



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

Issued by the Chief Inspector

Name of designated centre:	Beech Villa
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	27 July 2021
Centre ID:	OSV-0007918
Fieldwork ID:	MON-0033193

About the designated centre

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

Beech Villa provided 24 hour residential care to up to four residents who may have a severe to profound intellectual disability and who may require supports with social, medical and mental health needs. The centre was staffed with a skill mix of nursing staff and care assistants, with two care assistants providing waking night cover to support residents with their needs at night. The centre consisted of a detached single storey dwelling located in a rural area and not far from a large town. Each resident had their own personally decorated bedroom, with two bedrooms having en-suite facilities also. All bathroom facilities were level access. Communal areas consisted of a dining-room, sitting room and kitchen area, in addition to a utility area where laundry equipment was located. There was also a large outdoor area, which contained garden furniture for residents to sit outside and enjoy the garden area. The centre had it's own mode of transport to support residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 27 July 2021	10:40 amhrs to 5:00 pmhrs	Angela McCormack	Lead
Tuesday 27 July 2021	10:40 amhrs to 5:00 pmhrs	Alanna Ní Mhíocháin	Support

What residents told us and what inspectors observed

Inspectors found that there was evidence of a good quality, person-centred service that aimed to meet the needs of the residents living in Beech Villa. Through observations by inspectors, a review of documentation, discussions with staff and family members all indicated that residents were comfortable, safe and happy in their home.

This was the first inspection of this centre since its registration in January 2021. Four residents moved from a congregated setting into this centre in February 2021, and inspectors got the opportunity to meet briefly with all residents on the day of inspection. In order to adhere to COVID-19 guidelines and minimise disruption to residents, inspectors visited the designated centre in the morning to meet with residents and staff. A walkaround of the premises was conducted at this time. Inspectors then re-located to a nearby office in order to review documentation. Inspectors also got the opportunity to speak with staff and one resident's family member through telephone calls throughout the day. Appropriate face-mask and COVID-19 prevention guidelines were in place throughout the inspection.

On entering the centre, inspectors observed that the house was clean, bright and welcoming. A COVID-19 sanitization station was set-up inside the front door. The centre had been newly decorated and laid out with residents' needs in mind. The centre had a homely feel with comfortable furniture and the centre was in good decorative and structural repair. Level access and wide doorways throughout the house allowed for ease of movement for all residents. All doors into the living areas and bedrooms were fire doors and equipped with self-closing mechanisms. This allowed them to be held open safely so as not to impede residents' movement throughout the building. The sitting room was comfortably decorated with a large couch and armchair. The addition of artwork and cushions made for a pleasant space to relax and watch television. The dining room was spacious and also had a seating area with two armchairs, one of which was identified as a resident's favourite spot to sit during the day. The kitchen was bright and spacious. One end of the kitchen has been designated as the office space for staff. This has been decorated in similar fashion to the kitchen so that it maintained the homely feel of the room. In addition to the living areas, the communal parts of the house also included a large utility room that contained a locked medication cupboard and locked medication fridge, a hotpress and a WC. There were four bedrooms in the house, two of which were en-suite rooms. The main bathroom and the en-suites were wheelchair accessible and had level-access wet rooms. All bedrooms were individually and tastefully decorated and had adequate storage and space. Profiling beds were available for those residents who required them. The centre was personalised with photographs of residents throughout the house. Notice boards were located at various points throughout the centre displaying relevant information with some notices and documents drafted in picture-based, easy-to-read formats.

Outside, there was a large lawn and tarmac area for sitting out, which was

equipped with garden furniture. Inspectors were informed that there were plans to convert a large piece of ground beside the house into a community garden, in which residents could spend time. Overall, the centre was well laid-out and appeared to be a pleasant, comfortable place to live.

Inspectors met with four residents in the centre. The residents were observed to be going about their daily routines and interacted with inspectors on their own terms. One resident was sitting in the sitting room on the inspectors arrival, and appeared relaxed and comfortable. They were later observed to be supported by staff in getting ready to go on a bus outing. Two residents were observed to be relaxed in the company of each other and staff in the dining-room, and staff were observed to be responding to residents' individual needs. All residents in this centre used non-verbal means of communication and were supported in their interactions by staff. Residents were not able to tell inspectors about their views on the quality and safety of the service. However, they appeared comfortable and relaxed in the company of staff, with each other and in their environment. Residents were observed moving throughout the centre at their own choosing with the support of staff.

Inspectors observed that staff interacted with residents in a warm and caring manner. Staff were observed to be supporting residents' mobility needs as they moved through the centre. Staff reported that they supported residents' communication by being familiar with their behaviours and routines. When asked, staff reported that choices were offered to residents by presenting two different concrete options. For example; by showing them a jar of coffee or box of tea to choose tea or coffee. Staff had made arrangements to promote the interests of the residents. For example the placement of a bird feeder was on the outside of the dining-room window, so that residents could easily watch the birds. Staff were also knowledgeable about residents' preferences in food, music, clothing and daily routines and spoke to inspectors about these.

Staff reported that residents had started to take part in household activities that were new to them since moving to this centre from their previous home, which was based on a congregated setting. Inspectors were informed that residents had opportunities to get involved in the running of the centre through involvement in meal preparation, laundry and recycling. There were photographs of residents engaging in some of these activities in their personal folders. The person in charge reported that residents had been made welcome in the local area by neighbours, and had recently been invited to join a family celebration in a neighbour's garden, with photographs of this event in their personal folders. Although there was evidence of some engagement in social activities, an outline of the personal and social goals were not clearly defined in residents' personal plans and this will be discussed further in the report. However, there was evidence that residents had begun to explore their new community and surrounds with trips to local clothes shops and the beach having recently taken place.

Direct personal contact with family had been difficult for the residents in light of COVID-19 restrictions, but staff had supported residents to send cards and photographs to family members and the person in charge reported that a family day was planned for the future when COVID-19 guidelines allow. Inspectors got the

opportunity to speak with one resident's family member on the telephone. The family member expressed satisfaction with the service, and spoke about how their family member was happy in their new home.

Overall, the inspectors found that the service provided was person-centred and to a good standard. The centre itself was observed to be a very pleasant home. Inspectors observed that staff showed empathy and respect in all dealings with residents and that residents appeared happy and relaxed in their home. The next two sections of the report present 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 service being delivered to each resident living in the centre.

Capacity and capability

Inspectors found that overall this centre was well managed and systems were in place which ensured that the care delivered to residents was safe and to a good quality. However, some improvements were required in the auditing of staff training records and in ensuring staff files were up-to-date with the requirements of Schedule 2 of the regulations. In addition, improvements in the assessments and reviews of some aspects of residents' support plans were required since residents' move from a congregated setting to a community group home earlier in the year. These improvements would further enhance the quality of service provided.

The person in charge worked full-time and was supported in her role by a team of front line staff that consisted of a skill mix of nursing staff and care assistants. The staff rota was reviewed by inspectors and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. Some staff spoken with had worked with residents in their previous home, and said that they had worked with residents for many years. While there were two vacancies at the time of inspection, these were covered by regular agency staff. In addition, the inspector was informed that one position was recently offered to a successful candidate, and the other position was covered by regular staff. There were two waking night staff in place to support residents with their needs and a management on-call system for out-of-hours, should this be required. A review of a sample of staff files noted gaps in documentation; such as out-of-date garda vetting and photo identification, some of which were out-of-date since 2017.

Staff were offered training opportunities for continuous professional development and to ensure that they had the skills and knowledge to support residents. A sample of training records were reviewed, and it was found that there were some gaps in the maintenance of records and information for some staff. For example, there were records missing for one staff that worked in the centre, and the person in charge's audit that listed staff training did not include all staff members that worked in the centre. The oversight of this required improvements to ensure that appropriate

records were maintained; however the person in charge assured inspectors that all staff had the mandatory training required and a sample reviewed demonstrated that a range of training had been completed by various staff. Staff spoken with said that they felt well supported in their roles. Regular team meetings occurred between the person in charge and staff team members, in which a range of topics were discussed and which demonstrated opportunities for staff to raise any concerns that they may have. The person in charge spoke about her plan for carrying out supervision sessions with staff in line with the organisation's policy of one per year; and said that she would be scheduling these soon.

An unannounced provider audit and annual review of the service had not yet been completed as the service only opened in February 2021. However, a quality improvement plan had been developed which included actions from the person in charge's self assessment on compliance and from various risk assessments. This was kept under regular review for completion of actions identified, and was updated on a regular basis. The person in charge had a schedule in place to carry out a range of internal audits in the centre which included; person-centred plans, staff files, staff training, fire safety, health and safety and medication management. In addition, regular reviews took place of incidents that occurred in the centre, and there was evidence that the management team were responsive to actions required to minimise the risk of further incidents from occurring. However, improvements were required in the oversight and monitoring of some of these auditing systems to ensure that gaps in documentation were effectively identified and addressed.

In summary, the provider and person in charge demonstrated that they had the capacity and capability to manage the centre; however some improvements were required in the oversight of training audits and staff files and in the assessments and reviews of some aspects of residents' plans, which would further enhance the care and support provided to residents.

Regulation 15: Staffing

The centre appeared to be effectively resourced to meet the needs of residents. A rota was in place which demonstrated that there was a team of consistent staff in order to ensure continuity of care for residents. Staff files were reviewed against the requirements under Schedule 2 of the regulations; however some documents were noted to be out-of-date.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with a range of training opportunities to support them in their

role, and to ensure that they had the skills and knowledge to support residents. While not all staff records were available for review, the person in charge assured the inspectors that all staff had received the mandatory training for the centre. The person in charge spoke of her plans to schedule supervision meetings in line with the provider's policy of one session per year.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the centre was well managed. However, improvements were needed in the ongoing oversight and monitoring of some of the auditing systems in the centre to ensure that they were effective in identifying gaps in documentation. In addition, improvements were required in the timely reviews of aspects of residents' care plans in light of their changing circumstances since their move to a different community and environment.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All of the required written policies under Schedule 5 of the regulations were in place and accessible to staff.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents were provided with a good quality and safe service in this centre. However, some improvements were required in the assessments and reviews of residents' personal plans, specifically in relation to their personal and social care needs, and in the support they received with their communication needs. This was required as residents had moved from a congregated setting to a community group home since February 2021, and some of the goals and plans did not take into consideration the changes in environment and circumstances.

As mentioned previously, this centre was registered in January 2021 and residents had moved from a congregated setting in February 2021. The centre was a bungalow-style dwelling and was very well laid-out and equipped to meet the needs

of residents. It afforded sufficient space for residents to spend time together or to be alone. It was comfortably furnished, fully accessible for all residents and personalised with residents' individual photographs. The centre provided the opportunity for residents to be involved in daily household activities that they had not participated in previously; for example, cooking, laundry and gardening. Though staff reported that residents were now engaging in these activities and enjoying them, this was not reflected in the residents' personal plans or daily records. Residents' needs had generally been assessed; however while the health care needs were comprehensively assessed and reviewed, improvements were required in the review and identification of personal and social care goals, particularly in light of the change in circumstances of residents now living in a new home and community. For example; some social care goals were similar to previous goals identified while residents lived in their previous environment. In addition, the availability of a bus provided opportunities for residents to leave their home and engage in activities in the community. While staff reported that this was occurring more frequently since moving to the new centre, this was not included as part of the residents' personal plans and a review of residents' daily records showed that examples of these events were limited.

In general, residents' communication needs were supported by staff who were familiar to them. Staff spoken with appeared knowledgeable about resident's needs and were familiar with their behaviours, preferences and dislikes. This enabled them to interpret residents' needs and wants. Copies of pertinent documents and information, for example the Statement of Purpose, COVID-19 guidelines, etc. were available in easy-to-read and picture-based communication formats. However, it was noted that communication profiles of some residents did not contain sufficient detail outlining the particular or individual communication supports required, and there were some inconsistencies in some of the documentation. For example; the use of two different words for the same item when communicating with residents was evident which could lead to confusion and did not promote best practice for communication. In addition, some communication profiles had not been updated annually or since residents moved to their new home, with one communication profile dated 2015. Improvements in this area would lead to better communication outcomes for residents and ensure that supports with communicating needs and choices could be better achieved.

There was evidence of good safeguarding measures in the centre with policies and procedures in place to promote the safety of residents. Staff had received training on safeguarding and were knowledgeable on the steps to be taken if they had any concerns regarding safety or abuse of a resident. The provider had ensured that preliminary screening forms were completed and that the Designated Officer was contacted if there were any concerns. There was evidence to show that safeguarding plans and guidance from the Designated Officer had been followed through.

The health and wellbeing needs of residents were well managed in this centre. Residents had an identified General Practitioner (GP). There was ongoing monitoring of residents' healthcare needs, and residents had access to appropriate allied healthcare professionals as required. Residents' healthcare plans were up-to-date

and revised within the last 12 months, and as required. COVID-19 guidelines were available to staff and residents and the provider had plans in place to support residents to isolate in their home in cases of suspected or confirmed COVID-19.

Inspectors found that residents' rights were respected by offering and respecting residents' choice in their day-to-day lives. Each resident had access to their own private room and were able to spend their time engaging in activities that they enjoyed. Residents meetings occurred frequently to enable residents to have input into the running of the centre.

The provider ensured that there were systems in place for the prevention and control of infection including staff training, health and safety audits, posters on display around the house about how to prevent infection transmission, use of personal protective equipment (PPE) and availability of hand sanitisers throughout the house. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans which involved the support of an organisational response team to respond to, and provide guidance around the management of all aspects of a potential outbreak.

There were systems in place for the management of risks in the centre, and any risks that had been identified had been assessed and were noted to be kept under regular review. There was a site specific safety statement and a range of emergency plans in place to guide staff about what to do in the event of an emergency. There were suitable fire management systems in place for the detection, containment and extinguishing of fires. Residents had individual personal emergency evacuation plans in place, and easy-to-read notices were on display throughout the house about evacuation in the event of a suspected fire. A review of fire drills demonstrated that residents could be evacuated safely and under minimum staffing levels.

Overall, residents in this centre had a good quality, safe service and had opportunities to choose and participate in daily household activities. Staff appeared to be familiar with residents and warm and respectful interactions were observed. Residents appeared comfortable and at ease in their home and with staff supporting them. However, improvements in communication supports and in the assessments and reviews of residents' personal and social care needs would further enhance the care provided.

Regulation 10: Communication

Staff who were familiar with residents appeared to be knowledgeable of residents' communications about their needs and wishes. Information and documents had been made available in an easy-read and picture-based format for residents. However, clear documentation and guidance on the individual communication supports required by each resident required improvements.

Judgment: Substantially compliant

Regulation 17: Premises

This centre was well laid-out and equipped to meet the needs of residents. It was accessible to all residents. The centre was in compliance with all matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and review of risks in the centre. Risks that were identified at service and resident level were assessed, and were noted to be kept under ongoing review by the person in charge. A range of emergency plans were in place to provide guidance to staff under specific emergency scenarios.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels. There was a service specific outbreak plan in place and risks were assessed in relation to COVID-19 infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the detection and containment of fire. Residents had individual personal evacuation plans in place, which were reviewed recently. There was appropriate signage around the house to instruct residents and staff about safe evacuation and how to alert the emergency services, if required. Fire drills were carried out regularly which ensured that residents could be safely evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had assessed the health needs of the residents since their move to their new centre and had a personal plan in place to meet these needs. However, the assessment and review of personal and social care needs of residents required improvements to ensure that the goals and priorities identified took into account the change in circumstances of residents since their move to a new community and home.

Judgment: Substantially compliant

Regulation 6: Health care

The residents in this centre were in receipt of appropriate healthcare with each resident having a named GP and access to other health professionals as required.

Judgment: Compliant

Regulation 8: Protection

There were good safeguarding measures in place to promote the safety of residents. Staff were knowledgeable on the steps to be taken if there were any concerns around safety or abuse. Preliminary screening forms had been completed as required, and advice from the Designated Officer had been sought in line with procedure.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld through the offer and respect of their choices in their daily activities. Residents' privacy and dignity was also upheld with adequate space to spend time alone if they so desired. Residents' meetings occurred frequently to enable residents to have input into the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beech Villa OSV-0007918

Inspection ID: MON-0033193

Date of inspection: 27/07/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The Register Provider will ensure all information required in Schedule 2 is present and updated • The person in charge will ensure all information in respect of all staff specified in Schedule 2 is present. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Registered Provider will ensure that systems are in place for Managing and Motoring safe services effectively and are appropriate to Residents needs. • The Person In Charge will complete a review of the resident’s assessments of need and their support plans, to ensure they are representative of the changes that have occurred for the residents since moving to their community group home • The Person In Charge has scheduled Studio 3 training which will be completed by 13/9/2021 	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • The Register Provider will ensure that all Communication Plans are updated. • The Person In Charge will ensure that the Communication support plans for all Residents will be updated in accordance with the Residents needs and wishes and in consultation with the MDT. • The Person in Charge will ensure the communication information within each care plan for the residents is consistent 	
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> <ul style="list-style-type: none"> • The Register Provider will ensure that there is a review of all the Personal Plan for all residents. . • The Person In Charge will ensure reviews will focus on social and personal care needs to reflect the changes in circumstances for Residents in terms of community Integration. 	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	13/09/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	13/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent	Substantially Compliant	Yellow	13/09/2021

	and effectively monitored.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	26/08/2021