



# 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:	18 November 2022
Centre ID:	OSV-0003261
Fieldwork ID:	MON-0029236

## 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. The majority of 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. One resident avails of an in house day programme. There is one staff available to the residents during the day, two staff in the evening and a sleep over staff at night. Fulltime nursing care is not required. 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 (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
Friday 18 November 2022	10:05hrs to 17:55hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, this inspection found good quality care and support was being provided to residents. Some improvements were required in relation to individualised assessment and personal plans, positive behaviour support, premises, and fire precautions. These areas are discussed further in the next sections of the report.

This centre was made up of two adjoining houses. The inspector met with four of the five residents that lived in the centre on the day of the inspection. Three residents returned to the centre after attending their day services and said they had a good day. One resident was facilitated to have their day programme each day from their home as this was their choice. They chose to go out for a drive and for lunch in the afternoon. The inspector did not get the opportunity to meet with the last resident as they were at their day programme and afterwards were going on a weekend break with their family.

All four residents were observed to relax upon their return to the centre. They told the inspector that they planned to watch a particular programme on the television that night as it was a particular favourite of theirs. Residents were observed to move freely around their home. One resident made tea for themselves and offered to make some for the inspector. Residents engaged with each other in a friendly and relaxed manner. Three residents spoken with said they enjoyed living in the centre and were complementary of the staff team.

Upon entering the premises the house appeared clean and tidy. There was sufficient space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, such as televisions, art supplies, jigsaws, and games. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings. Residents' rooms had personal pictures and items displayed. Both houses that made up the centre had personal pictures displayed around the house.

In addition to the person in charge, there was one staff member on duty during the day of the inspection and one other staff member on for the evening in the centre. The person in charge and the staff member spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. They were observed to engage with residents in a manner that was respectful. Residents appeared relaxed and comfortable in the presence of staff.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided for four residents by family representatives and one by a staff representative. They indicated that they were happy with their home and in relation to the care and supports provided in the centre. One family member stated that their experience of the centre had been very

pleasant and that staff were very caring and understanding.

The provider had also sought resident and family views on the service provided to them by way of six-monthly unannounced visits to the centre. Feedback received indicated that residents and families communicated with were satisfied with the service. Residents spoken with had indicated that they were happy and that the house was comfortable. In addition, the centre had received compliments from a family to include that communication with staff and management was very good and that they were happy with the level of care in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. This centre was last inspected in April 2022 with regard to infection prevention and control and previous to that in September 2021 where it was observed that some improvements were required to ensure the centre was operating in full compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the two previous inspections had been completed by the time of this inspection.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a comfortable and pleasant place to live.

There was a statement of purpose available as per the regulations and it contained the prescribed information required as per the regulations.

There was a defined management structure in place which included the person in charge and in addition, the residential services manager who was the person participating in management for the centre. The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They were responsible for the running of two designated centres. They spent the majority of their time in this centre due to the higher needs within this centre.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as finance, medication management, and infection prevention and control. In addition, the person in charge had developed an oversight tool and conducted environmental observations of the centre twice per month.

The inspector observed that there was a planned and actual roster in place. A review of the rosters demonstrated that the staffing and skill mix were appropriate to the number and assessed needs of the residents. A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

There was a directory of residents in the centre and it contained all relevant information.

The provider had ensured that volunteers in the centre had their roles and responsibilities set out in writing. They had been vetted appropriately by the National Vetting Bureau and in addition had received training in adult safeguarding.

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

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was responsible for two designated centres. The inspector found that they were actively involved and participated in the operational management of the centre. This provided reassurance that practices were appropriately supervised and managed.

In addition, they were employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and

qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had completed safeguarding adults training and eating drinking and swallowing training. Some staff members were scheduled to complete training in the use of wheelchair clamping on vehicles within the coming weeks of this inspection.

There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team in line with the organisational policy.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents and it contained applicable information as set out in the regulations.

Judgment: Compliant

### Regulation 21: Records

All required records were maintained and available for inspection. The person in charge had ensured that local records were well maintained, including records of staff meetings and supervision.

Judgment: Compliant

### Regulation 22: Insurance



The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the residential services manager who was the person participating in management for the centre. The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They were responsible for the running of two designated centres. They spent the majority of their time in this centre due to the higher needs within this centre.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as finance, medication management, and infection prevention and control. In addition, the person in charge had developed an oversight tool and conducted environmental observations of the centre twice per month.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available as per the regulations and it contained the majority of the prescribed information required. Any omitted information was added and evidence shown to the inspector.

Judgment: Compliant

### Regulation 30: Volunteers

The provider had ensured that volunteers in the centre had their roles and responsibilities set out in writing. They had been vetted appropriately by the National Vetting Bureau and in addition had received training in adult safeguarding.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services (The Chief Inspector) at the end of each quarter all of the restrictive practices within the centre and any other adverse incidents that occurred in the centre in line with the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the residents received a good quality of care and support in their home. It was evident that staff members had a good level of knowledge of the measures required to support residents to meet their needs and to manage risk in the centre. However, as previously stated some improvements were required in relation to individualised assessment and personal plans, positive behaviour support, premises, and fire precautions.

Residents' needs were assessed on an annual basis. They were reviewed in line with changing needs and circumstances and there were personal plans in place for any identified needs. Personal plans for the most part were reviewed at planned intervals for effectiveness. However, one care plan for a resident did not adequately provide staff with all applicable information for a specific healthcare condition. This was discussed with the person in charge. In addition, one resident was overdue a review for their eating drinking and swallowing assessment. Two other plans for residents could not be found on the day of the inspection and from speaking with the person in charge those two assessments had not been reviewed within the last couple of years.

Residents' healthcare needs were assessed and staff were familiar with residents' support needs. Appropriate healthcare was made available to each resident, for example, a physiotherapist.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of restrictive practices in place, such as door locks, these were used as a measure of last resort and for the shortest duration of time. Any restrictive intervention had been assessed to ensure its use was in line with best practice and alternatives were being sought by the person in charge.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. However, one behaviour support plan did not adequately guide staff and contained information

that was no longer applicable. For example, the plan stated that management would look into reintroducing a day service for the resident, however, the resident had already recommenced their day service approximately a year previously.

There were arrangements in place to protect residents from the risk of abuse. Staff had training in adult safeguarding and there was an established reporting system in place. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise. The person in charge completed a monthly audit of residents' finances including their online banking.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about any aspect of the service provided to them. In addition, the person in charge ensured that residents had one-to-one sessions with staff members to explain any upcoming appointments or changes that occurred in the centre.

Visits were facilitated with no visiting restrictions in place in the centre. A private area for entertaining visitors was available.

The inspector reviews the centre's residents' guide and found that it contained the required information as set out in the regulations.

From a walkabout of the centre the inspector found the houses to have adequate space and they were laid out to meet the needs of the residents. The centre was generally clean and in a good state of repair. However, a plug hole of a resident's sink had a build up of limescale and some grouting in one of the main bathrooms was noticeably discoloured in places. In addition, as per the last two inspections there continued to be gaps observed in the centre's cleaning checklists. Furthermore, the painting in one sitting room had minor chips in several places and there was a broken back board of a basketball net hanging on the back of one house.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents.

The inspector reviewed arrangements in relation to infection control management in the centre. There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. Actions from the last infection prevention and control audit in April 2022 had been completed by the time of this inspection.

The provider had ensured that regular fire drills were taking place and could demonstrate that residents could be safely evacuated out of both buildings. The provider had also ensured that the fire detecting systems and firefighting equipment had been serviced appropriately. Fire training had also been provided to all staff members. However, a review of the fire doors in the centre found that one of the fire containment doors that made up a set of double doors did not have a self-closing device fitted. In addition, one set of double fire containment doors did not

have intumescent strips or a cold smoke seal fitted. Furthermore, some cold smoke seals were found to have a light layer of paint on them and this could compromise the smoke containment performance.

### Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. A private area for entertaining visitors was available, for example, the sitting rooms.

Judgment: Compliant

### Regulation 17: Premises

The layout of the premises was appropriate to meet residents' needs. Generally, the premises was found to be in a state of good repair although there were some minor painting touch ups required in the sitting room of one premises. In addition, a plug hole of a resident's sink had a build-up of limescale and some grouting in one of the main bathrooms was noticeably stained in places. There was a broken back board of a basketball net hanging on the back of one of the houses. Furthermore, as per the last two inspections there continued to be gaps observed in the centre's cleaning checklists.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as a resident at risk of wandering off, had also been assessed to inform care practices.

In addition, equipment used to support residents was all serviced within the last year.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and there were a range of hygiene checklists and audits in place to ensure that this was maintained. Actions from the last infection prevention and control inspection from April 2022 had been completed by the time of this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that regular fire drills were taking place and could demonstrate that residents could be safely evacuated out of both buildings. The provider had also ensured that the fire detecting systems and firefighting equipment had been serviced appropriately. Fire training had also been provided to all staff members.

However, a review of the fire doors in the centre found that one of the fire containment doors that made up a set of double doors did not have a self-closing device fitted. In addition, one set of double fire containment doors did not have intumescent strips or a cold smoke seals fitted. Furthermore, some cold smoke seals were found to have a light layer of paint on them and this could compromise the smoke containment performance.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on an annual basis. They were reviewed in line with changing needs and circumstances and there were personal plans in place for any identified needs. Personal plans for the most part were reviewed at planned intervals for effectiveness.

However, one care plan for a resident did not adequately provide staff with all applicable information for a specific healthcare condition. This was discussed with

the person in charge. In addition, one resident was overdue a review for their eating drinking and swallowing assessment.

In addition, two other residents plans could not be found on the day of the inspection and they had not had their assessments reviewed within the last couple of years.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported with their healthcare needs and appropriate healthcare was made available to each resident. Each resident had attended an annual medical review in the last 12 months. Residents had access to a general practitioner service (G.P), and a range of allied health professionals, such as a physiotherapist and an occupational therapist (O.T) as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge was promoting a restraint free environment. Any physical restraints, such as door or gate locks were used for the shortest duration of time and alternatives were being sought by the person in charge.

Where residents presented with behaviour that challenges, the provider had arrangements in place to ensure these residents were supported. However, one behaviour support plan did not adequately guide staff and contained information that was no longer applicable. For example, the plan stated that a particular therapy was to be trialled, however, the person in charge confirmed it was decided a year previously that the therapy was not going to be used.

Judgment: Substantially compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff had training in adult safeguarding and there was an established reporting system in place. There were no open safeguarding issues within the centre. Staff spoken with were familiar with the steps to take should a safeguarding concern arise. The person in charge completed a monthly audit of residents' finances including their online

banking.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about an aspect of the service provided to them. In addition, the person in charge ensured that residents had one-to-one sessions with staff members to explain any upcoming appointments or changes that occurred in the centre. This was in order to support and maximise the residents' understanding of important events and was also used as a method for ascertaining consent.

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 (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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Teach Geal OSV-0003261

Inspection ID: MON-0029236

Date of inspection: 18/11/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The sitting room which was identified as requiring painting touch ups will be fully painted, completed by 13/1/23.</p> <p>Plug hole of resident's sink has been cleaned to remove a build up of limescale, completed 10/12/22</p> <p>Stained grout in bathroom will be treated by maintenance, completed 16/12/22</p> <p>Broken backboard of basketball net will be removed from side of house by maintenance, completed 16/12/22</p> <p>The PIC has reviewed the cleaning checklist, the new checklist has been explained to all staff and was implemented on the 1/12/22</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All doors that require the replacement of cold smoke seals due to a light layer of paint on them will be replaced 15/1/23. Following a meeting with the fire officer on the 5/12/22 it is recommended that all doors upstairs be fitted with both cold smoke and intumescent seals and that doors down stairs be fitted with intumescent seals only, this will be completed by 15/1/23. The set of double doors to the sitting room of number 32 will be fitted with a self-closing device 15/1/23.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will complete a review of care plans, this will ensure all relevant information is included in residents care plans and staff will have access to all applicable information associated with resident's health care needs. 10/12/22</p> <p>The PIC will create an index which will clearly outline all allied health care professionals</p>	

that residents have access to, this will allow staff to clearly see when residents are due follow up appointments such as eating, drinking and swallowing Assessments as well as specific health care conditions and will minimize the risk of residents becoming overdue for assessments. 13/1/23

New referrals will be made for residents who have been identified as not having the required assessments carried out within the appropriate time frame. 12/12/22

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

A review of resident's behavioral support plans will be carried out by the PIC in conjunction with the service providers behavioral supports specialist. Any plans that are no longer applicable will be taken out of resident's files and archived, any plans that required to be tailored will be updated and discussed with residents and staff. 13/1/23

## 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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	13/01/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/01/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/01/2023
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	13/01/2023

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	13/01/2023