

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

Issued by the Chief Inspector

Name of designated centre:	The Orchard
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Dublin 22
Type of inspection:	Announced
Date of inspection:	08 November 2022
Centre ID:	OSV-0005516
Fieldwork ID:	MON-0029131

About the designated centre

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

This centre provides a residential services for a maximum of four young people under the age of 18 years with diagnosis of autism spectrum disorder and an intellectual disability. The centre is located in a suburb, close to a village and a range of community amenities. The premises consists of a large dormer bungalow with a large recreational garden area to the rear. The house has three bedrooms and two bathrooms upstairs. Downstairs there is a separated apartment with one bedroom and kitchen/living area. There are a number of communal areas downstairs including a sensory playroom, sitting room and kitchen/dining room. There is a large garden to the rear of the centre with play equipment. The centre is staffed over the 24 hour period by social care workers, assistant support workers and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 November 2022	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet the residents, as well as their direct support staff and keyworkers. The inspector observed routines and interactions in the residents' day, and observed their home environment and support structures as part of the evidence indicating their experiences living in this centre.

As this inspection was announced ahead of time, residents were advised what would be happening and were introduced to the inspector. Family members advocating for the residents were also notified of the inspection, and provided questionnaires which two families used to express experiences and satisfaction with the service on behalf of the service users. At the time of the inspection, three teenagers lived in the house, one of whom was absent at the time of the visit.

Residents were supported in a two-storey house on the outskirts of a town in Dublin. Part of the house was divided into a separate apartment for one resident to have their own living, dining and garden space. Each resident had their own private bedroom and the inspector observed these to be personalised to their interests or arranged based on their assessed support needs. Residents had access to a large safe garden space with swings, a trampoline and play equipment. The house was in a good state of repair, and records indicated that there had been a major cleaning of the house the evening before this inspection, however some assurance was required that this was consistent, and will be described later in this report.

One resident returned from school in the afternoon and enjoyed their routine of listening to music, playing with staff members and playing with water in the garden. Through the afternoon, the inspector observed them laughing and smiling, with a friendly rapport between them and their direct support staff. Using their communication methods, they told the inspector through staff that they felt happy and safe in the house, were friends with the other service users, and had a good day in school. Another resident had not been successful in attaining a school placement, but was supported to stay busy in their day, including going for a walk in a local park, and later going swimming at a nearby leisure centre. The service had exclusive use of three cars to facilitate community access.

Staff demonstrated a good knowledge of residents' communication style, allowing the residents and inspector to briefly communicate, and to identify when residents wanted to get back to their activities. The inspector was provided information on what the residents had been working on, including improving their use of words, being involved in household chores, becoming confident in using public transport and shops, and trying out new foods to have a more varied diet.

Two families provided their feedback on the service through questionnaires, as well as on behalf of the service users. Positive feedback was attained through these, with respondents commenting on the "friendly staff and lovely atmosphere" of the house.

Staff are described as facilitating the residents with their own choices, while at the same time encouraging them to engage in healthy exercise, and balancing treats with nutritious meals and snacks. Family members commented that they felt welcome at the house and have a good relationship with the team, and were provided with updates on their children. Commentary indicated that that residents had made good progress in their personal goals and quality of life in their time with this service, and that risks related to anxiety or having bad days had improved and become more seldom. In addition to attaining a suitable school placement, residents hoped to enhance their opportunities for social engagement with other young people, as well as return to activities they enjoyed before the COVID-19 pandemic, such as bowling and horse-riding. One resident had recently enjoyed a family holiday, and residents had attended an event for Halloween. Where it was noted that residents or family members had made complaints in the service, there was commentary that matters had been attended to satisfactorily.

While some of this feedback had been sought by the provider in their own audits, some development was required to maximise the use of their input and commentary in assessing the quality audits and service reviews, particularly in ensuring their voice and opinions contributed to the annual report and six-monthly quality audits, and that the wishes of what the residents wanted to work on in the service contributed to the timebound action plan for the period ahead.

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.

Capacity and capability

The inspector found that, overall, the provider had appropriate management and governance structures to manage the designated centre and ensure that resources were sufficient to deliver on the assessed needs of residents. Some improvement was required in maximising the use of information gathered from the experiences of residents and their representatives when assessing the quality of the service, as well as ensuring that routine checks and precautions were consistently carried out.

The designated centre was registered until April 2023, and the provider had submitted their application with all required information to renew the centre for a further three years. The purpose of this inspection was to assess compliance with the regulations, which would contribute to the decision on the renewal of the centre's registration.

The provider had completed a quality and safety review in the service in July 2022 in which they had self-assessed their levels of regulatory compliance and areas in which the service could be improved. These reviews had been effective in identifying regulatory deficits such as gaps in training or errors in medicine management, and

setting out a plan to address same. Other audits had taken place related to specific aspects of the service. These were collated in an annual report on the service overall, dated April 2022, which set out changes and achievements in the service and an action plan for the year ahead. Some development was required to this report to provide assurance that it was composed in consultation with residents and their representatives.

The inspector reviewed a sample of routine tests and checks on matters related to medicine practices, fire safety features, environmental hygiene and money oversight. The majority of these records were complete and verified by management. However, some daily or weekly task sheets were blank or not signed off in accordance with staff instruction, and some of these schedules were signed as complete for jobs observed to have not been done. This did not provide adequate assurance that these schedules were effective in confirming tasks were or were not consistently completed. There was also some discrepancy in events and practices recorded in the designated centre, and what had been notified to the Chief Inspector per the regulations.

The provider had a full complement of front-line staff, and the inspector found them to be knowledgeable of the interests, personalities, histories and communication preferences of the residents. Staff members told the inspector they felt supported in their role by the rest of the team and by their management. The inspector reviewed a sample of records indicating training attendance, team meetings and supervision sessions and found them to be meaningful and specific to the objectives of the service, the needs of the residents and the career development goals of the team members, including people recently promoted within the team.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this designated centre, and all associated documentation, within the required time period.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had suitable deputation arrangements in place. They were suitably experienced and qualified in their role.

Judgment: Compliant

Regulation 15: Staffing

The service was fully staffed at the time of inspection, and a review of worked rosters indicated a low reliance on relief personnel to maintain support continuity. There was a clear record of the names of staff and the hours in which they were present on shift. Shift leaders were also clearly identified.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified training which was mandatory for this service, with a means by which the person in charge could identify when training was due by team members. Additional training required, as determined by recent assessed needs of residents, was in the process of being provided to the team, with about half the team having completed this.

The provider had identified the structure and frequency of staff supervision, performance management and appraisal sessions, and this was implemented in line with centre policy for a sample of front-line staff records reviewed by the inspector.

Judgment: Compliant

Regulation 22: Insurance

Required insurance arrangements were in place for this service.

Judgment: Compliant

Regulation 23: Governance and management

Overall audits were detailed and covered meaningful aspects of the service, and where deficits or areas for development were identified, a plan was set out to address same. The actions and their timeframes required clarity on some reviews. The provider had composed their annual report for the designated centre, as well as six-month quality and safety audits. Some development of these reports and their plan of future objectives was required to optimise us of the experiences of the residents in the service, and provide evidence that they were composed in consultation with the residents and their families. Some routine task schedules had

significant gaps or were improperly filled, which could not effectively provide assurance that listed daily or weekly actions were consistently occurring.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector was provided evidence regarding the transition period of a new resident as part of the provider's admission process, during which time they had the opportunity to be introduced to the house and the other residents. The provider had conducted an impact analysis to be assured that the placement was suitable and would not have adverse effect on the young people already in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had composed their statement of purpose including information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There was some discrepancy between the events and practices notified to the Chief Inspector and those recorded as occurring in the designated centre.

Judgment: Not compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service, in a safe location by a competent team. Examples were observed of residents' privacy and dignity being respected, and ensuring that residents were encouraged to engage in fun and varied activities at home and in the community.

The inspector reviewed a sample of residents' needs assessments and support plans. Needs assessments had been recently conducted and were comprehensive in nature, covering a wide range of support requirements. However, in some cases, it was not clear from the assessment whether a support plan needed to be developed from this assessment, or if the information is added to provide context for other support needs or risk control measures. The inspector found a lack of evidence to indicate that the effectiveness of support plans was being evaluated in a multidisciplinary manner. The inspector also observed some areas in which support needs were not implemented as per the assessed needs of residents, for example, in residents' access to finances not reflecting their assessed level of capacity and control.

Some residents had a positive behaviour support plan in place, which defined the various behaviours with which residents may present. These plans described precursor behaviours, proactive and reactive strategies to be used by staff, and the desired outcome of the behaviour support plan. Some plans identified residents who may present with a wide variety of behaviours such as physical aggression, self-injurious behaviours, absconding risk, property damage, or self-neglect. In these instances, circumstances which may trigger an incident, as well as staff response up to and including physical intervention when other measures are unsuccessful, were described collectively rather than identifying the settings and triggers which may cause each variation of their behaviour, based on functional analysis and incident history. As a result, staff guidance on responses was not specific to each behaviour with which the resident may present, including behaviours which were relatively frequent against those which had not occurred in recent history or since admission.

The centre was equipped with fire safety features such as fire-rated self-closing doors and smoke seals, emergency lighting along evacuation routes, and certified and serviced firefighting equipment. Regular practice evacuation drills took place in the service which indicated that a prompt exit could be achieved. However, many of the drill records indicated five or six staff members supported evacuation, with no means of assurance that a timely and safe exit could also occur during times of minimal staffing levels, such as at night when only two personnel are on site.

Residents were supported to maintain their privacy and dignity, with social stories to facilitate their understanding of personal needs, appropriate social cues, and mutual respect for housemates and others. The inspector reviewed a sample of incident records and reports of accidents, safeguarding allegations and reported instances of staff misconduct and found these to be appropriately reviewed by the provider in establishing the facts. Where required, matters were referred to An Garda Síochána and the Child and Family Agency (Tusla). There was a moderate level of environmental restrictive practices in the service, including locked doors, restricted access to belongings, and secure boxes around televisions. However, the rationale for each measure was clearly described and kept under regular review, with plans to remove measures where no longer required.

Regulation 12: Personal possessions

At the time of the inspection, one of the residents did not have a bank account or arrangements to receive their disability allowance. There was some discrepancy between the assessed capacity of one resident to retain control of their own money in a way which promoted their independence, and the practice observed to be in effect in the service, in which access was controlled by the staff team.

Judgment: Substantially compliant

Regulation 13: General welfare and development

One resident had not attained a schooling arrangement more than a year after moving into this service. The provider advised the inspector of interim arrangements they provided to mitigate the impact of this, with up to three hours a week of home tutoring.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had composed a resident's guide which contained a summary of the terms and conditions of the service provided to residents in this designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had maintained a risk register which outlined identified risks, controls measures implemented to mitigate same, and rating of the level of said risk before and after controls or actions took effect.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the environment of the designated centre was clean. Cleaning equipment, food, sterile stock and clinical risk items were appropriately managed and stored.

Staff were wearing personal protective equipment in accordance with national recommendations and there were suitable locations in which people could wash their hands, monitor their temperatures, and dispose of waste appropriately.

Judgment: Compliant

Regulation 28: Fire precautions

The service was equipped to detect, contain and fight the spread of fire and smoke in the house and exit routes were unobstructed and equipped with emergency lighting. Staff were up to date on their training in fire safety, however the provider could not provide evidence on how they were assured staff could follow all fire procedures and protocols when at minimal staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Staff were knowledgeable on proper recording, storage and disposal measures for medicines in the service, including those with enhanced security protocols. Where the provider's audits had identified trends of errors or improper administration of medicines, the management had identified the cause of same and addressed the matter accordingly to prevent reoccurrence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

In the sample reviewed, the comprehensive assessments of need did not clearly summarise and outline the identified support needs of residents. Support plans were in place for the majority of needs which the inspector could identify from the assessments, however, in some cases these provided limited information which is relevant to support staff on supporting the assessed needs, and in some instances the plan was not implemented in practice. There was a lack of evidence of how the effectiveness of all support plans was evaluated.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The positive behaviour support plans reviewed by the inspector did not provide appropriate guidance on the management of some behaviours. In particular, functional analysis, incident history and frequency, and the causes and triggers for each specific behaviour were not clearly defined.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was provided evidence to demonstrate that alleged or actual safeguarding incidents were investigated and referred to the relevant external bodies for their review. The provider had taken measures to be assured that residents felt safe and were comfortable with their living arrangements and peer group. Systems were in effect to monitor resident finances to safeguard against financial abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Examples were observed of residents' choices and preferred routines being respected by the staff team while at the same time encouraging residents to engage in their routines and meaningful activities. Resident privacy, dignity and support with personal and intimate needs were respected.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Orchard OSV-0005516

Inspection ID: MON-0029131

Date of inspection: 08/11/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge (PIC) will ensure the following to come into compliance with Regulation 23:</p> <ol style="list-style-type: none"> 1) The centre specific annual review report timeframes of actions and deadlines completed are to be clearly defined so as there is no ambiguity regarding same. 2) All materials utilised to gain feedback from residents and their families are to be included in the annual review report. 3) The management team will improve on the review of documentation to ensure adequate governance of routine daily tasks and ensure there is consistent completion of same when the task is complete. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1) The Person in Charge (PIC) will ensure all notifiable incidents via quarterly notifications will be submitted by cross-referencing the restrictive practice register and reviewing thoroughly before submitting to the Chief Inspector. 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge (PIC) will ensure the following:</p> <ol style="list-style-type: none"> 1) Each comprehensive needs assessment completed reflects the abilities and capabilities of the individual and ensure to promote their independence in particular in reference to money management for one resident. 2) The Personal Plan and 'money management' section will be reviewed in full with details of each individuals' needs. 3) The individual will continue to be supported in collaboration with their Tusla appointed Social Worker to obtain their own bank account. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1) The Person in Charge (PIC) will continue to liaise with Special Education Needs Office and Educational Welfare office to advocate for the individual. The Person in Charge will continue to liaise with the relevent HSE Disability Service Manager and individuals's parents relating to schooling arrangements. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1) The Person in Charge (PIC) will ensure that fire drills evidence how staff can follow fire procedureds with the highest ratio of individuals to minimal staffing levels. 	
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>	

The Person in Charge (PIC) will ensure the following:

- 1) Each comprehensive needs assessment to reflect the abilities and capabilities of each individual with additional detail.
- 2) The Person in Charge will continue to ensure that staff utilise Individual Risk Management Plans, Multi-Element Behavioural Support Plans, Personal Plan and Monthly outcome planning in their daily practices.
- 3) Plans are to be reviewed where appropriate by multi-disciplinary and to note the effectiveness of same when completing the review.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- 1) The Person in Charge (PIC) will review the guidance and behavioural definitions within the Multi-Element Behaviour Support Plans with the Senior Behavioural Specialist, to provide guidance on management of behaviours.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2023
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	31/12/2022

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2022
Regulation 31(3)(a)	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 occasion on which a restrictive procedure	Not Compliant	Orange	31/01/2023

	including physical, chemical or environmental restraint was used.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2022
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	31/12/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2022