Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lime Lodge Residential Service
Name of provider:	The Rehab Group
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	03 December 2024
Centre ID:	OSV-0005891
Fieldwork ID:	MON-0036771

About the designated centre

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

Lime Lodge Residential Service is a bungalow type house located on the grounds of day service run by the provider on the outskirts of a town. The centre can provide for a maximum of two residents of both genders and those with mild intellectual disabilities, high functioning Autism Spectrum Disorder and mental health needs between the ages of 18 and 65. The designated centre provides a residential service seven days a week. Within the centre there are two resident bedrooms, three bathrooms, a staff office/sleepover room, two leisure rooms, a dining area, a kitchen and a communal lounge. Staff support is provided by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 3 December 2024	10:10hrs to 16:40hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. From what the inspector observed, residents enjoyed a good quality of life and were well cared for in this designated centre. There were two residents living in this centre at the time of this inspection. The inspector had the opportunity to meet with both residents during the inspection. The centre was located within a close proximity of a town, in a gated community, which consisted of a day service, another designated centre and a currently vacant building.

On arrival, the inspector was greeted by the person in charge and the team leader. Both residents had left the designated centre and would return later in the day. One resident was attending the day centre which was located on the same grounds as the designated centre, while the other resident was attending a college course located in a different town. The person in charge and team leader showed the inspector around the designated centre, and a walk through of the premises was completed. The centre was observed to be decorated in a homely and vibrant manner which was to the preferences of the residents living there. Both residents have their own personal space within the designated centre that reflected their interests. The premises was also well furnished. During the walk around with the person in charge and team leader the inspector did observe an area that required maintenance. One of the bathroom ceilings required attention as there was some mould present.

One resident returned to the designated centre for their lunch. The resident had spent the morning in a local training centre where they were completing a course in environmental sustainability. The resident spoke to the inspector about their course and activities of interest which they enjoyed doing. The resident told the inspector they were happy living in their home, and really enjoyed the course they were completing.

The other resident residing in the centre returned later in the evening. They had attended their college course that day. The resident spoke about how they travel to their college course and the supports that were put in place. The resident also was making plans to visit the Jameson distillery on the weekend, which was part of the residents' goals in their personal plan. The resident told the inspector they were planning to view a property the follow day to see if it would be suitable for them as they would like to live alone. The management of the centre and staff team had been supporting the resident with this request since December 2023. The resident appeared happy with the progress being made with this goal. The resident chatted with the inspector about their love of music and lip synced a song. Karaoke and cultural nights were held regularly in the centre for the residents, and pictures of these nights were on display.

As the inspection was announced, the residents' views had also been sought in

advance of the inspector's arrival via the use of questionnaires. Both residents had completed the questionnaires and stated that they make their own choices and decisions, they know the staff team and they feel listened to. Residents commented that they liked the staff that supported them.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on 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 centres registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. Some improvements were required which will be discussed below.

The provider had a clearly defined management structure in place which defined the lines of authority and accountability. The person in charge reported to the person participating in management, and there were effective arrangements for them to communicate with each other. The person in charge had a clear understanding of the service provided to the residents and demonstrated effective governance and management of the centre as per their role and responsibilities. The person in charge ensured regular audits of the centre were taking place, such as medication audits, health and safety audits and infection prevention and control audit. Monthly staff team meetings were taking place. The person in charge had regular bi-monthly meetings with the person participating in management via person in charge forums, along with daily/weekly communication and support. The provider had ensured the unannounced visits to the centre were completed as required by the regulations, this had been recently completed in September 2024.

The person in charge was full-time and had the responsibility of two designated centres which were located on the same grounds. The inspector reviewed the incidents for 2024 and the person in charge had ensured that all incidents and adverse events were notified to the Chief Inspector of Social Services in line with the requirements of Regulation 31: Notification of incidents.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the name, role and shift for each staff member. However, some improvement was required. The rota identified a 19.5hours team leader position was 'off' since February 2024. From speaking to the person in charge and

reviewing the rotas the team leader post had been vacant since February 2024. An existing care worker staff member was completing a shared role as an interim measure and had taken on an additional 6 hours weekly for team leader duties. This was not clear on the rota viewed on the day of the inspection. The person in charge informed the inspector that a new team leader was going through the recruitment process and would be commencing in the coming weeks.

The inspector reviewed the staff training matrix and saw that all mandatory staff training was up-to-date. All staff had completed training in human rights. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. The inspector reviewed all schedule 5 policies in the designated centre. It was seen that four of these policies present in the centre on the day of the inspection had not been reviewed within the required time frame of three years.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of two designated centres, which were located in close proximity to each other.

Judgment: Compliant

Regulation 15: Staffing

A staff rota was in place to show the staff on duty each day and the hours of their work. The inspector viewed the rota from 1st November 2024 to 20th December 2024. From a review of the rota it was seen that the team leader was noted as 'off' on these dates, on further review of the rotas this went back to February 2024. The person in charge identified that the team leader post had been vacant since February 2024, but a new team leader was in the recruitment process. As an interim measure a care worker had been appointed to complete an additional 6 hours per week team leader duties, this was not present on the rota.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. The staff supervision record reviewed showed that all staff were receiving appropriate supervision in line with the frequency proposed in the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place and robust systems to monitor the quality of care and support delivered to residents. Management arrangement further ensured that appropriate resources were available at all times to support the residents to work towards achieving personal goals, such as becoming more independent and planning days out of interest to the residents. The person in charge carried out various audits in the centre on key areas relating to the quality and safety of the care provided to the residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations and this had been completed in September 2024. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some aspects of this required review. The centres staffing profile did not reflect the staffing in the centre on the day of the inspection. For example, the statement of purpose staffing profile identified 0.5 whole time equivalent (WTE) team leader, which was not in place on the day of the inspection. The WTE of care workers also required review. Five WTE care workers were identified on the staffing profile but this was not reflective of the rota viewed. The person in charge and team leader confirmed that this had decreased due to the change in the assessed needs of the residents.

The statement of purpose also identified the incorrect amount of rent that is required from the residents weekly under the tenancy agreement in place in the centre. This document required review to ensure it included the correct staffing compliment and the correct rent required as per the tenancy agreements in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. A record log was available to log complaints and any compliments received by the centre. The inspector reviewed the record for 2023 & 2024. The centre had received 14 compliments in 2024. The person in charge completed a complaint and compliments audit each quarter in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. However, four of these policies had exceeded the three year review period set out by the provider.

Recruitment, selection and Garda vetting was due to be reviewed in February 2024 and June 2024. The person in charge had this identified on the policy index.
The provision of behaviour support also required review since October 2024, the inspector was informed that this policy was in the process of being reviewed but was not available to view on the day of the inspection.

The use of restrictive procedures and physical, chemical and environmental restraint was due for review since October 2024. Admissions, including transfers, discharge and the temporary absence of residents had been due for review since November 2024. A draft of both policies were provided to the inspector by the person participating in management and the person in charge on the day of the inspection, however no review date was available on the documents and the inspector was informed they were a draft document and not circulated to staff during the time of the inspection.

Judgment: Substantially compliant

Quality and safety

The inspector found that the assessments of the residents' health and social care

needs were completed to a good standard, were effective in meeting the needs of the residents and that the health and well-being of the residents was promoted in the centre. The residents had a comprehensive personal plan in place and were supported with monthly key worker meetings and annual person centre planning meetings. Personal plans were reviewed regularly to ensure they reflected the current needs and wishes of the individuals being supported. Individualised care support plans were in place, however these required review. Some improvement was required in relation to correlating information on residents personal support plans, which will be discussed under Regulation 5;Individual assessments and personal plans.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly, including to reflect times when the residents would spend time in their home independently. All staff had undergone relevant fire safety training. The residents also had personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan for day and night.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks. However, controls for one residents individual risk required review, this will be discussed under regulation 5 Individual assessment and personal plan.

Overall, the inspector found that the residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge, team leader and staff team were making efforts to ensure the residents were happy, engaging in activities they enjoyed and striving to achieve the goals and lifestyle desired by both residents.

Regulation 10: Communication

Residents' personal plans had identified their communications needs. Residents had access to their own phones, computer devices and the internet. The staff team had put in place a folder at the front door for residents to access when needed. This folder contained pictures of what staff were present that day if residents wished to contact the support of a staff member when they were independently in their home. Residents also had access to a number of easy read guides including voting in the general election and safeguarding. A resident's guide was available in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes. Residents discussed the activities and education programmes that they were currently completing. Residents were aware of their goals and discussed them with the inspector. With one resident discussing going to visit the Jameson distillery at the weekend, while another resident had visited various historical monuments. The residents were given choice to change their minds on goals which was seen to be respected and new opportunities explored. Residents had a varied lifestyle with lots of upcoming Christmas events such as a Christmas jumper day and a Christmas meal at the day service.

Judgment: Compliant

Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean and well-furnished. Each resident had their own individual living space which consisted of their bedroom, living room and bathroom. Both areas were seen during this inspection that was observed to be personalised to the residents taste. The premises was provided with ample communal living space and a kitchen. The premises also had a utility room that provided additional storage and laundry facilities.

Maintenance is required to one of the bathrooms ceilings as an area of mould is present.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the residents and contained the required information as set out by the regulations. Easy to read versions of information were made available to residents in a format that would be easy to understand. This included information about complaints, safeguarding and voting in the general elections.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of the residents were promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were reviewed regularly by the team leader and person in charge.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19, any infectious diseases in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas and regular cleaning of all areas of the designated centre. A deep cleaning schedule was also in place for the centre. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Suitable fire equipment was in place and was seen to be serviced regularly. There was a clear procedure in place for the evacuation of the resident and staff if present. Fire drills were completed regularly and from speaking to the residents and staff, they were very aware and familiar with the escape routes in the event of a fire. There was evidence of the residents completing fire drills during times they spent in the centre independently.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the residents' individual assessments and associated care plans. A comprehensive assessment which identified the resident's health, social and personal needs was in place and regularly reviewed. The assessment informed the residents personal plans which guided the staff team in supporting residents identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to the residents. For example, on return from day service a resident requested to go to the general practitioners office to pick up an item. This was facilitated for the resident.

However, some improvement was required in relation to ensuring correct guidance to support a residents was continued throughout their personal plan. For example, a residents had an eating, feeding, drinking support plan in place, which was in line with the residents assessed needs. This plan identified fluid intake should be a maximum of 2 litres in a 24hr period. However, on a risk assessment in place for same it was recorded as a control measure a maximum of 2.5litres in a 24hr period should be consumed. The support plan had no details on how fluid intake was being monitored for the resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Care in this centre was provided in a manner which was person-centred and which took into account the residents expressed wishes and interests. The team leader told the inspector of how the staff team ensured that residents had choice and control of their daily lives. Residents had access to easy read documents, such as guides on voting in the general election and safeguarding, along with staff on duty in their home.

There was a proactive culture of developing residents' autonomy in this centre. Staff were supporting a resident to explore options of living alone while still having staff supports in place. This was clearly documented in the residents personal plan.

Both residents had been supported in accessing educational programmes of their interests outside of the centre. This has been successful for both residents enjoying their individual courses of choice.

Individual weekly residents meetings were being held in the centre as requested by the residents, and this was seen to be facilitated by the staff team. The inspector

viewed these records. Residents told the inspector through their questionnaires that they felt that their rights were upheld and that they could make their own choices in their lives.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lime Lodge Residential Service OSV-0005891

Inspection ID: MON-0036771

Date of inspection: 03/12/2024

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: • A new 39 hour Team Leader has been recruited and will commence in post on 8th January 2025.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose has been updated to reflect new staffing in the residential including the increase in Team Leader contract hours from 19.5 to 39 (1 WTE) & the 2.3 WTE Care Workers (4 staff in place) • The Statement of Purpose was also updated to reflect the amount of rent tenants are required to pay as per their Tenancy Agreement. • The revised SOP will be submitted to HIQA by 8th January 2025.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

• The Providers revised Garda Vetting Policy has been signed off and was circulated to services on December 11th, 2024. This is now in place in the Schedule 5 folder in the Residential Service. • The review of all other Schedule 5 policies noted in this report will be completed, signed off and circulated to services by February 28th 2025.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The area of mould on the bathroom ceiling has now been cleaned & removed. This was completed by 10th December 2024.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The resident's risk assessment was updated with guidance of monitoring and management of daily the fluid intake as per the resident's Support Plan. This was completed by 10th December 2024.	

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/01/2025
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	10/12/2024
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	08/01/2025
Regulation 04(3)	The registered provider shall review the policies	Substantially Compliant	Yellow	28/02/2025

	and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	10/12/2024