



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

Issued by the Chief Inspector

Name of designated centre:	Tús Álainn
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	03 December 2020
Centre ID:	OSV-0005731
Fieldwork ID:	MON-0030847

About the designated centre

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

Tús Álainn is a designated centre operated by Saint Patrick's Centre, provider. The designated centre is a detached bungalow located in the suburbs of Kilkenny town and ideally located for residents to engage with local amenities to promote and support their social inclusion and integration with the local community. The designated centre has a capacity for three adult residents, and the provider has decided that the centre is for female gender only. Tús Álainn designated centre provides full-time residential services for people with intellectual disabilities and complex health care needs. This designated centre commenced operation in May 2018 as part of Saint Patrick's Centre overall de-congregation plan.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Thursday 3 December 2020	10:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and observe the daily routine of all residents on the day of inspection. The centre presented as a homely and warm environment with a pleasant atmosphere. Staff were observed communicating with residents in accordance with their personal and unique needs. Staff recognised and reacted promptly to individuals' communications and support needs.

Residents went about their daily routine which included completing tasks and chores for the house. One resident went to the local post office to pay their household bills before going out for local activities. Another resident remained in the centre with staff to complete their annual "visioning meeting" to plan their goals and objectives. This meeting was to be held for all residents to help them plan both long and short term goals for the coming year.

Staff spoken with were very aware of the support needs of residents and ensured that choice was offered throughout the day. Residents appeared very comfortable in the centre with some having their favourite spot in the house to sit in and relax.

Capacity and capability

The inspector reviewed the capacity and capability of the centre to provide a safe and effective service to residents currently residing in the centre. The inspection was completed during the COVID 19 pandemic with adherence to national guidelines ensured. The centre has recently undergone a change to the governance with clear evidence of a drive for service improvement in place. The person in charge is actively addressing identified areas of concern to ensure compliance with regulations is achieved.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person had governance responsibility in three designated centres with measures in place for effective governance, operational management and administration of the centres concerned. They held a keen awareness to the support needs of the residents and to the needs of the service within Tús Aláinn. The person in charge had a reporting role to the community services manager allocated to the role of person participating in management.

Whilst the registered provider had appointed a governance structure to the centre, lines of accountability required clarity due to changes within the governance structure over a number of months. For example, a number of management systems had not been completed in a consistent manner. This included adherence to the organisational audit schedule and the formal supervision of the staff team. Since

commencing in their role the person in charge had completed a number of actions to address these issues. Areas to be prioritised were identified through a wide-ranging audit of service.

Whilst an annual review of service provision had been completed it was unclear when in 2020 this had occurred. Whilst the review was comprehensive in nature, the review did not include consultation with residents as the person allocated to complete this task only completed shift at night time. An unannounced six monthly visit to the centre in October 2020. This remained in draft format as the person in charge had requested clarity on a number of issues within the report. Whilst awaiting a reply the person in charge had commenced actions to address areas of concern identified. Auditors had highlighted a number of areas within the report to be of high importance however no action had been identified to be addressed e,g protection. This required review.

At centre level the person in charge had commenced the implementation of a number of monitoring systems to ensure effective oversight was in place. These included a full review of restrictive practices within the centre. Currently the person in charge is completing mentoring with staff to encourage participation in monitoring of the day to day operations of the centre. These duties are also discussed as part of formal supervision meetings. Such mentoring to occur included health and safety, fire safety and residents meetings.

The registered provider had ensured staffing levels and skill mix allocated to the centre were appropriate to the assessed needs of the residents. The roster is reviewed by the person in charge to ensure that residents are supported in accordance with their needs and wishes including participation in social activities. Staff were supported to raise any concerns or issues and regularly completed staff meetings. The person in charge has since commencing their role in the centre met with all staff and a plan is in place to ensure that all staff will have a formal supervisory meeting in accordance with organisational policy.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application was submitted to renew the registration of the centre including all prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person had governance responsibility in three designated centres with measures in place for effective governance, operational management

and administration of the centres concerned.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of a suitably qualified staff team. Staff numbers appointed to the centre were in accordance with the assessed needs of residents currently residing within the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Measures in place within the centre did not ensure that formal staff supervision had been completed in accordance to organisational policy. Since commencing the role the person in charge had commenced to address this issue.

Staff were facilitated and supported to access appropriate training, including refresher training as part of continuous professional development.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Whilst the registered provider had appointed a governance structure to the centre lines of accountability required clarity. Due to changes within the governance structure a number of management systems were not completed in a consistent manner. Whilst an annual review of service provision had been completed it was unclear when in 2020 this had occurred. Also, the review did not include consultation with residents.

An unannounced six monthly visit to the centre in October 2020. This remained in draft format as the person in charge had requested clarity on a number of issues within the report.

At centre level the person in charge had commenced the implementation of a number of monitoring systems to ensure effective oversight was in place.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information as set out in Schedule 1 of the Health Act.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all incidents were reported to the Chief Inspector in accordance with regulatory responsibilities.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider an effective complaints procedure for residents which is accessible. This incorporated an organisational policy which has been further developed in an easy read version for residents.

Judgment: Compliant

Quality and safety

As part of the inspection the inspector reviewed the quality and safety of the service provided within Tús Alainn. The service provided was resident focused and ensured the rights of the residents were paramount. Residents, where possible were consulted in the operations of the centre. Through the introduction of a new

individualised personal plan format residents were supported to have a valued role in their local and wider community.

The person in charge had ensured each resident had a comprehensive individualised personal plan which was holistic in nature incorporating a plethora of supports needs. Currently the person in charge was in the process of facilitating visioning meetings for each resident to ensure maximum participation of each individual. However, due to the early stages of this process residents were not actively engaging in new roles and progression of same was not clear. On the day of inspection a visioning meeting had occurred for one resident. This meeting demonstrated a full review of all the individuals needs including physical, social and emotional. Staff consulted with the residents family prior to the meeting a collaborative approach to goal setting was implemented. Such socially valued roles to be developed in the coming weeks and months for residents included skills training, spiritual and lady of leisure role.

The personal plans incorporated a plethora of support needs including health care. Each resident was supported to achieve the best possible health status. Where health care supports were required these were clearly laid to ensure that staff applied these supports in consistent manner. A multi-disciplinary approach to health care needs was evident with recommendations from all relevant disciplines in place and adhered to.

Largely the provider had ensured the service provided within Tús Alainn promoted the safety of resident's. The person in charge had ensured that a full review of restrictive practices had occurred to ensure that any restriction utilised was done so for the shortest period required for the shortest duration required. Also, a risk register was in place to ensure that identified risk were assessed and reviewed as required.

The registered provider had ensured all residents were protected from abuse. This incorporated an organisational policy and staff training. However, as part of this risk inspection it was noted that a potential safeguarding issue had been identified during the six monthly unannounced visit to the centre. There was not clear evidence that this concern had been addressed in accordance with local and national policy. Whilst the person in charge spoke of addressing the concern this was not documented and recorded within the personal plan. Further information relating to the follow up of this concern was requested following the inspection. This was received.

The registered provider had ensured that overall effective fire safety systems were in place. Some improvement was required to ensure evacuation drills were completed in a manner which encouraged awareness and participation of all individuals. Whilst evacuation drills were completed incorporating a number of scenarios the documentation was not always clear. Also, due to a technical issue the fire alarm was not always sounded during drills to encourage the residents to recognise the need for evacuation. Staff completed checks of all fire fighting equipment on a regular basis to ensure all such equipment was in working order.

The registered provider had ensured all staff working within the centre were facilitated to receive training in the area of infection control. To ensure staff and residents were up to date with local and national guidance in the prevention and control of COVID 19 a weekly newsletter was disseminated to each centre. This incorporated such items as training needs, contingency planning and the use of PPE. The newsletter also incorporated a number of activities for residents to participate in whilst adhering to the national restrictions in place. However, on the day of infection adherence to PPE guidelines were not consistently observed. This included during staff breaks when residents remained in close proximity, or changing of masks when touched.

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensure that effective systems were in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured all staff working within the centre were facilitated to receive training in the area of infection control. To ensure staff and residents were up to date with local and national guidance in the prevention and control of COVID 19 a weekly newsletter was disseminated to each centre. However, on the day of infection adherence to PPE guidelines were not consistently observed

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that overall effective fire safety systems were in place. Some improvement was required to ensure evacuation drills were completed in a manner which encouraged awareness and participation of all individuals.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured each resident had a comprehensive individualised personal plan which was holistic in nature incorporating a plethora of supports needs. Currently the person in charge was in the process of facilitating visioning meetings for each resident to ensure maximum participation of each individual. However, due to the early stages of this process residents were not actively engaging in new roles and progression of same was not clear.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensure the provision of appropriate health care for each resident. The supports required for each resident to achieve the best potential health was clearly laid out in each individualised personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had completed a full review of restrictive practice within the centre to ensure that any practice utilised was done so in the least restrictive manner for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

Overall, the registered provider had ensured all residents were protected from abuse. However, improvements were required to ensure that all allegations of abuse were investigated in accordance with local and national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre was operated in a manner which was respectful to the rights of each individual. Supports were provided in a respectful and dignified manner.

Judgment: 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	
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tús Álainn OSV-0005731

Inspection ID: MON-0030847

Date of inspection: 03/12/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since the PIC commenced work as manager of Tus Alainn a schedule for completion of Quality Conversations is in place and followed by PIC. This will ensure all staff members are supported and supervised adequately and follow up on actions and responsibilities are discussed.</p> <p>To ensure all staff are facilitated and supported to access training, monthly training reports provided by SPC training department are discussed at team meetings. The PIC ensures rosters facilitate staff to attend training.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the PIC commenced work in Tus Alainn end of October 2020 it is evident that a number of monitoring systems are now in place to ensure effective oversight. The PIC is supporting the team on a day-to-day basis and reviewing practices and supports within the designated centre.</p> <p>A cluster support administration has commenced work within the PPIMs cluster in December 2020 and is now coordinating the work remit within the PPIMs cluster across all designated centres to ensure the PPIMs attendance at team meetings and person's annual reviews as well as completion of Quality Conversations in line with SPC policy.</p>	

SPC has changed the templates and completion of annual and 6 monthly unannounced visits in 2020. The auditing team has been increased and employees are being supported in upskilling to complete 6 monthly and annual audits. As part of the new roll out of auditing templates a feedback form has now been developed and is available for PIC to provide evidence of feedback on audits completed and follow up on actions arising.

SPC acknowledges that the annual unannounced visit has been completed by the night manager and consultation with people living in Tus Alainn has not been included as part of this audit. This has been followed up by the Quality Manager as part of the feedback and upskilling to the auditor.

To ensure learning from the 6 monthly unannounced visit an Action Learning Analysis was completed on the 09/12/2020, which was attended by the PPIM, PIC, Quality Manager and auditor to discuss areas of actions identified and followed through.

Regulation 31: Notification of incidents	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

An incident which arose during completion of 6 monthly unannounced had not been notified. The incident and documentation of same in the unannounced visit were discussed on the day of the inspection.

The auditor completed the relevant internal notification and PIC submitted NF06 via HIQA portal. SPC Social worker has reviewed the internal notification and concluded no further actions are required from a safeguarding perspective in regards to the incident.

An Action Learning Analysis was completed by the PPIM, PIC, auditor and Quality Manager on the 09/12/2020 to discuss the incident and completion of unannounced audit in Tus Alainn to ensure learning for all involved.

To follow through on the learning of this incident, the PIC will ensure to discuss safeguarding and restrictive practices with the staff team. The PIC is also involved in the current review of restrictive practice policy to make necessary amendments for SPC employees to gain a better understanding of the policy.

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC addressed non adherence to PPE guidelines immediately during the inspection with relevant employee and advised to complete PPE online training during her presence in Tus Alainn. The PIC also followed up with the staff team post HIQA inspection to ensure full understanding and adherence to PPE guidelines.</p> <p>Regular updates in regards to Infection prevention & control during COVID-19 pandemic are provided to all SPC employees via email, twice weekly SPC Bulletin Communication. Ongoing updates from H & S and COVID task force, training and updated risk assessments and Standard Operating Procedures to follow.</p> <p>SPC COVID Task Force Group is meeting twice a week or more often as needed to ensure review of all relevant HSE and government guidance to ensure safety for all people supported, employees and visitors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure fire evacuation drills can be completed in a manner which encourages awareness and participation of all people supported a fire alarm system has been put in place in Tus Alainn.</p> <p>Health & Safety Department has ensured the installation of an automatic slam valve system, which facilitates an automatic shut off valve. The fire alarm in Tus Alainn can now be set off and turned off without any risks to employees or people supported. It will also ensure that people supported can engage in fire drills with alarms set off and get familiar with same.</p>	
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> <p>The PIC and staff team are working with great effort on the implementation of the new Personal Plan Framework with the people living in Tus Alainn.</p> <p>Annual reviews have been finalised with 2 ladies, the third annual review is scheduled for February 2020.</p>	

Identified roles and goals are now followed through on monthly reviews and weekly progress sheets as per Personal Plan Policy. The PIC will ensure completion of reviews through team meetings and Quality Conversations with staff members.

Schedule of annual reviews 2021 for all 3 ladies supported will be organized between the PIC, staff team and cluster admin support to ensure all relevant people and PPIM can attend person supported's reviews.

Learning from implementation of the new Personal Planning Framework has been discussed at the last two Quality Assurance meetings on the 24/11/2020 and 27/01/2021. An audit tool for monthly reviews has been rolled out across SPC and development of a tool set for personal planning is ongoing within Quality Assurance group.

Regulation 8: Protection	Substantially Compliant
--------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 8: Protection:
The identified incident discussed with the inspector was followed up by the PIC to ensure safety for the people living in Tus Allain and learning for all staff involved.

The auditor completed the relevant internal notification and PIC submitted NF06 via HIQA portal. SPC Social worker has reviewed the internal notification and concluded no further actions are required from a safeguarding perspective in regards to the incident.

An Action Learning Analysis was completed by the PPIM, PIC, auditor and Quality Manager on the 09/12/2020 to discuss the incident and completion of unannounced audit in Tus Alainn to ensure learning for all involved.

To support the staff team in their understanding of protection for people supported the PIC will discuss the incident, safeguarding and restrictive practices with the staff team and keyworkers not only at team meetings but also through mentoring in the day to day supports provided to the ladies in Tus Alainn.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	31/01/2021
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	Substantially Compliant	Yellow	30/01/2021

	and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	15/02/2021
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	30/01/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the	Substantially Compliant	Yellow	30/12/2021

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	15/01/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/01/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	09/12/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	28/02/2021

	amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).			
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	09/12/2020