



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

## Issued by the Chief Inspector

Name of designated centre:	College Green Designated Centre
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	29 November 2021
Centre ID:	OSV-0005872
Fieldwork ID:	MON-0027107

## About the designated centre

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

College Green comprises of two bungalows both of which are close to the centre of Kilkenny City. Both houses aim to provide community based living in a homely environment for adults with intellectual disability and additional complex medical conditions. They are both high support homes with a requirement for three staff in the day and two staff overnight. Each house sits on it's own site with ample parking and enclosed gardens. One house is registered for a maximum of five individuals, each having their own bedroom, and with three of these en-suite. There is a large and small sitting room, and a kitchen dining room, with a smaller quiet sitting room and a working or cooking kitchen separate to the kitchen/dining room. The other house is recently refurbished and is registered for six individuals currently. It has six bedrooms, three of which are en-suite, one used as a sensory room, a large sitting room, a kitchen, and a dining room. This centre aims to develop services that are individualised and person centred, promoting inclusion and relationship building in and of the communities in which the residents live. Residents are supported by a staff team comprising of a combination of Nurses, Social Care Leaders and Social Care Workers and Care Assistants. In addition a household cook is also employed Monday – Friday within each home.

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

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 29 November 2021	10:30hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to visit both houses that comprise this designated centre and to meet with all residents present on the day of inspection. Some residents indicated that they preferred to complete their daily activities without engaging with the inspector while others wished to engage with the inspector over the course of the inspection. At all times the inspector wore face masks and maintained social distancing in line with current public health guidance during their interactions with residents and staff. The inspector used conversations with residents and key staff, observations and a review of documentation to inform judgments on the quality of care in the designated centre.

The inspector found that both houses were warm and decorated in a manner that was personal to the residents. Changes had been made to both houses that were reflective to changing resident need such as a second living room in one house or a sensory room in another. The designated centre was observed to be clean and tidy. The inspector observed staff cleaning high traffic areas throughout the day. The inspector also saw that staff were wearing face masks and engaging in regular good hand hygiene practices. Residents were observed in one house using the communal dining area for meals. Also residents were observed to watch television in the sitting areas. The garden of one house had been the focus of numerous resident projects and was personalised with ornaments, painted areas of fencing and walls and contained individually selected outdoor furniture.

The Inspector observed that the residents were more engaged in activities and active in one house than in the other where the inspector observed that some residents spent significant periods on their own or not engaged with their peers even at mealtimes. Staff and resident interactions were observed to be friendly and warm. Staff were observed sitting with residents during mealtimes and engaging in casual conversations. Staff were also observed to communicate with residents in a manner which respected residents' dignity and autonomy. For example, staff were observed asking residents if it was okay to assist them before doing so. Staff checked in with residents while they were engaged in quieter activities such as watching TV to see if they needed any support.

Residents drew the inspectors attention to their favourite things and talked or indicated using non-verbal means about how they liked specific films or actors, one resident showed the inspector some new furniture they had bought for their home. Another resident had been drawing and colouring and requested their picture be hung up and staff worked alongside them to decide where best to display it.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that this centre met the requirements of the regulations in many areas of service provision. However, some improvements were required in the areas of governance and management, staffing, general engagement of all residents and personal plans.

There was a suitably qualified and experienced person in charge who had oversight of another designated centre in addition to the current centre. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The designated centre had two team leaders in place one in each location who reported directly to the person in charge. This supported the person in charge in their governance, operational management and administration of the designated centre.

Local audits were being completed by the team leaders with oversight provided by the person in charge in addition to audits by the person in charge with oversight provided by the assistant director of service. The outcome of these audits identified immediate areas that required action however, it was not clear how the audit information was used to trend and analyse to identify areas for learning that could be applied to the centre. The systems in place to ensure that actions identified as part of the providers audits were being completed was not clear and the inspector could not identify how progress against an action was monitored.

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

While an application for the renewal of registration of this designated centre had been received and was reviewed in advance of this inspection it had been made outside of the required timeframe. In addition the floor plans required review as they were not found to be an accurate representation of room use within the designated centre. This was completed by the provider following inspection. .

Judgment: Substantially compliant

## Regulation 15: Staffing

It appeared to the inspector that there were sufficient staff in the designated centre on the day of inspection in order to provide care and support to the number of residents. A planned and actual roster was maintained. Review of this indicated that there was significant reliance on agency staff members to provide cover for gaps in the staff team. Staff who spoke to the inspector stated that maintaining a consistent staff team was a challenge and the inspector spoke to agency staff who were on duty the day of inspection.

The staff were supported to use their time in a focused way to benefit residents by the presence of ancillary staff such as a cook in both of the houses.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A training matrix was maintained which accurately reflected the training completed by the designated centre staff team. All centre staff had completed mandatory training in areas including fire safety, safeguarding and medication management. All staff where required had completed resident specific training in areas such as eating, drinking and swallowing difficulties, catheter care and epilepsy management. Some aspects of the resident specific training was offered and made available to agency staff by the provider. The person in charge was notified if staff required refresher training and access to this could be arranged.

Staff in the designated centre had access to regular supervision, the frequency of which was found to be in line with the provider's policy.

Judgment: Compliant

### Regulation 23: Governance and management

There was a management structure in place that clearly identified lines of authority and accountability. There were team leaders in both premises who had additional responsibilities that were in place to support the person in charge. These included completion of some audits and staff supervision. The responsibilities of the team leaders had been determined at a centre level in order to ensure that there was a quality and safe service provided to residents.

An annual review of the quality and safety of care and support had been completed which was detailed with identified actions that were assigned to a named individual and were measurable. A six monthly unannounced visit had also been completed in November 2021 however there had not been two of these within the required time

frames, the provider did have a schedule for completion of these going forward. Learning outcomes from these audits had been identified and allocated to a named individual however, progress towards the completion of these was not clearly identified.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of incidents and adverse events as required by the regulations. A review of the notifications submitted to the Chief Inspector was completed. This review demonstrated that the death of a resident had not been notified to the chief inspector as required

Judgment: Not compliant

### Quality and safety

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were safe and were receiving a quality service. Residents were seen to be treated with dignity and respect and the care provided was appropriate to the residents' needs and was person centred. The core staff team who worked at the centre and those spoken with were knowledgeable of residents' needs and the local policies and procedures. Areas for improvement such as infection prevention and control, personal plans and premises were identified whereby the provider had failed to fully meet the requirements of the regulations.

The centre comprises two bungalows on the outskirts of Kilkenny city and they were well maintained and in a reasonable state of repair,. Where minor areas required decoration these had been identified by the provider with a plan in place to address them. The inspector observed personal protective equipment (PPE) being used by all staff on the day of inspection with hand sanitisers and hand washing facilities available.

### Regulation 13: General welfare and development

For the most part the residents were observed to be happy, active and engaged in activities or opportunities in their community that they enjoyed. However, as already stated this was not the case for all residents. Where wheelchair accessible transport



was required for residents to access the community, the inspector found that residents were scheduled for short drives only at preset times which did not allow for ease of access to the community. The inspector observed that some residents over the course of the day of inspection were not engaged in activities and spent considerable periods alone. Staff who spoke to the inspector outlined how residents often followed the same schedule daily with some residents not leaving their room for mealtimes.

Judgment: Not compliant

### Regulation 17: Premises

The inspector found that the premises was well maintained and homely and that previously identified areas for maintenance and repair had now been completed. Each resident had their own bedroom which were personalised and had items important to them on display. Where required some residents had larger rooms that facilitated the storage of their equipment such as mobility aids and hoists. The inspector raised a concern with the provider on the day of inspection regarding the provision of aids and appliances that had been identified to promote the full capabilities and independence of residents. This related in particular to the replacement of an overhead hoist which was required by a resident. Following the inspection the provider assured the inspector that the decision on provision and funding of this had been reviewed and the hoist was to be provided for the resident. A mobile hoist was being used in the interim.

In both premises the residents had access to outdoor spaces or gardens and in one house the residents particularly enjoyed being in their garden.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Arrangements were in place for the management of risk at the centre. There were site specific health and safety folders which outlined roles and responsibilities in addition to documents such as the centre's emergency plan. A risk register was maintained as too were individual and centre risks. These were reviewed and updated regularly. A log of accidents and incidents were maintained for the centre.

Where assessed risks were rated in accordance to potential severity and appropriate control measures and reviews had been identified, this included for example personal falls risks and allergy risks. There was evidence that new risks were identified and added to the register such as where new uses for rooms in the centre

had been implemented.

Judgment: Compliant

### Regulation 27: Protection against infection

With regards to infection prevention and control (IPC) the provider had adequate arrangements in place. To ensure the ongoing protection of residents, staff and visitors during the COVID-19 pandemic temperatures were checked on arrival to the centre and throughout the day. There was adequate supply of hand hygiene gel and personal protective equipment (PPE) in the centre and additional practices such as designated entry points were also utilised. The provider had an outbreak contingency plan in place, in addition to isolation plans for residents and risk assessments which were reviewed and updated to reflect changes in control measures such as the vaccination status of residents and staff.

There were cleaning schedules and records in place however, the inspector found these contained gaps in recording and it was not possible to be assured that the cleaning identified by the provider as required was being completed as outlined.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider endeavoured to protect residents, staff and visitors from the risk of fire. The centre was equipped with fire-fighting equipment such as fire extinguishers and a fire alarm system which was working at the time of inspection. There was also documentation to evidence that equipment was regularly serviced. Fire doors were also fitted throughout the centre with some utilised to create compartments within the centre that allowed for zoned evacuation.

Each resident had an up-to-date personal evacuation plan which detailed the residents' specific needs. The inspector reviewed the record of the provider's fire drills and noted that they had completed some phased evacuation and simulated night time drills. These provided assurances that all residents could be evacuated safely by the lowest numbers of staff. Where residents were to be evacuated using modes such as wheelchair or bed there was evidence that these were practiced and trialled.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

An assessment of need had been completed for all residents in this centre and was available on their individual file. However, annual reviews had not taken place throughout 2020 and up to the date of inspection although the inspector acknowledges that some were scheduled. Residents were assigned a keyworker and there was evidence that they completed ongoing reviews of personal goals with progress towards achieving these recorded. However, these were not all completed as per the providers timeframes.

Resident goals were where possible within the constraints of the COVID-19 pandemic carried out and photographs taken and arranged in a personalised scrapbook for residents to review their own goals. These included making bird feeders for the garden or a night away in a neighbouring county.

Judgment: Substantially compliant

## Regulation 6: Health care

From a review of residents' assessment of needs and personal care plans it was evident that residents were receiving care that was person centred, tailored to meet their needs and focused on supporting residents to achieve best possible health. Where needs were assessed as requiring support, a support plan was developed and was further reinforced by a risk assessment. It was evident that personal care plans were reviewed at a minimum annually or sooner if there was a change in need.

Residents had access to a range of health and social care professionals and multi-disciplinary supports as required. This was evidenced through attendance at specialised clinics, chiropodist, psychiatrist, dietitians, speech and language therapist and their local General Practitioner (GP) as recorded in their plans. Some of the residents had dementia screening completed and while their immediate needs were being met the provider was endeavoring to put a plan in place with regards to future proofing supports in line with changing needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider and person in charge had systems in place to ensure that the residents in this centre were supported to manage behaviour that challenges and to achieve

the best possible mental health. Where positive behaviour support plans were in place these were detailed and reviewed on a regular basis. Residents had access to psychiatry or behaviour support review as required and were facilitated to attend review appointments.

Restrictive practices that were in place were comprehensively assessed for and their use reviewed on an ongoing basis. The person in charge maintained a restrictive practice register and this was audited at least quarterly. Restrictive practices were risk assessed and where necessary health and social care professional assessment was completed to inform the application of a restrictive practice.

Judgment: Compliant

### Regulation 8: Protection

The inspector found the arrangements in place to safeguard residents were appropriate and residents were protected from abuse. Staff spoken with were knowledgeable on both local and national procedures and were all up-to-date with the relevant safeguarding training. Where safeguarding plans were in place they were reviewed as required with the person in charge linking with the local Health Service Executive safeguarding team as indicated. In addition risk assessments had been completed with control measures used in tandem with the safeguarding plan.

Where residents required support with personal care a detailed intimate care plan was in place to guide staff. These were updated and reviewed on an ongoing basis and the inspector found that staff were familiar with the content of these.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors found there were appropriate practices in place for the administration and safe storage of medications. Staff spoken with were knowledgeable as to the residents' needs in relation to medication. Staff could describe how they ensured medications were provided in a dignified manner. Staff were also clear on the process to be followed should a medication error occur. An up-to-date medication management policy was on file. There were individual assessments of capacity for residents to manage their medications available on a selection of resident files reviewed.

The person in charge and staff team were aware of the specific directions for administration of some medicines such as crushing and these were noted on the residents' prescriptions albeit in the incorrect section. These were to be amended in

the pharmacy. Where medicine was prescribed for use as required (PRN) there were protocols in place that directed staff as to when to use the medicines, the timing of administration and the maximum doses that could be administered. Some clarity was required for staff regarding the use of an epipen for medicine use and this was to be reviewed.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for College Green Designated Centre OSV-0005872

Inspection ID: MON-0027107

Date of inspection: 29/11/2021

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:            The Statement of purpose will be amended to reflect the changes from bedroom to sensory room and will be submitted to the Chief Inspector as agreed.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            All identified gaps in the staffing team have been notified to HR and there is ongoing recruitment.</p> <p>The Organisation is looking to add to its relief pool as part of the ongoing recruitment, this will help with having familiar staff on duty in the centers and with the continuity of care.</p>	
Regulation 23: Governance and management	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule has been completed to ensure that all six month unannounced audits will be fully completed in line with regulation. Following each audit, the auditor will meet with the PIC and Operations manager to give feedback and an action plan and timeline will be agreed. The action plan will be reviewed monthly with PIC and Operations manager to ensure that all actions are been completed within the agreed timeline.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications will be submitted as per the regulations. This will be reviewed monthly as part of the one to one meetings between the person in charge and the Residential Operations Manager.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Transport is being reviewed in the organisation; funding application has been submitted to the HSE for replace of number of older vehicles, in addition to a funding request for the purchasing of new seven seaters. The outcome of these funding requests is still pending.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Organisation reviewed the funding for the replacement hoist that was required for a resident; the hoist was replaced and funded in full by the Organisation.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A review of the current infection control-cleaning checklist has been carried out a more robust and user-friendly template is now in place to ensure infection control is maintained to a high standard.</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:</p> <p>Annual reviews for some residents have been facilitated, dates for all other reviews have been agreed.</p> <p>Key working meetings for each key team every 4/6 weeks is now in place, this will include key workers, team leaders and PIC reviewing all core key working duties, including personal outcomes and agreeing actions to be completed by the next meeting.</p>	

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	31/03/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/03/2022
Regulation 13(2)(c)	The registered provider shall provide the following for	Not Compliant	Orange	31/03/2022

	residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	14/01/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	30/04/2022

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	14/01/2022
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any	Not Compliant	Orange	14/01/2022

	unexplained absence of a resident from the designated centre.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	06/03/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/04/2022