

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

Issued by the Chief Inspector

Name of designated centre:	Meadowview Bungalows 1 & 2
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 March 2023
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0033820

About the designated centre

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

The centre provides residential services to 10 adults 18 years and over, who present with a diagnosis of intellectual disability and autism. The centre is located a short drive from a village in Meath. There are two purpose-built bungalows within this centre, accommodating a total of ten residents. Each unit is fully wheelchair accessible and each resident has their own bedroom. Two of the bedrooms are en-suite. Each unit consists of a kitchen, utility and separate dining room. Furthermore, there are three communal living areas available to residents. Each unit also has two bathrooms and two toilets available. There is also a communal garden available to residents. The centre is staffed by a combination of staff nurses, support staff and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Thursday 2 March 2023	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulations and standards. The designated centre is made up of two campus-based bungalows which together accommodate ten residents. The inspector visited both bungalows, met staff, the person in charge and the person participating in management. Residents had differing preferences about the inspector visiting their home, some preferred not to meet the inspector, and others were comfortable with the inspector observing their daily lives, albeit for short periods of time.

Both bungalows were appropriate to meet the needs of residents, with spacious indoor and outdoor areas, and personal rooms for each person. One of the bungalows only accommodated four residents, and this was based on their needs to have both a personal bedroom, and the facility to spend time alone in one of the various living areas of their home.

On arrival to the centre, the inspector observed that all current infection control and prevention (IPC) guidance was being implemented. The inspector found that residents were being supported in multiple different ways in accordance with their assessed needs and preferences. During the 'walk around' of the centre, some residents were choosing to spend time in their rooms, and were not amenable to interaction. Staff were observed to have brief chats with residents from outside their doors, and to respect their preference to limit their interaction at that time.

Given that residents chose to limit their interactions in this way, the inspector made observations, spoke to staff and reviewed documentation relating to activities, communication and consultation. Throughout the inspection the inspector observed staff making all efforts to ensure that the elicited choice from residents, from discussing activities through a closed door, to the development of social stories to aid communication and understanding, and to support residents with new activities.

There were multiple aids to communication throughout the centre, including pictorial representations of menu items, to aid choice of meals and snacks, and easy-to-read information about various aspects of daily life, including IPC issues such as hand washing.

Each resident had their own room which was personalised and furnished in accordance with their preferences. There was evidence that people had all their belongings arranged in their rooms as they chose, and there were several examples of items relating to the hobbies of residents, such as musical instruments, sensory items, and photos of their favourite activities. Some people had their own keys to their rooms, and kept them locked if they preferred.

Among the various communal living areas was an activities room which housed items and equipment for residents' hobbies, including a toy collection, a keyboard and colouring in items. There were several tables, so that residents could choose

their activities, and could access their hobbies as they chose.

The inspector observed staff supporting residents throughout the inspection, and it was clear that they were familiar with the communication needs of residents, and responded accordingly. Some residents had very specific routines that were important to them, and these were supported by staff. All the interactions observed by the inspector were respectful and caring in nature.

Members of staff spoke to the inspector about the ways in which they supported residents, and were knowledgeable about their specific and individual needs and preferences, both in terms of communication, and in managing any behaviours of concern. They described some of the individual ways of supporting residents such as dancing to music with them, or simple activities such as walking alongside someone and keeping them company.

Overall it was apparent that significant efforts were put in to ensure that individual needs were met. Although some improvements were required as outlined later in this report, in relation to maintenance of the premises, staffing issues and goal setting for residents, it was clear that the rights of residents were respected, and that they were being supported to have a meaningful life.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place including six-monthly unannounced visits on behalf of the provider and a suite of audits undertaken by the person in charge.

The person in charge was appropriately skilled and qualified, and demonstrated clear oversight of the centre, and a detailed knowledge of the support needs of residents.

The person in charge kept a planned and an actual roster, and while the skills mix of staff was appropriate to meet the needs of residents, the numbers of staff on duty was not always consistent with the identified needs of residents.

Staff training was up to date, and included both mandatory training and additional training in relation to the specific support needs of residents. A system of formal staff supervisions was in place, although it was not yet up to date, however, there were effective daily supervision systems in place.

There was a clear and transparent complaints procedure, and complaints were

investigated and responded to appropriately.

The centre was adequately resourced, and all required equipment was made available to residents and was well maintained.

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge who was a daily presence in the centre, and had clear oversight.

Judgment: Compliant

Regulation 15: Staffing

The inspector met several staff members on the day of the inspection, and found them to be knowledgeable about the care and support needs of residents, and observed them to be delivering care in accordance with the assessed needs of residents.

A planned and actual roster was maintained as required by the regulations, however, the numbers of staff on duty was inconsistent, and over the last two months there was a shortage on one or two days each week, and in one week there were shortages on five days.

Several members of the staff team were newly recruited, and there was a documented system of induction for new staff which included the requirement to be familiar with the support needs of residents. The person in charge discussed with the inspector how they monitored this process.

The skills-mix of the staff team was appropriate to meet the needs of residents, and the person in charge was supported by registered nurses together with social care staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up to date and staff engaged by the inspector could discuss the learning from their training courses. A record of training was maintained so that the person in charge had clear oversight.

There was a system of staff supervisions, which required these to be completed on a quarterly basis. Supervisions conversations had not been regularly held in the year prior to the inspection, and although they had recommenced in January, were not yet up to date.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and any required actions were clearly identified. All actions reviewed by the inspector had been completed within their required timeframes.

A suite of audits included audits of healthcare, restrictive practices and accidents and incidents. There was a system whereby the person in charge received and electronic alert when actions were near their completion dates or were overdue. A new system of audits had recently been introduced whereby, the persons on charge audit each other's centres on a quarterly basis.

Regular staff meetings were held, and a record was kept of the discussions and required actions. Staff were required to sign the minutes of the meetings. Discussions included issues relating to individual residents together with IPC, safety and restrictive practices, and any areas for improvement were identified.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure, and information relating to the process of making a complaint was readily available to residents and their families and friends.

A recent complaint following shortly after the new admission of a resident to the designated centre had been discussed with the complainant, and appropriate measures had been put in place to resolve the issue. The steps towards resolution had been documented, the satisfaction of the complainant recorded, and the complaint closed.

Another complaint was under review and the person in charge had met the complainant and sent them a report about the issue raised. It was apparent that complaints were taken seriously, and that steps were taken both to communicate

with any complainant, and to resolve any issues raised.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA, including notifications of any incidents of concern, and there was evidence of steps having been taken to resolve issues where the behaviour of residents had an impact on others. The inspector reviewed these incidents and found that effective measures had been taken, and that the number of incidents had been significantly reduced.

Judgment: Compliant

Quality and safety

The premises were appropriate to meet the needs of residents, and the numbers of residents in each of the bungalows was in accordance with their assessed needs. There were some outstanding maintenance issues as discussed later in the report.

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Each resident had a personal plan in place based on an assessment of needs, although some improvements were required in some of the plans to ensure that personal goals were set with residents in a meaningful way.

Healthcare was effectively monitored and managed, and both long-term conditions and changing needs were responded to appropriately.

Residents were observed to be offered care and support in accordance with their assessed needs throughout the inspection, and staff communicated effectively with all residents.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines. There were risk management strategies in place and all identified risks had an associated risk assessment and management plan in place.

Regulation 13: General welfare and development

There were various daily activities in place for residents, both in the local community and in their homes. The provider's last six-monthly unannounced visit to the centre had identified that improvements were required in the further development of activities, and a plan had been put in place to address the issue. Significant improvements had been made, and a new system of recording activities was being trialled in order to improve oversight.

Some people were involved in activities in the community such as horse-riding and swimming, or visits to a particular shop in relation to specific hobbies. Others attended a day service several times each week.

Staff described to the inspector some of the activities that individual residents enjoyed, including simple home based activities, and sensory activities. Staff were knowledgeable about people's routines, especially where set routines were important to people, and described how activities fitted into their schedules.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the designated centre was appropriate to meet the needs of residents. There were adjacent bungalows, one which accommodated four people, and the other accommodating six. Only four people live in one of the houses because of their specific needs to have their own personal space, including the facility to be in individual living areas.

Each resident had their own room and there were facilities available to them including a sufficient number of bathrooms, laundry facilities, and garden areas. There was, however, some unnecessary signage in some areas of the houses which pertained to staff instructions, and were not relevant to residents.

The inspector identified some maintenance issues which required attention, some of which had been identified by the provider and were awaiting completion, and some of which had not yet been identified. Some of the outstanding maintenance issues included an unclean stained sink in a utility area and a damaged floor in a living room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there was a detailed risk management plan in place for each. These risk assessments and management plans included both environmental and local risks, and individual risk for each residents, for example the risk of choking for one resident, which included the recommendations of the speech and language therapist.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained.

There had been an audit of IPC conducted in the week prior to this unannounced inspection which was detailed and thorough, and already most of the identified actions had been implemented.

There was a contingency plan which outlined all the steps to be taken in the event of an outbreak of an infectious disease, and which was informed by the current public health guidance.

Various policies relating to IPC were in place and had been regularly reviewed and were evidence based.

Easy-to-read information was available to residents about current infectious disease risks, hand hygiene and the possibility to have to self-isolate.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency. There was a detailed personal evacuation plan in place for each resident, which had been regularly

reviewed, and all of which presented evidence that residents would comply with an evacuation in an emergency.

Staff had all received training in fire safety, and all had been involved in a fire drill. A list of staff involved in fire drills was maintained so that together with up-to-date training the provider was assured of their competence should the occasion arise. The inspector asked staff members how they would respond in the event of a fire, and all responded appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a detailed care plan in place for each resident which had been regularly reviewed and which was based on an assessment of needs. These care plans included detailed guidance for staff in various aspect of care and support, including healthcare needs, positive behaviour support, communication and social care needs.

There was also a person centred plan for each person which included information about preferred activities, sensory needs for some people and detailed information about likes and dislikes.

Some residents had particular needs for example in relation to a preference for rigid routines, and there was clear information about the management of these needs together with also supporting activities and opportunities for new experiences.

However, where goals had been set for residents to support the maximisation of their potential, not all of them were meaningful. For some people clear and relevant goals were set, there were associated social stories to aid understanding and involvement and steps towards achievement were recorded. For others the goals were vague and meaningless and included comments such as 'expressed an interest in...', which did not indicate either a clear purpose, or any supports that the resident might need.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed, both for medical and nursing healthcare needs, and for mental healthcare needs. There were regular reviews by the appropriate members of the multi-disciplinary team, and these were documented and readily available in the organisation's digital system.

The care plans mentioned under regulation 5 included detailed healthcare plans for

all the identified healthcare needs. Care plans were detailed and based on assessments of needs. A sample of care plans was reviewed by the inspector, and all of those reviewed were detailed and current and included issues such as low sodium, skin integrity or changing medical conditions. There was a very detailed epilepsy management care plan which gave clear guidance including the administration of prescribed rescue medications.

The implementation of both the recommendations of members of the multi-disciplinary team and the guidance in the care plans was recorded on a daily basis. Staff could describe the healthcare needs of residents, and their role in implementing and recording care delivery.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had been identified as needing positive behaviour support, there were detailed behaviour support plans in place which were based on a thorough assessment, and were regularly reviewed. The plans included clear guidance for staff in both proactive and reactive strategies. Where physical interventions were identified as being required to ensure the safety of residents the guidance for use included step-by-step instructions including photographs for the correct application of interventions.

A clear record was maintained of the use of each intervention, both physical and environmental interventions.

There was evidence of innovative methods of managing the behaviours of residents to ensure that they were not disruptive to others. For example, where a resident liked to repeatedly turn electric switches and light switches on and off, a switch board that was not connected had been installed on the wall near the resident's chosen location in the centre. The resident was therefore free to flick these switches with no effect on other residents.

It was of note that the behaviour support professional attended the centre on the day of the inspection, and was not well received by the resident they were visiting. They left in accordance with the preference of the resident. The inspector found that these visits were of a daily nature, so that effective interactions could take place with the consent of the resident, and were always terminated if the resident chose not to engage.

Where there were restrictive interventions in place there was a clear rationale for their use, and evidence that they were the least restrictive necessary to mitigate the identified risks. There were also clearly identified ways of ensuring that the restrictions had the minimal effect on other residents. For example, where limited access to the kitchen was necessary for the safety of one of the residents, other residents knew the code for the door lock so that they could access the kitchen

freely, or had established ways of requesting support to access the area.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy in place, and all staff had received training in the protection of vulnerable adults. Staff could describe their role in protecting residents from all forms of abuse.

Where there had been safeguarding plans in place to support the protection of residents which had now been closed, the interventions required to ensure their safety were on-going and formed part of the personal planning. Where there had been some incidents relating to negative interactions between two residents following the admission of one of them to the centre, the incidence of this had significantly reduced following the implementation of control measures.

All accidents and incidents were clearly reported and recorded, and there was a system of analysis of the data to facilitate oversight of such risks in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rights review committee in place within the organisation, to which referrals in relation to any restrictive interventions could be made. Any appeals in relation to restrictive interventions were examined in detail by this committee which was multi-disciplinary in nature, and the included a committee member external to the organisation.

Residents were consulted about the running of the designated centre in ways which were meaningful to them. Group residents meetings had been in place, but when residents indicated that they did not wish to continue with these meetings, the consultation process changed to individual discussions to respect this choice. Notes were kept of each of these meetings, and various different ways of communicating were employed, for example the use of pictorial social stories, or pictures of menu items so that residents could choose their meals and snacks.

The rights of people to have information about their support and care was also respected in these ways, for example, where a resident's medication was administered in a drink, a pictorial social story had been developed to assist their understanding, and to ensure that they were aware of the medication.

Various courses that staff had undertaken included reference to the rights of

residents, for example the course on the protection of vulnerable adults was described as being rights focused. The person in charge and staff could all discuss the rights of residents, and describe multiple ways in which these rights were respected, including support for making choices, respect for the privacy of each person, and also for each person's preference in relation to personal space.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	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	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 Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0033820

Date of inspection: 02/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Two additional WTE staff have being recruited by HR and are in place. • A review of staffing contingency measures has been conducted with the Person in Charge. • Arrangements are in place to respond quickly to unexpected staff shortages to ensure continuity of care. • The Person in Charge will continue to utilize the planned and actual staff rosters, to identify staffing requirements. The relief panel will be contacted to fill shifts as required. The Talbot Group currently have access to over 120 staff members who are available to complete relief hours. • An overtime initiative is also available to all staff within the Talbot Group, to enhance the organizations staff contingency arrangements. • This initiative will be used as a contingency arrangement and in accordance with the working time Act. • Additionally the Person in Charge is supernumerary and in the event of an unplanned absence, the Person in Charge can be used to supplement front line staffing arrangements. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The person in charge will ensure all supervisions are completed in line with the requirements of Regulation 16 and Talbot group policy on Performance management . 	

- A supervision schedule has being developed for 2023.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A review of the premises was completed by the Assistant director and Procurement and Estate Manager to identify maintenance issues outstanding issues which require attention and theses issues have being put on a schedule for completion . the two issues identified by the inspector on the day include

- The damaged floor in a living room has being repaired
- The unclean stained sink in a utility area will be replaced .

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All staff will be required to complete in person Keyworker training.
- The purpose of this training will be to ensure all staff understand the importance of SMART goal planning with residents in line with interests and likes.
- All goals will be monitored regularly by the person in charge to ensure there is appropriate planning and implementation of the documented plans.
- This monitoring will also form part of monthly governance with the Assistant Director of the service.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/04/2023
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	28/06/2023
Regulation 17(7)	The registered	Substantially	Yellow	28/06/2023

	provider shall make provision for the matters set out in Schedule 6.	Compliant		
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/05/2023