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:	Birchwood
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	01 December 2021
Centre ID:	OSV-0006452
Fieldwork ID:	MON-0027089

About the designated centre

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

Birchwood is a dormer bungalow located in a rural setting. It is within walking distance of the local village. This village provides amenities such as shops, takeaways and restaurants. The statement of purpose sets out that the centre has three bedrooms, a kitchen-dining room, living room and a rear garden. All three bedrooms have en-suites. This house is home to three residents and the capacity is three. Admissions are in accordance with the procedures for Wexford Residential Intellectual Disability Services. Admission is available to both male and female adults, with a severe to profound intellectual disability. Additional needs that are catered for include support with behaviours of concern, mobility issues and high dependency needs. Nursing care is available within the house at all times and nurses are the primary care provider. Residents have access to a range of allied health professions. The statement of purpose describes the objective of the centre as to "ensure the residents receive the best quality of care in accordance with regulations and standards. In pursuit of this, we will provide a living environment that promotes, maintains and develops resident's independence and wellbeing".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Wednesday 1 December 2021	10:15hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The overall findings of this inspection were that the residents appeared happy and comfortable in their home. This was an announced inspection completed to inform decision making regarding renewal of registration of the centre. The views of residents and their representatives had been sought in advance using questionnaires. The inspector found that all residents and their representatives were very complimentary towards the care and support provided in the centre. Although the residents felt happy and safe in the centre there were some areas where the oversight arrangements and day-to-day monitoring of care and support required improvement including staffing, notification of incidents, fire safety, premises and personal plans.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspector was provided with an office space on the first floor, separate to residents living accommodation to complete documentation review. The inspector met all three residents who live in this centre and spent time with them, the staff team and local management team over the course of the day.

Throughout the inspection residents were observed to receive staff support in a kind and caring manner. Staff were observed to speak with residents while supporting them and to take the time to respond to what they had to communicate. They were observed to respond to residents' requests and to be familiar with residents' communication needs and preferences. All residents and their representatives were complimentary towards the staff team. The staff team were described in questionnaires as 'excellent', 'very approachable', and 'amazing and nothing left undone''. One residents' representative said their family member '...was so well looked after'.

Over the course of the day the residents were observed to be comfortable in their home moving freely within the house and relaxing in both communal areas and in their private rooms. Staff were observed spending one to one time with residents for example completing a sensory programme or enjoying a cup of tea together. Residents were busy and engaged over the course of the day and went for walks, drives and for a swim in the afternoon. Residents were seen to have a snack or meal when they wished and could have their choice of food or drink at times that suited them. When one resident was going for a walk the staff encouraged them to be independent in getting their coat and supported them to pull up the zip. Another resident was supported to have quiet time in their bedroom and while their privacy was respected the staff ensured that they were offered the opportunity for company if they wished. One resident showed the inspector family photographs and favourite pictures that were in their bedroom and another resident indicated where they liked

to sit when relaxing in their room.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the centre was well run and that overall there were good levels of compliance with the regulations. The local management team were identifying areas for improvement and were using systems for escalating concerns where they arose.

This inspection was completed to inform decision making on the renewal of registration for the centre. The centre is currently registered for the ground floor of the property only and the new application is seeking to include the second floor of the property. While the inspector had access to the entire property the judgements in this report relate to the current registered centre only. However, improvements are required to the areas proposed for inclusion within the centre as outlined in the application submitted.

The inspector found that the local management team and person in charge presented as motivated to achieve positive outcomes for residents who live in this centre. Residents were supported by a core staff team that were familiar with their care and support needs and endeavours were made to try and ensure regular agency staff where used were also familiar with resident needs.

There were arrangements in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of care and the service they were delivering. Staff had completed training programmes identified as mandatory by the organisation's policy. The inspector reviewed documentation in the centre to demonstrate that staff were in receipt of regular formal supervision. There were opportunities within these meetings for staff members to raise any concerns they may have in relation to residents' care and support or the day-to-day running of the centre. Staff meetings were occurring regularly and there were discussions at these meetings related to residents' care and support needs and anything that may impact this.

Regulation 15: Staffing

Staffing numbers in the centre on the day of inspection were in line with those

outlined in the centre statement of purpose, despite there being a number of staffing vacancies. The levels of staffing were maintained by the use of agency staff used to fill gaps in the roster for the centre. There was an on call system in place that could be used for additional support if required. The provider was actively recruiting and two new staff had just started on the centre team however, staffing deficits remained.

The inspector reviewed a sample of staff personnel files and found they contained all documentation as required by the regulations. Where some items were not present on the file these were provided for the inspector to review before the end of the inspection or immediately following the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that the staff team were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. The newly recruited staff were completing an induction process and mandatory training was scheduled for them. There was a system in place for the person in charge to track training requirements and these were audited on an ongoing basis.

Staff were in receipt of regular formal staff supervision to support them in carrying out their roles and responsibilities to the best of their abilities. Where there were performance issues with staff it was evident that these were being highlighted or dealt with in line with the providers policy.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined, and the lines of accountability and accountability were clear. Staff had specific roles and responsibilities and the management systems were ensuring that for the most part the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The documentation review demonstrated that the person in charge and person participating in management demonstrated a good knowledge of the legislation and were focused on quality improvement. At a local level the service was regularly audited and reviewed with meetings scheduled for the person in charge and person participating in management to review actions as they arose from audits. However, for some audits reviewed by the inspector not all actions had been allocated an

individual to complete them nor given a timeframe.

The Provider had completed an annual review in line with the requirements of the regulations. While there was no evidence that this had been completed following consultation with residents or their representatives the inspector acknowledges that family view questionnaires are completed and reviewed separate to the annual review process. There was one six monthly review report which had been completed in August 2021 available for review. However, there had not been another six monthly review report completed within a 12 month period as required by regulation with the provider stating that prior to that all on-site inspections had been suspended due to COVID-19 for a period of time.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirements of the regulations. However, the inspector found on review of resident files that not all minor injuries to residents were being reported on a quarterly basis as required. These had been recorded as happening in resident files and were dealt with appropriately but had not been notified to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a service complaints procedure in place and complaints appeared to be addressed in a serious and timely manner. Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents lived in a warm, clean and comfortable home, where they appeared happy

and content. Their likes, dislikes and preferences were documented and the staff team were motivated to ensure they were happy and safe. However, as previously mentioned improvements were required in relation to staffing, premises, personal plans and fire.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. The design and layout of the centre was suitable to meet residents' current needs. The house was found to be clean and comfortable. Rooms were of a suitable size and layout and there was plenty of private and communal space available for residents' use.

Residents were also protected by the policies, procedures and practices relating to infection prevention and control in the centre. Temperatures were recorded on arrival in the centre and the staff were clear on the procedures to follow in managing visitors and in ensuring residents were protected from the risk of COVID-19 when in the community.

Regulation 13: General welfare and development

The residents were seen to access activities in line with their wishes and preferences. The inspector observed the residents engaging in both planned and spontaneous activities over the course of the day in their local community.There were two vehicles assigned to this centre which supported residents in accessing activities as they wished. Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent in line with their assessed abilities and to be aware of their rights. They were supported to access information on how to keep themselves safe and well.

Judgment: Compliant

Regulation 17: Premises

This centre comprises the downstairs only of a two storey house. The provider has indicated that the first floor of the premises will be included as part of the designated centre following the renewal of registration. In addition the garden is subdivided and residents do not access all areas. The areas not currently part of the centre but proposed for inclusion within the centre require work, such as decoration, clearing of rubbish and completion of fire safety building works to bring them to a standard for registration.

The centre was comfortable spacious and warm and was well maintained with some

minor areas of decoration required such as windowsills that needed repainting. Each resident had their own en-suite bedroom all of which were nicely decorated with some personalisation. The living room while spacious and clean was minimally decorated in line with the needs of one resident however, presented as bare and potentially not as inviting for the other residents. This was in contrast to the kitchen-dining room which was warm and welcoming. One resident was reported to enjoy a bath and as there was no access to one within the centre the provider arranged for them to travel to another of their properties on a regular basis for a bath.

Externally the area to the front of the property was used for parking with an area set to grass which was sloped making it inaccessible to some residents. To the rear the residents accessed a spacious paved area, however, this required attention as it contained a broken chair, old armchair and discarded plastic tarpaulin. One resident looked into the area of garden not part of the designated centre which was filled with discarded material requiring removal.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents were for the most part protected by the risk management policies, procedures and practices in the centre.

There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were systems to log and review incidents, and incident reviews were leading to the review and update of the relevant documentation. However, the inspector found that some areas required review such as lone working assessment. The provider worked from guidance provided from a policy that had last been reviewed in August 2017. Consideration had not been made for everyday situations where staff were working on their own such as out for a walk with a resident. No risk assessment was in place for the storage of oxygen in the centre

There were systems in place to ensure vehicles were serviced, insured, roadworthy and suitably equipped.

Judgment: Not compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their

roles and responsibilities. There were a number of information folders available in the kitchen for residents and staff in relation to COVID-19 and these contained up-to-date information.

There were a range of risk assessments in place outlining control measures in place for healthcare transmitted infections with guidelines arising from these. Guidelines were in place regarding for example, the management of laundry, waste management, and sharps management. Staff were observed wearing personal protective equipment in line with national guidance and using the hand washing facilities on a regular basis. Storage for cleaning equipment was provided with mops and other equipment cleaned and stored appropriately.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the centre was being cleaned regularly. Staff were accessing unregistered parts of the centre which contained the office, a bathroom and some staff lockers on a daily basis and these areas were clean on the day of inspection.

There were stocks of personal protective equipment (PPE) available and a system was in place for stock control. Staff had completed training in relation to infection prevention and control, including hand hygiene and the use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were adequate arrangements for detecting, containing and extinguishing fires. Work had been completed in the currently unregistered part of the centre some of which required finishing such as filling around door frames. This assured the inspector that the risk of fire in this area which could spread into the ground floor had been considered and that efforts had been made to ensure fire would be detected and contained here. There were adequate means of escape from the designated centre and there was emergency lighting in place. The provider was using the area under the stairs for storage which was discussed on the day as it posed a risk to keeping the stairs as an evacuation route protected should anyone be upstairs.

There were systems in place to ensure fire equipment was serviced, tested and maintained. There was an evacuation plan in place and it was on display. Each resident had a personal emergency evacuation plan which detailed the support they may require to safely evacuate the centre.

Fire drills were occurring regularly to demonstrate that each resident could safety evacuate the centre in the event of an emergency. There were emergency and contingency plans in place.

The inspector found that canisters of oxygen were placed in the kitchen leaning

against the wall and not stored in a manner that would protect residents and staff should a fire occur in this part of the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider and person in charge had ensured that a comprehensive assessment of need was completed for each resident and this was regularly reviewed. A suite of care and support plans were in place for each resident and there was evidence that these were reviewed and updated as required. The Inspector found however, that the personal goals that had been identified for the residents were for the most part the same as for the others in the centre and these were group goals rather than individualised.

The inspector found that residents were supported to engage in activities that were important to them and that they enjoyed. These included planting herbs, going swimming and going for a walk. There were photographs available in residents personal files of them baking, on outings or engaged in other activities. Daily activity planners were in place and the inspector observed residents listening to music, engaging in a sensory programme, going out to the garden or listening to the radio over the course of the day.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector reviewed resident health care plans and found them to be detailed and that residents' healthcare needs were comprehensively assessed. Residents had access to health and social care professionals in line with their assessed needs and were supported to access specialist health appointments and screening appointments as required.

There was an annual review of all appointments attended and regular review of health and support plans. These were seen to be detailed and guided staff care and support to residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge supported residents to maintain best possible mental health and had systems in place to support them in managing behaviour that challenges. Residents were supported to attend appointments with psychiatry, psychology or with behaviour support where required. The inspector reviewed a sample of residents' support plans relating to their positive behaviour support needs. The sample reviewed were detailed in relation to residents' needs and to contain sufficient detail to guide staff practice in relation to proactive and reactive strategies.

There were a number of restrictive practices in place and for some of these it was clear that an alternative had been/were being tried, and that the least restrictive practices were used for the shortest duration. For example the keypad lock on an internal door that led to upstairs was no longer in use following reassessment. The inspector observed one resident sitting in a bean bag which they liked to do to relax however, on observation they were unable to get out of it without staff support. This was discussed on the day as a potential restriction and the provider immediately undertook to review and record same. The restrictive practices in place were reviewed by the providers restrictive intervention review committee.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy-to-read format in the centre. Clear systems were in place to guide staff in supporting residents with their finances and in the provision of intimate care. Residents had intimate care plans in place which detailed their support needs and preferences.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where concerns had been identified either via an incident or a complaint the inspector found that these had been investigated and reviewed within timelines as set out. In addition the person in charge met with the staff team following these to ensure they were aware of outcomes and any proposed changes to care and support.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Birchwood OSV-0006452

Inspection ID: MON-0027089

Date of inspection: 01/12/2021

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: The registered provider has ensured that any vacancies in the roster have been filled and no deficits remain. Where staff sick leave is evident all efforts are made to fill gaps with consistent agency staff.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The person in charge has ensured that audit findings have a clear corrective action with an identified timeframe for completion, to include the person responsible for action. Schedule in place to ensure 6 Monthly Unannounced Inspections are carried out by the PPIM. Following this inspection the Unannounced Inspection was carried out 03/12/2021.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge has devised a reporting system for all minor injuries. This will	

ensure that quarterly notifications now include all/any minor injuries.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The HSE Estates dept have met with the Landlord and are finalizing Lease Agreement for entire property. When this is completed there will be 3 additional rooms upstairs which will provide adequate storage and staff facilities.

Funding was provided for redecoration of sitting-room area.The person in charge has ensured that the exterior of the home has been cleared of any unused and/or broken items.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The person participating in management has completed a lone working policy to include everyday situations in the centre when staff support residents alone for example during walks.

The Oxygen cylinder was relocated to a secure area and a risk assessment for same is now in place.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Oxygen cylinder was relocated to a secure area and a risk assessment for same is now in place.

The registered provider is progressing storage facilities within the centre in consultation with estates, HSE fire officer and the landlord.

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 person in charge monitors regularly that activities and goals are individual and meaningful to residents.	

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(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	31/12/2021
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	30/04/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	31/12/2021

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an 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.	Substantially Compliant	Yellow	31/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/12/2021
Regulation 28(2)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	30/04/2022

	against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/04/2022
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	29/01/2022
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	Substantially Compliant	Yellow	31/12/2021

	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.			