Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Larassa
Name of provider:	RehabCare
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0002687
Fieldwork ID:	MON-0032684

About the designated centre

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

Larassa provides full-time residential support to four adults with an intellectual disability. Residents may also have a secondary diagnosis of mental health difficulties. The service at Larassa is based on a social care support model and provides low to medium support to residents. Residents attend work activities during the week and one resident is retired and is supported on a 2:1 basis by staff during the day due to their assessed needs. Larassa is located in a residential area on the outskirts of a town, but close to local amenities such as shops and leisure facilities. The centre is a purpose built bungalow with five bedrooms of which four are used by residents. Residents' bedrooms have access to en-suite bathroom facilities and an additional communal toilet is also available. In addition, residents have access to an integrated kitchen, dining and sitting room area as well as a separate sun room and small conservatory. The centre also has a rear garden with an accessible patio area. Residents are supported by a team of support workers, with one support worker being available at all times, and increasing to two workers dependent on residents' needs and planned activities. Night-time support is provided by two staff members undertaking either a sleep over or waking night duty due to the residents' assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 June 2021	09:33hrs to 17:23hrs	Stevan Orme	Lead
Wednesday 16 June 2021	09:33hrs to 17:23hrs	Úna McDermott	Support

What residents told us and what inspectors observed

During the inspection, inspectors found that care and support provided to residents who lived at Larassa was to a good quality and standard. Care and support provided was person-centred in nature, directed by their assessed needs and choices and actively promoted the well-being of residents.

Inspectors had the opportunity to meet with three residents living at the centre. Also as the person in charge was on annual leave on the day, the inspection was facilitated by the centre's team leader with the support of another team leader from a neighbouring designated centre operated by the provider. Inspectors also during the day had the opportunity to speak with two staff members and a student currently on placement at Larassa.

Inspectors spoke with three residents living at the centre, either in their day activity room or in the centre's communal kitchen, dining and sitting room area; with inspectors ensuring social distancing was maintained at all times, while wearing a face mask.

Residents appeared relaxed and happy at the centre, and told inspectors that they liked living at the centre and got on well with the staff who supported them. During the inspection, residents were observed chatting and laughing with staff on their return from day service placements, while another resident who had a home-based day programme planned their activities with staff for the day which included visiting a clothing shop and visiting a local cemetery.

Residents also told the inspector about the activities they did prior to and during the COVID-19 public health restrictions, as well as activities they had or were now planning to start again with the easing of restrictions. These activities included going to the cinema and planning meals out with friends in local restaurants and cafes.

As stated earlier, one resident enjoyed a bespoke home-based day service at the centre due to their needs. They were observed preparing for their day, and told one of the inspectors about what they hoped to do with staff which included visiting a local clothing store and having lunch out. The resident also planned to visit the local cemetery and purchase decorative stones for a grave, however on return to the centre, the resident told inspectors that they had been unable to go to the graveyard due to the centre's vehicle having a tyre puncture. However, the resident confidently told inspectors that they would still going to the cemetery as planned once the tyre was repaired, which was echoed by staff.

The two residents who attended day services told inspectors that they enjoyed being able to go back to their day centre. Staff told inspectors that during the height of the restrictions the day service had been closed, but to compensate for this the provider had reassigned day service staff to the centre to provide activities for residents. As restrictions eased, staff further spoke about how residents slowly

transitioned back to their current full day service provision of four days a week.

Residents also spoke about how they managed the time when they were unable to attend their day services due to the public health restrictions. Residents spoke about participating in online exercises classes such as 'Zumba' and going on walks in the local area. Records reviewed by inspectors also showed that residents had been involved in gardening at the centre and had taken responsibility for the tending of the garden's rose trees and raised vegetable planters.

Residents were also actively involved in the day-to-day decision making and running of the centre. Residents spoke about being responsible one day a week for cooking the evening meal and also once a month going with staff to do the weekly grocery shopping. Residents described the monthly house meetings which they all attended. Residents explained that they decided with staff what the weekly menu would be, planned activities they wished to do and also had the opportunity to raise any complaints or concerns they had about the centre and the support they received. Inspectors reviewed the house meeting minutes, which also showed that residents were updated on the impact of COVID-19 as well as safeguarding concerns, progress on maintenance issues and how to access advocacy services if required.

Residents were also provided with easy read information on services they would receive at the centre through its residents' guide and tenancy handbook. Also accessible information was displayed on the notice board at the entrance to the centre, explaining how residents could make a complaint and access an advocate. When asked, residents clearly expressed to inspectors that if they were unhappy with any aspect of the centre or care they received, they would speak to staff about their complaints.

The centre was very spacious in design and decorated and maintained to a good standard. Its' layout provided residents with a communal kitchen, dining and sitting room area as well as a separate sun room for relaxation and privacy if required. One resident also had access to a day activity room which was used to facilitate their bespoke day programme. The communal areas were nicely decorated and personalised to reflect the likes and interests of the residents, with photographs showing them with family and friends as well as memories important to them. Information was also displayed in the communal areas showing what household chores residents were involved in as well as a pictorial staff board to inform them about what staff would be on duty each day.

Residents had access to a well maintained garden to the rear of the centre. The garden included accessible paved seating areas as well as flowerbeds and raised vegetable planters, which as mentioned earlier in this report, residents were involved in the maintenance of.

Residents happily showed inspectors their bedrooms, which they were proud of and had personalised in accordance with their needs and wishes. One resident showed photographs of family and friends which they had displayed on their bedroom walls as well as a winning entry in the provider's Christmas poster competition.

The centre was also adapted to meet the individual needs of the residents, with a

height adjustable sink and cooker hob in the kitchen to allow access for wheelchair users. Also due to the needs of residents with visual impairments, brightly coloured and tactile strips had been placed on doors, windows and door handles to aid residents when going around the centre. Also handrails and ramps were in place in the garden to assist residents with mobility needs.

Staff were observed to support residents in a person-centred manner throughout the inspection, residents were encouraged to make choices and were treated with respect and dignity at all times. Staff spoke with enthusiasm about the residents and how they liked supporting them and coming to work at the centre. Staff also spoke with confidence and with knowledge about all aspects of the residents' needs.

Residents and staff also spoke with inspectors about how they had maintained relationships with friends and family during the public health restrictions. Residents told inspectors that they had maintained regular contact through the telephone, and as restrictions had eased they either visited or were visited by their loved ones. Residents also spoke about how they were looking forward to seeing their families more as the national vaccination programme progressed.

In summary, inspectors observed that residents were treated with dignity and respect by staff and actively encouraged to make decisions about their daily lives at the centre. The centre had a 'homely' feel to it and residents appeared both happy and relaxed at Larassa. Through documentation reviews, observations and speaking with both residents and staff, it was clear that both the centre's management team and staff were continually striving to ensure that the care and support provided was person- centred in nature, reflected residents' needs and created a warm and friendly home.

Capacity and capability

Clear and effective governance and management arrangements were in place at Larassa, which ensured that the care and support provided to residents was person-centred, reflected their needs and promoted the well-being of residents.

Practices at the centre were overseen by a full-time and suitably qualified person in charge who in their role as the provider's Integrated Services Manager was responsible for a number of designated services in the North West. However, inspectors found that the person in charge was actively involved in the running and oversight of the centre, and based themselves at the centre twice a week. Also to assist the person in charge in the day-to-day operations of the centre, a team leader had been appointed who was actively involved in the monitoring of the centre to ensure the care and support provided to residents was to a high standard.

The person in charge with the assistance of the team leader completed a comprehensive suite of management audits which looked at all practices at the centre such as residents' care plans, health & safety, complaints and accidents &

incidents. The outcome of these audits assured the person in charge that the centre provided care and support both in line with residents' needs, organisational policies and the requirements of regulation. The inspector observed that where improvements had been identified through the audits, these were captured within the centre's action planner and progress recorded by the team leader, with a weekly update being provided to the person in charge until completed.

Local management audits were complemented by activities undertaken by the provider in line with regulation. The provider undertook six monthly unannounced visits to the centre as well as an annual review into the care and support provided. Both of these activities assessed all aspects of the care and support provided to residents as well as the daily operations of the centre, and were completed by the person in charge's line management. Both the unannounced visits and annual review also captured the views of residents and their representatives about the service provided at Larassa, with reviewed comments reflecting a positive view of the care and support received. Due to the impact of COVID-19, the last six monthly unannounced visit had been conducted remotely over a two day period, but this had not impacted upon the comprehensive nature of the review. As with the local management audits, where areas for improvement had been identified through the visits or review they were included in the centre's action planner until successfully completed.

In addition, to the person in charge and the newly appointed team leader, residents were also supported by a team of support workers, with two staff being available at all times to meet their needs. Since the centre's last inspection, the staffing levels at the centre had increased due to residents' changing needs. Previously, only one staff member was available when residents were at their day services and a sleep over duty was in place at night. However, due to identified risks and the changing needs of one resident this had been increased to two staff during the day and an additional waking duty at night. Staff told inspectors that the additional staffing during the day, although to meet the needs of one resident, also had benefits to the other residents as it provided increased opportunities for community activities.

Throughout discussions with staff, it was apparent that they were very knowledgeable about the needs, interests and preferences of residents. This knowledge was further reinforced by regular access to training, with all staff having completed the provider's mandatory training requirements. Training records also showed that in addition, staff had access to training associated with residents' health needs such as epilepsy and diabetes management. Furthermore due to the global pandemic, staff had accessed a range of training associated with the management of an outbreak of COVID-19.

Staff knowledge was also supported through their attendance at regular monthly team meetings facilitated by the person in charge or team leader where they were updated on changes to residents' needs and the daily operations of the centre, ensuring a consistent approach to care and support provided.

The team leader also told inspectors about formal supervision arrangements for staff, which enabled staff to have the opportunity to get clarification on any aspects

of their role and residents' needs and also request further training to ensure their effectiveness in providing a good standard of care and support to residents.

Throughout the inspection, staff reiterated that the centre's management team were both approachable and accessible, and although the person in charge was not permanently based at the centre, they were easily contactable. Staff also told inspectors that if management assistance was required outside of office hours, the provider had an on call management system which they could access.

Regulation 15: Staffing

The person in charge had ensured an appropriate number of skilled staff were in place to meet the needs of the residents. Inspectors observed evidence of consistency of staff, all of whom were familiar with the residents' needs and were clear about their individual role and responsibility in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff at the centre were knowledgeable about residents' needs and had access to up-to-date training which reflected both residents' needs and the current good practice in health and social care. In addition, staff had access to regular supervision to ensure consistent and good practices in meeting residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management structure in place in the centre and staff were clear about their individual role and responsibilities. The centre was effectively resourced to meet the care and support needs of the residents and monitored regularly to ensure its effectiveness.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was available to residents, their representatives and staff. It contained all elements required under Schedule one of regulations and it accurately reflected the service provided on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had systems in place to ensure that notifiable events as described in the regulations were reported to the Chief Inspector within specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place and was prominently displayed with information on the centre's complaints officer and how to access advocacy services if required. Furthermore, where complaints had been received, they were appropriately reported, actioned and the complainant's satisfaction recorded. Residents were both knowledgeable and confident on how they would express a complaint or concern if it arose at the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies as required under the regulations were available to staff. However, there was a number of policies which had not been reviewed every three years such as the provider's policy on positive behaviour support and staff training and development.

Judgment: Substantially compliant

Quality and safety

Residents at Larassa received a high standard of care and support which was person-centred in nature and reflected their assessed needs, likes and preferences.

Furthermore, practices at the centre and supports provided by staff ensured that residents were supported to make choices and their well-being was safeguarded.

Comprehensive personal planning arrangements were in place for all residents at the centre. Discussions with residents and staff along with observations during the day reflecting the guidance described within reviewed care plans on how residents' needs should be met. Care plans were structured with clear guidance for staff on all aspects of the residents' needs to ensure a consistency of approach. The effectiveness of residents' care plans was also ensured through regular annual reviews involving the resident, their representatives, and staff and where possible associated multi-disciplinary professionals. However, further improvement was required in the documentation of said reviews, as records did not illustrate that all aspects of the residents' personal plans were reviewed to ensure their effectiveness, with records centring only on goals achieved in the year and planned or the next 12 months.

Residents were supported by staff to work towards a range of personal goals which were based on social activities as well as the development of independent life skills. Records showed that residents were supported to develop skills to assist them with their communication such as the use of a personal computer tablet or mobile telephone. Also personal plans and goal related records showed that were able to residents were assisted to undertake positive risk-taking such as the self-administering of medication.

Although as previously stated residents' person plans were comprehensive and subject to regular review to ensure their effectiveness, the provider had not made available an accessible version of their personal plans to residents and further action was required in this area, in order to support residents about how their needs and preferences would be supported at the centre.

Where care plans included supports on behaviours which challenge, information clearly guided staff on how to support the resident during an incident of this nature as well as the proactive and reactive supports which should be adopted. Guidance in this area was kept under regular review and staff had access to a behavioural therapist as well as regular training to ensure their practices met the needs of the resident and reflected current good practice models.

Behavioural management supports also included the use of agreed restrictive practices which were subject to regular review to ensure their appropriateness in meeting identified need. Clear rationales on the use of agreed restrictions were available to staff which ensured they were only used when really necessary. For example, due to an identified risk of falling, a sensor was installed in one of the resident's bedroom to alert staff at night-time.

Risk management arrangements at the centre ensured residents were kept safe from harm. The person in charge ensured that up-to-date risk assessments had been completed relating to both residents' needs and the operations of the centre. Sampled risk assessments were comprehensive in nature, clearly identified the risk and agreed actions to be taken to mitigate its impact. Guidance contained within the

risk assessments ensured that staff were knowledgeable in this area and residents' well-being was ensured.

Risk management arrangements as well as incorporating health & safety issues also included arrangements for the safeguarding of residents from possible abuse. Clear arrangements were in place for the reporting and management of incidents of this nature, and where they had arisen comprehensive safeguarding plans were implemented to protect those involved, with said plans being subject to regular review to ensure their effectiveness.

Regular safeguarding training and updates provided through the monthly team meetings ensured that staff were knowledgeable about safeguarding concerns and the appropriate supports to be used. In addition, residents through their house meetings were informed about how to safeguard themselves and how to raise a complaint or concern if they were unhappy with their lived experience at the centre.

Also included under the risk management arrangements at the centre was the area of infection prevention and control especially procedures associated with the management of an outbreak of COVID-19. The management team had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages.

As part of the centre's response to COVID-19, enhanced infection control procedures were in place at the centre. For example, all staff and visitors had to complete a COVID-19 declaration form and have their temperature checked. Also health and safety audits included a review of effectiveness of cleaning and infection control arrangements at the centre In addition, staff wore face masks when at the centre and supplies of personal protective equipment (PPE) and alcohol sanitizer were readily available.

Furthermore, the provider and person in charge had ensured that staff were kept up-to-date on practices linked to the management of COVID-19 through training opportunities, staff meetings and a wide range of information displayed throughout the centre. Similar exercises ensured that resident were made aware of how to prevent the risk of COVID-19 from their perspective, with easy read information available at the centre, and regular updates through their house meetings on the use of face masks, hand washing, the impact of public health restrictions on community activities and updates on when they may receive vaccinations.

Regulation 13: General welfare and development

Residents had access to a range of activities both at home and in the community which reflected their likes, preferences and goals they were working towards. Although the diversity of activities had been impacted upon due to COVID-19, residents told inspectors how as restrictions had eased they were now able to enjoy their favourite activities such as going to the cinema. Residents also spoke about

activities they had done during the 'lock down' such as on line activities.

Judgment: Compliant

Regulation 17: Premises

The premise was spacious, clean, welcoming and maintained to a very good standard both indoors and outdoors. It is fully accessible for all residents with high-low appliances in the kitchen, ramped access to the garden and colour contrast tape in key areas to support residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, assessed and a plan implemented to safeguard residents from harm. In addition, all risk assessments were reviewed regularly to ensure they were up-to-date and effective.

Judgment: Compliant

Regulation 27: Protection against infection

Comprehensive infection prevention and control arrangements were in place at the centre, which had been enhanced in response to the risk of an outbreak of COVID-19. Staff had received training in infection control measures and a comprehensive plan was in place in the event of an outbreak at COVID-19 at the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were in place with evidence of multi-disciplinary professionals' involvement specific to the residents' needs. They were reviewed annually and were up-to-date. However, they did not clearly document that the effectiveness of all aspects of the plan were considered when reviewed. Also in addition, the provider had not made an accessible version of their personal plan available to residents to inform them about how their needs would be met at

the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to healthcare professionals in line with their needs and as and when required. In addition, comprehensive healthcare plans were available which clearly guided staff and promoted a consistency of approach in areas such as diabetes and epilepsy management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours of concern, clear and concise positive behaviour support plans were in place to guide staff. In addition, staff had received up-to-date training in positive behaviour management and had regular access to the provider's behavioural therapist.

Judgment: Compliant

Regulation 8: Protection

Safeguarding measures were in place and both residents and staff were aware of these. In addition, staff were knowledgeable on how to report incidents of possible abuse and this knowledge was kept up-to-date through their attendance at regular training in safeguarding of vulnerable adults and children's first.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to play an active part in the day-to-day running of the centre and make decisions and choices about their lives. This was supported through access to easy read information and forums such as the monthly residents' house meeting.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Larassa OSV-0002687

Inspection ID: MON-0032684

Date of inspection: 16/06/2021

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • The Provider is currently reviewing all Schedule 5 Policies that have not have not been reviewed in the last 3 years. It is anticipated that all Policies will be reviewed and disseminated to services by 31/07/2021.	
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: • Participation of relevant members of the Multi-Disciplinary Team will be requested at the next annual review meeting of each Resident. The aim of the meeting is to look at the effectiveness of the Personal Plan along with identifying any additional recommendations from the review to provide up to date guidance to inform staff practice. Comprehensive minutes of the review meeting will be taken and include all aspect of care discussed, these minutes will be used inform updates on Resident's support needs. This will be completed by the 30/08/2021. • The PIC and Team Leader will both audit one randomly selected plan per month. The PIC will carry out this process as part of the Residential Services PIC Monthly Audit. The purpose of the audit will be to ensure the effectiveness of current plans and to identify if activities offered and engaged in are in line with assessed needs of residents and their expressed wishes.	

• The Team Leader will work with both the resident and their chosen keyworkers to ensure that the resident to ensure their Support Plans are in an accessible format appropriate to the resident's needs, such as easy read/plain English / pictorial / tape recorder etc. This will be completed by 31st August 2021.

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/08/2021
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	Substantially Compliant	Yellow	30/08/2021

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			