and person in charge had made improvements in the designated centre since the last inspection, and the systems in place for monitoring the care and support being delivered had been strengthened.

Since the last inspection, a resident had been discharged from the centre in line with the written plan submitted to the Office of the Chief Inspector and the centre was now providing respite services only. The purpose and function of the service was now clearer.

That being said, further improvements were still required to ensure effective oversight of the day to day running of the centre and improvements in the

information available to guide the care and support of residents' needs.

The provider had improved their governance and management arrangements in the designated centre by increasing the amount of audits and reviews of practice, ensuring an annual review had been done on their behalf, and by increasing the supervision by the senior management team. For example, the senior manager attended most staff team meetings, had increased the frequency of meetings to support the person in charge and there was a clearer process for escalating issues to a more senior level.

The provider had carried out a range of audits since the last inspection. While these audits had identified that improvements were required the provider had not addressed all the actions required. For example, a premises audit had found an issue with adequate water for hot baths, the annual review of the centre carried out on behalf of the provider had identified that improvements were needed in relation to managing peer to peer incidents as safeguarding concerns. This was still found to be unclear on the day of inspection, with a recent notification of a safeguarding concern not being managed in line with policy. Where audits had identified local issues, in general the person in charge had taken steps to rectify them. However, there remained some outstanding actions in need of address by the provider on the day of inspection. While there were improvements in the governance and management overall which was resulting in better monitoring of the service provided, there was an absence of a coordinated response to emerging issues from the information gathered from audits to ensure all actions were completed.

This inspection found that there was less of a reliance on the use of temporary staff (such as relief staff and agency staff) and residents told the inspector that they knew the staff well and were usually supported by regular staff members. Family members told the inspector that there was familiar and regular staff working in the centre. The inspector was told that there was some vacancies in the staff team and to cover two shifts each months it was necessary to use temporary staffing. However, the person in charge and senior manager were aiming to reduce the need for this through recruiting additional staff members to work in the designated centre.

The person in charge worked full time, and had responsibility for three designated centres. The person in charge was supported by a deputy manager who worked part time and also had responsibility for these three designated centres. The inspector was informed that the remit of the person in charge was being reviewed, with an aim of reducing it in order to improve oversight in this centre.

While there were systems in place to collect and record information in the designated centre, this information was not always being evaluated and used to bring about improvements, or to make positive changes to the manner in which the centre was operated. For example, the review of adverse events did not always result in emerging risks being identified.

Overall, this inspection found that the provider had increased their capacity and capability to deliver a safe quality service, with some areas still in need of address in

order to sustain and continuously improve the quality of the care and support being delivered.

Regulation 15: Staffing

The use of temporary staff had been reduced in the designated centre. Residents were happy that they had a regular team of staff to support them during their respite stay who knew them well.

There were two staff members on duty each evening for a sleep over shift to support four residents. Where necessary, staffing was increased to meet residents' needs. For example, by providing one to one support during the day time.

Judgment: Compliant

Regulation 23: Governance and management

The provider had improved the frequency of audits and reviews, increased input from senior management and increased meetings and discussions to oversee the care and support being delivered in the designated centre. The centre had a clear purpose and function to provide respite support to four residents each night. An annual review had been completed on behalf of the provider, along with other audits to review key areas.

Further improvements were required in relation to implementing action in response to audits and reviews and using information gathered from all sources to bring about positive changes in the designated centre. The provider is also required to review the arrangements in place to ensure effective operational management of the designated centre where a person in charge was appointed for more than one.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents availing of respite services in this centre had written agreements in place, outlining what was on offer in the centre along with any associated costs. These agreements had been signed by residents or their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policy for the prevention, detection and response to abuse required review. While national policy documents were available for staff in the centre, there was an absence of a centre specific policy on the detection, prevention and response to abuse to guide staff.

Judgment: Substantially compliant

Quality and safety

Residents and families were happy with the quality of the service being delivered and felt safe while staying in the centre for respite breaks. While some areas were identified through this inspection as needing improvement, overall the inspector found that the provider was ensuring a good quality respite service was being delivered.

The person in charge and staff team were aware of the individual needs and supports of each resident attending for respite, through assessments and plans. The inspector observed that staff had a good relationship with residents and residents told the inspector that staff were nice and knew the things that they liked and needed help with. Some improvements were required to ensure the documentation that guided the particular care and support needs of residents was clear and relevant to their time in respite services and this environment. The inspector observed residents being encouraged to make their own choices and decisions. However, further improvements were required to ensure residents sustained their skills and independence. For example, some residents' opportunities to be more independent had reduced since respite changed to this location, such as travelling alone. Family members told the inspector that staff were very supportive to residents, and did their best to ensure residents could still attend planned social events or activities during their time in respite.

Residents safety was promoted through effective fire safety systems such as a fire detection and alarm, emergency lighting, fire containment measures and fire fighting equipment. Residents had the opportunity to participate and practice evacuation drills when they were staying for respite and the procedure to follow in the event of an emergency was on display.

The inspector found that in general the level of risk in the centre was low, and where risks had been identified the person in charge had put measures in place to reduce them. However, the process of identifying, assessing and responding to risk required review to ensure new and emerging hazards or risks were being identified

through the information gathered in adverse events.

Residents and their families felt that they could speak to staff or the person in charge if they had any concern, and residents felt safe while staying in the respite centre. While the person in charge and staff team were protecting residents from harm, improvements were required to the policy and procedure for manage safeguarding incidents. While the inspector found that the person in charge had taken measures to ensure residents' were safe, the documentation required improvement to ensure all incidents were being managed in line with policy and written plans put in place to identify additional steps needed to address them.

Residents each had their own lockable bedrooms during their stay and told the inspector that they were comfortable and liked how they were decorated. The communal space in the designated centre was somewhat limited, with an open plan living room/ dining room and kitchen which did not provide much opportunities for time alone in the designated centre. Residents could use the day services building next to the centre in the evening or weekends if they wished, but tended to spend their time in the centre itself. Since the last inspection, the provider had arranged for an extractor fan to be fitted in the utility space. There was also an air conditioning unit in place, along with two plug in fans to assist the flow of air in the main communal area. Some repair work had been carried out to the kitchen cabinets and on the day of inspection the centre was clean and well maintained. A recent audit identified that blinds should be put on the windows in the kitchen. This would promote the privacy of residents as the kitchen faced a main road.

There were plans in place to support residents with behaviour of concern, and the person in charge was promoting a restraint free environment. Staff were aware of the positive approaches that assisted residents at times of upset or concern. Some improvements were required to ensure the identification and monitoring of restrictions were documented effectively and the person in charge had requested a member of the provider's rights committee to attend a staff meeting to offer further guidance to the team. Some of the plans in place required review to ensure the supports could be effectively implemented in the respite centre.

Overall, the inspector found that the designated centre was being operated in line with the statement of purpose and provided enjoyable respite breaks for residents with supports in place to meet residents' needs. Residents were treated respectfully and had a good relationship with the staff team and were happy with the facilities available. The provider had addressed a number of the issues raised in the previous report, and this inspection found improved levels of compliance with the regulations and standards. However, some improvements were required to further enhance the quality and safety of the care and support being delivered.

Regulation 10: Communication

Some residents attending respite in this centre had a visual impairment. While staff had put some tactile objects on some of the doors to assist residents to identify their function, further improvements were needed in the centre to ensure all residents' full capabilities were being promoted.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Since the last inspection, the provider had replaced the locks on residents' bedrooms. This meant that residents could lock their doors from the inside when they wished to have privacy. Bedroom doors could also be locked from the outside with a key in order to protected residents' personal belongings when they were out.

The space and wardrobes available in the designated centre were adequate to store residents' personal belongings during their respite stay.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection, the centre was clean and well maintained and suitably decorated. Residents told the inspector that they liked the way the centre was decorated and their individual rooms.

The provider had taken action to address the issue of ventilation in so far as possible. A new extractor fan was installed in the utility space, the current vent in the living space was serviced, two electric fans were available to use along with an air conditioning unit.

In relation to the requirements of Schedule 6 of the regulations, the person in charge had addressed an issue with general waste disposal, that had been identified through a recent audit.

The layout and size of the communal space in the centre was limited. Four residents availed of respite each evening, along with two staff members to support them. Residents told the inspector that people often visited for dinner, and of the day inspection another person was attending for the evening meal. The living and dining room and kitchen were open plan and this one room offered the only communal space for social, recreational and dining purposes. Some residents enjoyed spending time outdoors and this was known to help some residents when they were upset. However, access to outdoor space was more limited due to the location and layout of the centre. The provider had not considered the impact of the limited size of

the communal space and outdoor space on the experience of residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Since the previous inspection, a residential resident had been discharged from this centre and the centre was now providing respite services only. This was ensuring residents availing of residential care were suitable placed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which was found to meet the requirements of the regulations. There was a risk register in place, that listed known risks in the centre, along with details on control measures to reduce or remove them.

However, the systems in place to record information in the centre was not being used effectively as a way to identify emerging or potential risks. For example, where certain incidents had occurred, that could happen again this did not result in the risk being clearly identified, assessed and included in the risk register for review.
The centre had not been adequately risk assessed to ensure residents' needs and supports did not negatively impact on others.

The inspector found that in general the level of risk in the centre was low, and where risks had been identified the person in charge had put measures in place to reduce them. That being said, the process of identifying, assessing and responding to risk required review to promote the health and safety of residents and staff and to improve the quality of the care and support being delivered.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre. There was a fire detection and alarm system, emergency lighting, fire fighting equipment and fire containment measures. These were serviced by a relevant professional on a routine basis.

Staff had received training in fire safety and in how to respond in the event of an emergency. The procedure to follow in the event of a fire or emergency was on display in the designated centre, and fire exits were unobstructed.

Residents had personal evacuation plans written up to describe the support they required in the event of an emergency, and evacation drills were carried out regularly to practice this.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the person in charge had improved the systems in place to monitor medicine. Medicine was audited by an external staff member regularly as part of the routine audits, and staff were stock checking medicine regularly. While there had been a number of medicine errors noted in the adverse events, these were quickly identified and related to other parties supplying incorrect information or medicine for residents' use. The person in charge had arranged a family meeting for residents' families with an external staff member to discuss medicine and good practice in relation to this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place to guide the care and support while staying in respite services. These plans were based on assessments and information provided from residents' families and other services that they attended.

Assessments and plans were being audited and reviewed monthly by the person in charge.

The inspector found improvement in the information in place in relation to residents' needs but further improvements were still required to ensure all supports were identified while staying in this location. This had been mentioned in a previous audit carried out on behalf of provider.

Residents' personal development needs required further assessment as some residents' independence skills had reduced since respite changed to this location, such as travel training or travelling more independently. This hadn't been assessed and planned for in this location to ensure residents were reaching their full capacity for independence.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had a written restraint register in place to identify and monitor restrictive interventions in the designated centre, and in general the centre was promoting a restraint free environment. However, improvements were required to ensure all restrictions were included in the register so that they could be monitored and reviewed. For example, a locked press and an (as required) medicine for agitation.

Residents who required them had written behaviour support plans in place which offered guidance on how to support individuals. However, the content of these plans were aimed at day services, and had not been reviewed in light of the measures that could be realistically applied in this smaller group respite home. One of the behaviour support plans didn't outline the use of an as required medicine for agitation and the guidance for the use of this medicine was unclear. That being said, it had not been administered in the previous six months as the positive supports when used where effective at supporting the resident to manage their agitation.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were safe staying in the designated centre and protected from harm or abuse. That being said, the policy and process for managing safeguarding incidents in this centre required strengthening.

The person in charge and deputy manager required training in order to take on the role of designated officers for this designated centre and to be in line with the provider's plan to have a local designated officer in place in designated centres. The contact details of the social work department was on display in the centre, and the inspector was informed that the senior manager was a designated officer also.

There had been some incidents of safeguarding nature due to mix of residents staying together in the designated centre which had left some resident feeling afraid and unsafe. While appropriate measures had been taken to keep people safe, the incident had not been screened in line with policy and no risk assessment or documentation had been completed to identify other measures that could be put in place to alleviate the issue.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Suaimhneas Respite OSV-0005760

Inspection ID: MON-0026785

Date of inspection: 13/06/2019

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A Template has been devised to map the actions required to comply with Regulatory Compliance. The Senior Services Manager and the PIC meet Bimonthly in order to review and track progress of implementation of plans. Progress of same is dated and documented on the template. All Internal and External audits are tracked and reviewed on a twice monthly basis, or more often if necessary, with actions completed documented as such. The PIC will have operational management responsibility for OSV-0003776 and also for OSV- 0005760. The PIC will be in charge of two designated centres instead of three beginning 1.9.19.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The National Safeguarding and Protection Policy is in place; in addition, a centre specific procedure on the detection prevention and response to abuse is being made available to give clear guidance to staff in the designated centre.	

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
A formal referral will be made an external organisation for recommendations on tactile support for visually impaired residents.

The PIC will purchase a tablet to aid Communication for use by residents.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Lock to be fitted to external gate to ensure safety for residents, and to enable the use of the internal courtyard for social use in fine weather.

The sleepover room will be furnished with a sofa and tv to create extra social space for the use of the service users.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Regular review of adverse events will take place at regular staff meetings. Risk assessments and management of these events will be carried out and included in the location Risk Register. Next staff meeting: 25th July 2019

The PIC completed risk management training on Monday the 25th of June 2019.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All personal development plans will be reviewed to ensure the needs supports and goals are identified up to date and relevant to the residents stay in the respite Centre.

The residents will be supported to be more independent and travel independently to the location to be risk assessed.

Training will be put in place to support residents to travel independently to and from the Centre.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Human Rights Committee will review all individual rights restrictions for the designated centre, and the Restrictive Practice register will be monitored by the PIC to ensure the least restrictive practice is in place.

PBSP will be reviewed and amended where necessary to reflect PBSP required while the resident is in Respite.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
PIC and deputy will undertake DO training on the next available course. Documentation will be updated to include risk assessments and mitigating action plans to alleviate incidents.

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(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	01/09/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2019
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	01/09/2019
Regulation 26(2)	The registered	Not Compliant	Orange	25/07/2019

	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.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in	Substantially Compliant	Yellow	30/09/2019

	accordance with his or her wishes.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/09/2019
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/10/2019