



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

Issued by the Chief Inspector

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| Name of designated centre: | Fairview Services |
| Name of provider: | Ability West |
| Address of centre: | Galway |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 10 June 2020 |
| Centre ID: | OSV-0004058 |
| Fieldwork ID: | MON-0029519 |

About the designated centre

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

A maximum of six residents can live in this centre where the provider aims to ensure that each resident receives quality support and services consistent with their assessed needs. Residents living in Fairview Services have a primary diagnosis of intellectual disability but some may also have other needs such as physical and medical needs. The centre is open seven days a week and provides a full-time residential service to some individuals. Residents are male and female from the age of 18 upwards, and are provided with 48 week contracts and the use of their own bedroom. Each person attends a day service, or supported employment outside of the centre. While residents may have medical needs the model of care is social and the staff team is comprised of social care and care staff supported and managed by the person in charge who is also a member of the frontline team. Ordinarily two staff work in the centre during the day and a sleepover staff supports residents at night. Each resident has a contract of care outlining agreements and extra charges that may be incurred in the centre.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 6 |
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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 |
|---------------------------|-------------------------|------------|------|
| Wednesday 10 June 2020 | 11:00hrs to 16:30hrs | Mary Moore | Lead |

What residents told us and what inspectors observed

All of the six residents were present in the centre as their usual routines of attending a day service or places of employment were on hold due to the Covid 19 pandemic. Following discussion with the person in charge the inspector applied and utilised a face mask on entering and leaving the centre and meeting with residents. Residents were eager to engage and initially the primary topic of discussion was the impact that Covid 19 has had on their lives. These changes were necessary as part of the provider's response to national guidance to protect residents from the risk of infection and the onward transmission of Covid 19. Residents said that they missed going to work, missed seeing family and planned trips to see family, missed the many opportunities that they normally had for meaningful participation in their community such as volunteering and providing music for social events. Residents understood the need for these changes and restrictions, but this did not take from the impact on their lives particularly given the duration of the changed routines. Residents however looked well and despite these challenging times were in good form and described how, supported by staff they kept themselves occupied around the house and garden, enjoyed short community excursions and maintained contact with friends and family. The provider had allocated additional staff resources to ensure that residents were engaged and had purpose in their daily lives in line with their individual needs and requirements.

The house was busy as it was at full occupation with residents and staff, but the atmosphere was positive and relaxed. One resident told the inspector that it was a nice house where they were happy to live.

Capacity and capability

The inspector found that the provider had acted in response to the compliance plan that issued from the last Health Information and Quality Authority (HIQA) inspection. The provider had also put arrangements in place to respond to the impact of the Covid 19 pandemic. This provided assurance that the provider was committed to the provision of a safe, quality service to residents. Given the timing of the last inspection, January 2020, the current pandemic had impacted on and delayed the progression by the provider of some of the required actions. While fully recognising this, some actions are reissued as their resolution is necessary to demonstrate compliance with the regulations and to assure the appropriateness, safety and quality of the support and service provided to residents. In addition, there was scope for further improvement in areas not directly impacted by Covid 19 contingencies such as in the review and planning of personal support.

The person in charge described the arrangements in place to ensure ongoing

management and oversight of the centre in the context of the Covid 19 pandemic. For example, technology supported communication with and oversight by the senior management team; the person in charge participated in these meetings and received advice and support on any centre specific queries raised. Likewise the person in charge continued to facilitate staff meetings; the minutes of these demonstrated good staff attendance with detailed discussion of the general operation of the centre and the individual needs, current and on-going well-being of each resident.

Staffing arrangements had been altered so as to better support residents given the changes that were required to their daily routines to keep them safe from the risk of Covid 19. Additional staff resources were allocated in response to the additional support and supervision needed and to ensure that residents had a meaningful day given that they currently did not attend day services and places of employment. These additional staff ordinarily also worked as relief staff in the centre and this supported familiarity and continuity for the residents. Staffing levels and arrangements were clearly set out in the staff rota.

From the staff training records the inspector saw that all staff working in the centre had attended training that reflected mandatory requirements, their role in the centre and the assessed needs of the residents. Attendance at refresher training was monitored. The training programme included the knowledge and skills needed by staff to respond to the current pandemic including hand hygiene and the correct use of personal protective equipment (PPE) such as face masks.

The person in charge said that no new complaints had been received since the last inspection and it was understood how the failing in this regard had previously occurred. Staff had completed complaints management training and the findings of the last HIQA inspection including the management of complaints had been discussed amongst the staff team so that a similar occurrence did not happen. While the matters raised by residents at the time of the last HIQA inspection were not resolved there was evidence that the provider was seeking to address these matters.

Regulation 14: Persons in charge

The person in charge was clearly informed as to the management and operation of the designated centre and had good knowledge of each resident, their needs and their required support and care. The person in charge also worked as part of the core staff team with protected time for administration duties. The person in charge was satisfied that these arrangements facilitated good access to residents, supervision of care and support and were sufficient for her to exercise the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider maintained the staffing levels and arrangements that were needed to provide residents with the support and care that they required. The provider monitored and adjusted staffing levels in response to changes that arose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated with the education and training needed to provide residents with safe and effective supports. Records indicated good and consistent staff attendance at training.

Judgment: Compliant

Regulation 23: Governance and management

The current pandemic had impacted on and delayed the progression by the provider of some of the required actions. While fully recognising this, their resolution is necessary to demonstrate compliance with the regulations and to assure the appropriateness, safety and quality of the support and service provided to residents. In addition, there was scope for further improvement in areas not directly impacted by Covid 19 contingencies such as in the review and planning of personal support.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was advised that no complaints had been expressed or received since the last HIQA inspection. Discussion of inspection findings amongst the staff team provided assurance of a commitment to more consistent application of complaint management procedures.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents in this centre received a good standard of care and support. Notwithstanding current changes and challenges residents spoken with described having opportunity to live full and purposeful lives strongly integrated into their local community. It was evident that as residents' needs increased they were supported to continue to live in their home for as long as was possible and safe for them to do so. However, there were matters that were not resolved as the provider was constrained by the restrictions of the current Covid 19 pandemic; there were also areas where some action had been taken in response to the last HIQA inspection but there was scope for further improvement. Satisfactory resolution was needed so as to optimise and provide assurance as to the appropriateness, safety and quality of the care and support provided.

For example, it was evident on speaking with the person in charge and from records seen by the inspector that solid staff knowledge of each resident informed the daily provision of care and supports. While the opportunity to observe practice was limited, what was seen reflected what was discussed; for example residents were seen to be encouraged to be independent in their daily routines and to have some responsibility in the maintenance of their home. Where residents had higher support needs, the one-to-one support that was needed was provided and at a pace that suited the residents' needs and abilities. Records such as staff meetings indicated good individualised oversight of residents needs and how to respond to them, for example the impact of their current altered routines and restricted lifestyles. However, this knowledge, oversight and review was not readily evident in the personal plan seen by the inspector. The assessment of needs had been updated and there was evidence of current case reviews, agreement of personal goals and objectives, how the resident was consulted with and participated in these decisions and how they were to be progressed. There was documentary evidence in the plan of consultation with for example members of the multi-disciplinary team. However, the sequence of assessment, planning, review and update was not robustly reflected in the format of the plan, nor was the decision making pathway; this was needed to provide assurance as to how and who made support decisions and how the plan guided and reflected day-to-day practice in the centre. Changes were not always presented in a meaningful way. Some alterations seen were hand written amendments, for example the obliteration of one residents name and its replacement with another resident's name, when in effect what was needed for the plan to be truly individualised and sufficient to provide safe care and support was a new assessment and a new plan to meet this need that may have been similar but was in fact very different.

Staff were attuned to the healthcare needs of each resident and took action to ensure that residents had access to the healthcare services that they needed. For example staff maintained a record of attendance at scheduled healthcare appointments and sought advice and review as concerns arose for example from the General Practitioner. A specialist review that had been recommended for sometime had commenced. Residents were encouraged to make healthy

lifestyle decisions such as in their meal choices. Staff were also aware of the potential impact on resident well-being of the restrictions necessary to protect residents from the risk of Covid 19 and took mitigating measures such as exercise to maintain mobility and facilitating contact with friends and family that was important to resident psychosocial well-being.

Ordinarily residents lived full and purposeful lives supported by residential and day service staff and based on their individual needs and abilities. The last HIQA inspection had reported how one resident had said she was not happy having to get up early to go to day activities over 30km away. The person in charge confirmed that the resident, residential and day staff had met to discuss and explore the issue. It was concluded that the resident liked their placement, but a slower pace would be of benefit and in line with the resident's needs and wishes. The person in charge told the inspector that there was a plan agreed with the resident to facilitate either a later start to the day or a structured shorter week for the resident once day services recommenced.

The person in charge described residents as living compatibility together. Staff had all completed training in both safeguarding and responding to behaviours of risk and challenge. The last HIQA inspection had addressed the long-standing arrangement of one-to-one staff supervision in the community for a resident and the restrictions that this arrangement presented for resident independence, choice and autonomy. The restriction remained in place as a specialist assessment by a competent person had been deemed necessary (by the provider) so as to inform any review and change to these supervision arrangements. Since the last inspection the explicit reason for this supervision arrangement was stated and a protocol that offered clear guidance to staff had been implemented.

The fundamental matter was reported to be a historical safeguarding concern and as was evidenced at the time of the last HIQA inspection this concern and the longstanding supervisory arrangements in response were pending review since 2016. The person in charge confirmed as did records seen that the specialist assessment had commenced, but was not currently progressing due to the impact of Covid 19. There was another related, but separate matter discussed with the person in charge on this inspection. It was evident from this discussion and from records seen that staff monitored resident safety and the potential for harm and abuse and did seek advice from the designated safeguarding officer. However, as discussed above in relation to personal planning this awareness, monitoring, discussion and advice did not lead to the development of a supportive and protective plan, informed by a meaningful assessment of risk and that set out clear guidance and boundaries for residents and staff and ensured the protection of all parties. In completing this plan the provider needed to give fair and due consideration to the relevance if any of the outstanding specialist assessment.

The provider's response to the risk posed to resident and staff health by Covid 19 as discussed above was co-ordinated by a central critical incident team that disseminated guidance and information to each service. The measures taken in this centre to prevent the risk of the introduction of and the onward transmission of infection were effective and based on national guidance and included daily screening

of staff and resident well-being, visiting restrictions, an enhanced schedule of environmental cleaning, updated training for staff, the provision of PPE and the use of this PPE in line with national guidance. Staff had spoken with residents collectively and individually, residents understood the reason for and practiced physical distancing and good cough etiquette.

This response to risk provided assurance that risk identification and management informed the care and support provided in the centre. There was further evidence of risk identification and management such as the display of the safety alert associated with the use of alcohol based hand sanitiser and the provision of devices to alert staff to resident movement as part of a falls prevention plan. The person in charge had since the last HIQA inspection reviewed the risk register so that it more accurately reflected the type and level of risks that presented and were managed in this centre.

Overall the inspector found that the provider had fire safety measures that protected residents and staff from the risk of fire. Staff had completed fire safety training and residents and staff participated in evacuation drills; some drills were simulated and some occurred in response to activation of the fire detection and alarm system. Collectively these drills represented different scenarios including an early morning drill when minimum staff were on duty and all residents were in bed; based on the records seen the provider had effective evacuation procedures and had acted on the findings of previous HIQA inspections such as the provision of alerting technology for residents with sensory needs. The fire detection and alarm system, emergency lighting and fire fighting equipment were tested and serviced at the required intervals. However, the inspector noted and the person in charge confirmed that doors designed to contain fire and its products were not equipped with self-closing devices.

The premises presented well and overall was well maintained; residents had personalised their personal spaces to suit their individual tastes and preferences. However, the areas requiring attention and repair as identified at the time of the last inspection, the main kitchen units and an upstairs shower-room were not rectified. The person in charge described the plans agreed such as the relocation of laundry equipment to maximise kitchen space and the creation of a wet room but the work had not commenced due to Covid 19 restrictions.

Regulation 13: General welfare and development

Ordinarily residents were supported to live full and purposeful lives linked closely to their local community. Residents had opportunities to enjoy experiences such as holidays abroad and access to paid employment. The person in charge was satisfied that residential and day service staff provided the support that residents needed so that they were treated fairly and equitably. There was a plan to address the matter raised by a resident at the time of the last HIQA inspection.

Judgment: Compliant

Regulation 17: Premises

The person in charge confirmed the progression of plans to refurbish the kitchen and an upstairs bathroom and the reason for their delay; the works however were outstanding.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall there was evidence that risk identification and management informed the care, support and services provided to residents. The person in charge had reviewed and updated the register of risks so that it more accurately reflected the risks that presented and were managed in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had put effective measures in place to protect residents and staff from the risk of the introduction and onward spread of infection. These measures were in line with national guidance and their implementation was evident in practice including the facilitation of this inspection. Residents were supported by staff to develop their understanding of why these measures were so important for their health and well-being.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety measures that were consistently implemented by staff. However, doors designed to contain fire and its products were not equipped with self-closing devices

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The sequence of assessment, planning, review and update was not robustly reflected in the format of the plan, nor was the decision making pathway; this was needed to provide assurance as to how and who made support decisions and how the plan guided and reflected day to day practice in the centre. Changes were not always presented in a meaningful way. Some alterations seen were hand written amendments, for example the obliteration of one residents name and its replacement with another resident's name, when in effect what was needed for the plan to be truly individualised and sufficient to provide safe care and support was a new assessment and a new plan to meet this need that may have been similar but was in fact very different.

Judgment: Substantially compliant

Regulation 6: Health care

Staff monitored resident health and well-being and sought the advice and treatment necessary in response to any concerns that arose.

Judgment: Compliant

Regulation 7: Positive behavioural support

The rationale for and a protocol that guided the implementation of supervisory arrangements that impacted on a resident's independence, choices and decisions had been put in place. The specialist assessment needed to review the need for these arrangements and to provide assurance that they were proportionate to the risk identified had commenced, but its progression is addressed below in Regulation 8: Protection.

Judgment: Compliant

Regulation 8: Protection

The specialist assessment recommended since at least 2016 had commenced, but needed to be progressed by the provider in as timely a manner as was possible. Safeguarding awareness, monitoring, discussion and advice did not lead to the

development of a supportive and protective plan, informed by a meaningful assessment of risk. This plan was needed so that individual wishes and choices were established and there was clear guidance and boundaries for residents and staff that ensured the protection of all parties. In completing this plan the provider needed to give fair and due consideration to the relevance if any of the outstanding specialist assessment

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 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | 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 |

Compliance Plan for Fairview Services OSV-0004058

Inspection ID: MON-0029519

Date of inspection: 10/06/2020

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 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 Covid 19 pandemic suspended planned works in Fairview Services. As the government restrictions are now lifting, the works are proceeding in consultation with the Ancillary Department. The required works on the kitchen and laundry facilities will be completed by 30th September 2020. The works required in the bathroom will be completed by 30th September 2020.</p> <p>The assessment was completed on 30th June 2020. The provider funded this assessment following a proposal completed by the Person Participating in Management. The final report of this assessment is expected to be completed and returned to the provider by 30th July 2020. Recommendations from this assessment will be reviewed and appropriate actions taken.</p> <p>An individual plan and associated risk assessment concerning two of the residents in this service has been completed. The outcome of the aforementioned assessment as mentioned above may, however, impact this plan and risk assessment, this will be reviewed and updated accordingly once the final report and recommendations have been received.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Covid 19 pandemic suspended planned works in Fairview Services. As the</p> | |

government restrictions are now lifting, the works are proceeding in consultation with the Ancillary Department. The required works on the kitchen and laundry facilities will be completed by 30 September 2020. The works required in the bathroom will be completed by 30 September 2020

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A proposal has been sent to Senior Management and Ancillary Department to have self-closing doors fitted in the required areas to meet regulation 28. This will be completed by 31st July 2020.

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:
The assessment was completed on 30th June 2020. The provider funded this assessment following a proposal completed by the Person Participating in Management. The final report of this assessment is expected to be completed and returned to the provider by 30 July 2020. Recommendations from this assessment will be reviewed and appropriate actions taken.

An individual plan and associated risk assessment concerning two of the residents in this service has been completed. The outcome of the aforementioned assessment as mentioned above may, however, impact this plan and risk assessment, this will be reviewed and updated accordingly once the final report and recommendations have been received.

The residents concerned will be supported by the Ability West psychology department to explore and further understand any issues or concerns arising. This supportive work will have commenced with both individuals by 10th July 2020.

Regulation 8: Protection

Substantially Compliant

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Outline how you are going to come into compliance with Regulation 8: Protection:

The assessment was completed on 30th June 2020. The provider agreed to the funding of this assessment as a result of a new proposal by the PPIM. The final report from the assessor is expected to be completed and returned to the provider by 30th July 2020.

Recommendations from this assessment will inform updated guidance and plans for this resident.

An individual plan and associated risk assessment concerning two of the residents in this service has been completed. The outcome of the aforementioned assessment as mentioned above may, however, impact this plan and risk assessment, this will be reviewed and updated accordingly once the final report and recommendations have been received.

The residents concerned will be supported by the Ability West psychology department to explore and further understand any issues or concerns arising. This supportive work will have commenced with both individuals by 10th July 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 17(4) | The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents. | Substantially Compliant | Yellow | 30/09/2020 |
| 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 | Substantially Compliant | Yellow | 30/06/2020 |

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| | safe, appropriate to residents' needs, consistent and effectively monitored. | | | |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Substantially Compliant | Yellow | 30/07/2020 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | Substantially Compliant | Yellow | 30/06/2020 |
| Regulation 08(1) | The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. | Substantially Compliant | Yellow | 30/07/2020 |