



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Geal
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	28 November 2019
Centre ID:	OSV-0003261
Fieldwork ID:	MON-0022512

## About the designated centre

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

Teach Geal offers residential services to five adults whose primary disability is an intellectual disability and a range of medical and physical care needs. Residents generally attend day services outside of the house, except in the case of short - term illness when arrangements can be made to either recuperate in Teach Geal or go home to their families if residents wished. There are two staff available to the residents during the day and a sleep over staff at night. Fulltime nursing care is not required. The service closes one weekend per month by pre-arrangement. The centre comprises two semi-detached houses which are interconnected via a bedroom and office on the first floor and accommodates two and three residents in each. The residents all have their own bedrooms with four double bedroom and one single bedroom across the two houses with kitchen, living and suitable bathroom facilities in each. The centre is located in a housing estate in close proximity to the local community and all services and amenities. There is transport provided to travel to and from day services.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
28 November 2019	09:00hrs to 17:30hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with all of the residents in their home and they communicated in their own preferred manner. They were obviously happy to return home in the evening and very comfortable in their environment. Two of the residents explained that they were very happy in their home, and enjoyed their activities including watching the football matches and going out for tea with their friends. A resident showed the inspector around the houses and explained how everything worked. The residents were observed to be very comfortable and familiar with the staff and the staff were also seen to be very supportive of the residents, helping and encouraging them. They were making plans for their weekend break the following day and enjoyed having a rest by the open fires in the evening. It was apparent that the residents' primary care needs were being very well supported.

The residents were supported by staff to complete questionnaires as part of the inspection process. These were positive about the staff and their lives in the centre.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. Registration was originally granted in 2017. The centre was last inspected in January 2019, following a warning notice issued to the provider on foot of significant regulatory breaches found on a monitoring inspection in 2018. At that time the provider had demonstrated a commitment to reduce the level of risk considerably, which had a positive impact on the care and welfare of the residents. This improvement had been generally well maintained with the actions required at that time addressed.

Overall, this inspection found good management systems in place, which supported the welfare and quality of life of the residents living in the centre. There was a suitably qualified and experienced person in charge of the centre with good reporting and support systems evident via the residential services manager. The person in charge demonstrated a good knowledge of the residents' individual needs and of the legal requirements of the post. There were suitable management arrangements in place for any absences of the person in charge.

Some improvements were required however, in ensuring adequate review of the residents' needs, and fire safety procedures as discussed later in this report.

The provider had put systems for quality assurance in place but they required review to be fully effective. These included unannounced quality and safety reviews, unannounced visits and various audits. These systems identified various areas for

improvement and actions identified were completed by the person in charge. However, these auditing systems required improvements to be effective, in that they did not provide sufficient analysis of the issues identified and the changes necessary to address them. Additionally, the annual review of the quality and safety of care required some improvements to be a fully effective and transparent review of the service. As a result, the provider was not always identifying and addressing areas which needed to be improved at an early stage.

The inspector was concerned, at a number of significant gaps found in the maintenance of the residents' individual records. Some of these pertained to significant events occurring for the residents and the actions of staff at such times. There was generally a lack of daily records to document the care delivered. The provider also did not have an adequate directory of residents. These findings indicate that some improvements were necessary in the understanding of the legal and regulatory requirements for the provider.

A number of other records were duplicated, including some support plans. This made it very difficult for staff to ascertain the correct support plan or information to guide the residents' care. This factor is somewhat mitigated by the fact that the small group of staff did know the residents very well and therefore this issue primarily related to documentary deficits.

The staffing levels and skill-mix were appropriate to the residents' assessed needs, with one staff in each of the houses until 11 pm at night and one sleepover staff at night. While this was generally satisfactory, the evacuation procedures at night time required review to ensure that the numbers of people available were sufficient to safely evacuate the residents. in a timely manner. Fulltime nursing care was not required by the residents and nursing oversight was available within the organisation if needed. This ensured that the residents had the supports needed for their individual care and activities. All mandatory training was found to be up-to-date and further scheduled and staff also had training in first aid, emergency medicines and seizure management procedures.

A review of a sample of personnel files indicated that recruitment practices were safe, with all of the required documents procured and checks complete. There were good quality staff supervision systems and the residential manager supervised and supported the person in charge. These systems supported consistent care for the residents.

The complaints record indicated that complaints raised were managed transparently and promptly, with local resolution evident.

The documents required for the renewal of the centres' registration, including evidence of insurance were provided. There were sufficient resources available to provide the service, including premises, equipment, and transport. From a review of the accident and incident records, the inspector was satisfied that the person in charge was forwarding the required notifications to the office of the Chief Inspector.

The statement of purpose required some amendments to fully comply with the regulations and accurately describe the service and facilities which are provided. This

was rectified following the inspection and the service was operated in accordance with this statement. The residents had appropriate signed tenancy agreements in place.

#### Registration Regulation 5: Application for registration or renewal of registration

The documents required for the renewal of the centres' registration were submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced fulltime person in charge of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to the residents' assessed needs, with one staff in each of the houses until 11 pm at night and one sleepover staff at night. However, staffing arrangements at night time required review to ensure the residents could be safely evacuated in a timely manner.

Recruitment procedures were satisfactory.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

All mandatory training was found to be up-to-date and there were good quality staff supervision systems implemented.

Judgment: Compliant

### Regulation 19: Directory of residents

There was no adequate directory of residents maintained.

Judgment: Not compliant

### Regulation 21: Records

There were a number of significant deficits in the records maintained and in the details of some records pertaining to the residents.

Judgment: Not compliant

### Regulation 22: Insurance

Evidence of current insurance was submitted.

Judgment: Compliant

### Regulation 23: Governance and management

While there were good management systems and structures in place some improvements were needed in the system for quality assurance, oversight of practices, residents' care reviews and maintenance of residents' records.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The residents had signed service level agreement and admissions were managed in safe manner.

Judgment: Compliant



### Regulation 3: Statement of purpose

The statement of purpose required some amendments to fully comply with the regulations and accurately describe the service and facilities which are provided. This was rectified following the inspection and the service was operated in accordance with this statement.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspect was satisfied that the person in charge was submitting the required notifications to the The Chief Inspector .

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There are suitable arrangements in place for the absence of the person in charge and these have been notified.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints records reviewed indicated that complaints raised were managed transparently and promptly, with local resolution eviden

Judgment: Compliant

## Quality and safety

There was evidence of a commitment by the provider to the provision of a person-centred service with the residents' own preferences, choices and aspirations being actively elicited and responded to. Residents had very good access to a range of

meaningful daytime and social experiences. They attended a variety of day services where they participated in activities of their choice, including, pottery, relaxation, bicycle trips and days out. The inspector saw that residents had photos and mementos of their achievements. They also had individual hobbies such as doing jigsaws, listening to preferred music, swimming, football and DVDs.

There were good systems for consultation with the residents, regarding their wishes, with both house meetings and individual key worker meetings to ensure the resident's voices were heard. A new admission to the centre had taken place and there was a detailed transition plan implemented, to support both the new resident and the residents living in the centre. The person in charge had ensured that residents had been supported by therapeutic intervention when a close and long-standing friend died.

There was evidence that staff supported the residents to develop and maintain their lifestyles, independence and self-care skills according to the own capacities and wishes.

The residents' care needs were supported by access to a range of pertinent allied clinical assessments including speech and language, physiotherapy, dietitian, neurology and there were support plans implemented to address needs identified including skin integrity, falls risks and dietary needs.

However, the process of review of the residents' needs and development was not comprehensive. Twice yearly personal planning meetings were held. These were attended by the residents and relatives. However, from the records available, which were not detailed, these meetings were not a comprehensive review of the residents' health, social, and psychological needs, informed by the various multidisciplinary assessments which would ensure ongoing planning and monitoring for the residents. However, there was improvement evident in the type of personal goals set for the residents and these were being achieved in the most part. For example, plans for going on holidays or changes to day services or training.

There was an improvement in the information available on residents' healthcare needs with an annual healthcare review undertaken and appropriate screening being carried out. Interventions prescribed were seen to be followed through by the staff. For example, regular testing of blood pressures or specific physiotherapy exercises. However, there were some gaps in follow up on referrals' and outcomes for some residents, such as, specialist investigations which were deemed to be necessary. This was not a consistent finding however, but did require more consistent monitoring to ensure the residents do not experience unnecessary ill health.

The residents had good communication plans implemented and were supported by staff with pictorial images and staff also introduced technology to support the residents. It was apparent to the inspector that staff were attuned to, and responsive, to the residents' communication.

The residents were protected by the systems in place to prevent and respond to any

incidents or allegations of abuse, with safeguarding plans implemented where this was necessary. Incidents of behaviours that challenged were not a feature of this service but supports were available if necessary. Restrictive practices were minimal, having been clinically assessed as necessary for the residents' safety when mobilising or using transport.

The residents were assessed and consulted regarding the management of their monies with support available as needed. However, the provider had recently initiated a process whereby the residents, and or staff could access their personal financial accounts on line, with the support of the staff. This was intended to allow more independence and also avoid large amounts of cash being held in the centre. However, there was no effective system for oversight and monitoring of this implemented to protect the residents.

Medicines management systems were safe and from the records seen, it was apparent that these were regularly reviewed. The medicines administration audit tool had been amended since the previous inspection to encompass all pertinent factors. Errors reported were responded to promptly.

The residents were protected by the systems for the management of risk generally. The residents had risk management plans implemented for their identified individual risks, including falls or choking. These were found to be proportionate and balanced. An incident had occurred which resulted in injury to a resident, this had been reviewed with remedial actions taken to prevent re-occurrences. This showed that the provider was responding and using information to learn from these incidents and prevent future occurrences. However, both houses used open fires and the residents were seen to very much enjoy these on a winters evening. However, the risk assessment and management plans for the use of these were not sufficiently robust to manage them safely, taking staffing levels, and dependency of the residents into account.

Overall, there were good fire safety management systems, with suitable containment systems in place and evidence of servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis as required. Additional in-house checks were carried out by staff and practice drills were also held. However, there were some concerns regarding the current evacuation procedures, from the first floor, for one resident who required full support to mobilise, given that there was only one staff present at night time.

The provider had a detailed plan, made in collaboration with the local fire authority, to manage this situation should it arise, and using the capacity of the containment systems to allow sufficient time for services to arrive. There was also a "high priority" status given to the centre in the event of the local fire service being needed. Additional equipment has been sourced to facilitate this process. None the less, further assurances were require to demonstrate that these systems were adequate, including evidence of the safety and containment of the lift shaft and the numbers of personnel available to assist.

There was a suitable emergency plan devised and a signed and current health and

safety statement available. All equipment including the hoist lift and a specialised bed were serviced as required to protect the resident.

The premises were homely, comfortable, and warm. Each resident had their own, personalised bedroom and there were sufficient and suitable bathrooms and communal space available. Two residents lived in one house and three lived in the second house. One of the houses contained a lift. Residents had easy access through the back yard to the other house and shared activities or meals together as they wish but also had individual space and ownership of their own houses. This layout supports the different care needs of the residents. They each had their own favoured possessions, photographs and televisions. There was small garden area outside of the centre.

### Regulation 10: Communication

The residents had good communication plans implemented and were supported by staff with pictorial images and staff also introduced technology to support the residents.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents had good access to the local community and were supported to attend training or day services appropriate to their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The premises is currently suitable for purpose and meets the needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The residents' choices and dietary needs were well supported.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management process were satisfactory overall but the assessment and management plan for the use of the open fire required further review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

While there were suitable fire safety management systems in place, the arrangements as outlined for the evacuation of a resident from the second floor during the night required further review to ensure this was the most effective, suitable and safe arrangement.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines management systems were safe and from the records seen, it was apparent that these were regularly reviewed. The medicines administration audit tool had been amended since the previous inspection to encompass all pertinent factors. Errors reported were responded to promptly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents social care needs were very well sported and facilitated. They had access to a range of pertinent allied clinical assessments including speech and language, physiotherapy, dietitian, neurology and there were support plans implemented to address needs identified. However, their care was not sufficiently reviewed in terms of their social, health and psychological needs, to monitor changes and developments.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents had good access to medical care and interventions prescribed were carried out and appropriate records maintained. However, some referrals required by residents for specialist review had not been followed through on. This was not a consistent finding.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Minimum restrictions were used in the centre and these were clinically assessed as necessary for safety when travelling.

Judgment: Compliant

### Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse, with safeguarding plans implemented where this was necessary. However, there was no systems implemented for the oversight of resident finances where staff had access to this. No irregularities were noted however.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The residents' rights were protected by their participation in decisions and respecting of their choices regarding their lives with appropriate levels of support.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant





# Compliance Plan for Teach Geal OSV-0003261

Inspection ID: MON-0022512

Date of inspection: 28/11/2019

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Centre has an on call contract with a private company in the event of an emergency. A staff from this company will respond personally to the centre within 15 minutes of an alarm going off. This person is a keyholder and will enter the centre. This is an additional support to staff. The provider has sought written confirmation from company re same which has been sent to HIQA. 17/12/19</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:            The Directory of Residents has been completed and is on site in the centre 16/12/19</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The Residential Manager will meet with the PIC to review the requirements for Schedule 3/4. This will include a review of daily records to be kept for each Resident. This will be part of the agenda for next PIC meeting. 31/1/2020</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge will review all residents' records and identify and remove any unnecessary duplication of same for ease of access. 20/12/19</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The open fires have been risk assessed to take into consideration staffing levels and dependency into account. Both chimneys are cleaned regularly and fire guards have been secured to fire places to ensure that they cannot be removed or fall over. 20/12/19</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Centre has an on call contract with a private company in the event of an emergency. A staff from this company will respond personally to the centre within 15 minutes of an alarm going off. This person is a keyholder and will enter the centre. This is an additional support to staff. The provider has sought written confirmation from company re same which has been sent to HIQA. 17/12/19</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and personal plan:  
 The Person in Charge will carry out an assessment of individual needs in order to monitor changes and developments for each resident annually or on an individual needs basis. A needs analysis document will be discussed at next PIC meeting and scheduled for implementation following same. 31/1/20

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The Person in Charge will carry out an assessment of individual needs in order to monitor changes and developments for each resident annually or on an individual needs basis. A needs analysis document to include health, psychological & social needs will be discussed at next PIC meeting and scheduled for implementation following same. 31/1/20

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
 As part of the unannounced internal visits the Residential Services Manager will monitor and report on individual finances with emphasis on the residents card transactions in order to monitor transparency in the system. 31/3/2020

## 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 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.	Substantially Compliant	Yellow	17/12/2019
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	16/12/2019
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the	Not Compliant	Orange	31/01/2020

	chief inspector.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	31/01/2020
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	31/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/12/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them	Substantially Compliant	Yellow	17/12/2019

	to safe locations.			
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	30/01/2020
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	31/01/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2020