



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

Issued by the Chief Inspector

Name of designated centre:	Teach Athasach
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	04 January 2024
Centre ID:	OSV-0008547
Fieldwork ID:	MON-0040679

About the designated centre

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

Teach Athasach provides residential services for up to four adults of mixed gender with an intellectual disability from the age of 18 years and above. The centre is staffed at all times with a waking night staff on each night. Staffing is a mixture between nurses and residential support workers. The centre is overseen by a person in charge and they are regularly on-site. The centre is on the outskirts of a large town within walking distance to many facilities. In addition, the centre has transport that can be made available for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Thursday 4 January 2024	10:15hrs to 18:55hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in the centre facilitated good quality, person-centred care and support to residents. However, significant improvement was required in relation to fire precautions. Some improvements were required in relation to individualised assessment and personal plan, training and staff development, premises, governance and management, risk management procedures, and notification of incidents. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet two of the three residents that lived in the centre. One resident had alternative communication methods and briefly shared their views with the inspector with staff support. They were observed at different times of the evening in their home. The other resident agreed to speak with the inspector and communicated that they were happy living in the centre and that they felt safe. They communicated that they had no concerns and if they had any concerns they could speak to staff.

On the day of inspection residents had attended a day service programme and on their return to their home they relaxed and watched a movie of their choosing. Following the movie residents engaged in cooking and baked a cake.

In addition to the person in charge, there were two staff members on duty on the evening of the inspection. The person in charge and the staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences. The inspector observed staff have warm and respectful communication with residents.

The provider had arranged for some staff to have training in human rights. One staff spoken with said that the training encouraged them to give more choices in each resident's everyday life. It also encouraged them in promoting the independence of the residents. They said that the residents should be encouraged to do most things for themselves and staff were only there to support.

The house appeared tidy and tastefully decorated which included being festively decorated for the Christmas season. There were several televisions, board games and art supplies available for residents to use and different areas whereby residents could have privacy. In addition, there were pictures of the residents displayed in different areas of the house.

Each resident had their own bedroom and in each bedroom there were sufficient storage facilities for their personal belongings. Residents' rooms had personal pictures and some had awards displayed that they had achieved.

The inspector also had the opportunity to speak to one family member of a resident

that had called to visit them. They communicated that their family member was very happy living in the centre and referred to it as their home. They said that the resident got on well with staff, in particular with one staff member and that they instantly connected. The family member went on to say that the staff were respectful and approachable. They said that they treat the resident with respect. They said they would feel comfortable voicing any concerns to the staff or to the person in charge. They communicated that they had already voiced a concern on a couple of occasions in relation to one health matter for the resident and that they had felt listened to. They said they were happy with the agreed plan of action going forward on the matter.

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

Capacity and capability

This inspection was undertaken to assess if the centre was operating in compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This was the first inspection of this centre since it opened in June 2023.

Overall, the governance and management arrangements had ensured that, a safe and quality service was delivered to residents.

The provider had completed an unannounced visit to the centre as per the regulations. There were other local audits and reviews conducted in areas, for example medication.

However, the inspector observed that while there were some informal on-call arrangements, there was no specific formal on-call system for staff to contact in the event of an emergency, for example if staff required additional staffing.

A review of the rosters demonstrated that there was adequate staffing in place to meet the assessed needs of the current residents at the time of the inspection.

There were formal and informal supervision arrangements in place for staff. Additionally, the provider ensured that staff had access to a suite of training required to carry out their roles, for example first aid. However, some staff training was observed to be outstanding or required refreshing, for example five staff required wheelchair clamping training for use in the vehicle.

The inspector reviewed a sample of recent admission transition plans and there was evidence of the residents having the opportunity to visit the centre prior to their

admissions.

From a review of the complaints log for the centre, the provider had suitable arrangements in place for the management of complaints.

The person in charge had not submitted a quarterly report in relation to any occasion whereby a restrictive practice was used since the centre had opened, for example a lap belt.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge in place managing the centre. From what the inspector was told and what they observed, staff were provided with good leadership. They demonstrated that they had a good knowledge of the residents and their needs.

The person in charge worked in a full-time role managing two centres. They were supported in their role by a staff member that took on team leader responsibilities in this centre.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills to meet residents' assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. Staff confirmed that staffing levels were under review by the provider in order to assure themselves that there was enough staffing in order to promote more community access and longer outings. For example, they were assessing if one resident's staffing requirements impacted on other residents' ability to stay outside of the centre for longer periods.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of supervision meetings reviewed, there were formal supervision arrangements in place for staff as per the organisation's policy.

The provider ensured that staff had access necessary training and development opportunities, for example staff received training in fire safety and epilepsy. Staff

had received additional training to support residents, for example some staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

However, some staff had yet to complete some of their training and some required refresher training. Identified issues related to:

- one staff member's safeguarding training had expired in November 2023
- five staff were due to complete clamping of wheelchair training for transport which was required for this centre
- five staff were due their infection prevention and control (IPC) competencies
- one staff was due to complete standard and transmission based precautions training
- one staff was due to complete respiratory hygiene and cough etiquette training
- the training oversight grid could not fully be relied upon for accurate information, for example it stated a staff member's medication training had expired; however, the staff member had completed it
- the inspector was informed that training to support staff around positive behaviour supports was scheduled for two staff but the date was unknown to the person in charge at the time of the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and residential services manager for the organisation.

The provider had recently arranged for an unannounced visit to the centre to assess how they were operating within compliance of the regulations. There were other periodic audits and reviews conducted in areas, for example IPC and the provider's compliance officer had recently completed a detailed audit of residents' Schedule 3 folders to ensure they contained information as detailed in the regulations.

The person in charge facilitated regular team meetings to ensure the team was kept up to date and to promote learning among the team.

However, there was no formal on-call procedure in place in the case of an emergency during out of office hours. There was an ad hoc arrangement whereby staff could contact certain members of the management team. However, they were not certain if they would get an answer as no set manager was assigned to be responsible for receiving on-call phone calls on a given night. There was another designated centre that staff could contact whereby they could to speak to a nurse if they needed advice on healthcare matters or to borrow a staff temporarily. However, the nurse from that centre was not in a position to authorise or arrange

staff cover for shifts if required.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Residents were provided with an opportunity to visit the centre in advance of their admission. The inspector saw pictures of some of their visits. In addition, the provider arranged for the centre staff to work with the residents for a few days in either the day service or the respite centres that they attended in order to get to know them in advance of them moving in.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had not submitted a quarterly report in relation to any occasion incident on which a restrictive procedure was used since the centre had opened, for example a lap belt. This had been identified on a provider's audit; however, it was not followed through on by the time of this report.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The provider had suitable arrangements in place for the management of complaints. While there had been some complaints made in the centre any complaints made had been suitably recorded and resolved to the satisfaction level of the complainant. The centre had also received some compliments from families, for example that the facilities were brilliant and suited the individuals' needs. Another compliment received said that the staff had adapted well to the residents' needs.
Judgment: Compliant
Quality and safety
This inspection found that the provider and person in charge were operating the

centre in a manner that supported residents to receive a service that was person-centred and offered them a comfortable and pleasant place to live. However, as previously stated improvements were required in relation to fire precautions and some improvements were required to individual assessment and personal plan, premises and risk management.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place, for example regular fire evacuation drills were taking place. However, the inspector was not assured that the provider had made adequate arrangements to evacuate one resident to safety in the event of an emergency when one staff member was on duty and the emergency evacuation plan required review to ensure accuracy.

The provider had ensured that assessments of residents' health and social care needs had been completed and there were personal plans in place for different identified areas, for example eating, drinking and swallowing plans. In addition, residents had access to appropriate healthcare professionals when required, for example a general practitioner (G.P). However, one healthcare assessment was not reviewed within the recommended time frame and some support plans required review to ensure all applicable information was accounted for and or accurate. This was important in order to ensure recommendations were followed through on and that residents received appropriate supports.

From a review of the safeguarding arrangements in place, residents were protected from the risk of abuse. For example, staff had received training in adult safeguarding.

The inspector observed that the centre was being operated in a manner that promoted the rights of residents and staff were observed to use respectful communication with residents.

The premises was observed to be spacious and tidy with different areas available for recreation and privacy. However, some minor issues were identified in relation to the finish of some of the decor and also in relation to some cleaning.

There were systems in place to manage and mitigate risk and keep residents safe in the centre, for example there was a policy on risk management. However, some applicable risks were not risk assessed. Additionally, one individual's risk assessment had not adequately risk assessed all aspects of a particular risk.

Regulation 17: Premises

The premises was observed to be homely and tastefully decorated. It was found to be mostly in a good state of repair and clean.

Some minor issues were identified with the premises:

- in one resident's bedroom two walls were scuffed or slightly chipped and one resident's en-suite walls required a paint touch-up in some areas
- the area around some emergency lighting required the plastering to be touched up and painted
- the tile strip in the utility room was coming away from the wall and broken in one area
- the microwave ceiling was observed to have food residue on it
- the attic door required cleaning
- slight limescale build up around the base of one resident's taps which could prevent them from being fully cleaned
- the buckets and mops that were used for cleaning were inappropriately stored which could lead to inadequate drying and the breeding of bacteria. For example, buckets were observed to have pooled water in them and mop heads were hanging over and partially into the buckets.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks. For example, there was a risk management policy and a health and safety policy in place.

However, from a review of risk assessments, the inspector observed that while staff members were scheduled to work alone at night that there was no lone working risk assessment conducted. In addition, there was no risk assessment conducted with regard to the evacuation needs of one resident, who had additional support needs, when only one staff member was on duty. Therefore the inspector was not assured based on the evidence provided that all reasonable possibilities had been considered before deciding on the night time evacuation plan for that resident.

Additionally, one resident's risk assessment did not appear to risk assess all aspects of the particular risks to them in relation to food. There were no documented control measures identified as to how all the risks around that particular area were being managed. These identified risk assessments were discussed with the person in charge.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management, for example the centre had fire safety equipment in place which was scheduled for quarterly servicing. There was evidence of regular fire evacuation drills taking place and each resident

had a personal emergency evacuation plan (PEEP) in place that outlined what supports they required to evacuate in the event of a fire.

However, in relation to the emergency evacuation plans, some information with regard to one resident was observed to be inaccurate. This related to the resident's bedroom door being recorded as a 60 minute fire containment door when it was a 30 minute fire containment door.

Additionally, the evacuation plan stated that one staff on duty would assist this resident get to an evacuation point. However, the inspector was informed, by staff members and the person in charge, that two staff were required for the safe evacuation of the resident. While the information regarding two staff being required was known to staff, this had the potential to lead to errors in the resident's evacuation if not addressed. The inspector was not assured that the provider had made adequate arrangements to evacuate the resident within a timely manner at night time in the event of fire or other emergency.

Following the inspection, the provider reviewed the arrangement in place and submitted supplementary information. However, the inspector was not assured the evacuation arrangements and the time frame provided for evacuation at night or at times when there would be one staff on duty, would provide for safe evacuation of the resident.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for identified needs, for example communication plans and intimate care plans. For the most part, it was evident that care and support was delivered as per the care plans in place.

The inspector found that one resident's speech and language assessment had not been reviewed within the recommended time frame and was last completed in January 2020 and no date was scheduled for the review.

In addition, an eating, drinking and swallowing plan for one resident did not describe many of the recommendations from a speech and language therapist in relation to some areas and therefore it was not clear if they were being followed though on. For example, it did not describe the portion sizes recommended and sessions to support the resident to understand why they had this plan. Notwithstanding that, a staff member spoken with was familiar with the recommendations and said that the recommendations were followed.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience best possible health. Residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff were trained in adult safeguarding, daily financial checks were completed of residents' money and their were intimate care plans in place to guide staff practice.

In addition, staff spoken with were aware of what to do in the event of a safeguarding concern. There had been no safeguarding concerns to date in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices about their lives. For example, a resident wanted to what a movie and the inspector observed the resident was asked what movie they wanted to watch. Staff did not rush the resident for an answer in order to give them the time they needed to decide. There were regular residents' meetings to discuss different topics and promote residents making choices.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Athasach OSV-0008547

Inspection ID: MON-0040679

Date of inspection: 04/01/2024

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The outstanding Safeguarding Training for one staff member was completed 15/1/24. Clamping Training for five staff members will be completed by the 31//3/24. IPC was completed by four staff members on the 27/11/22 and the remaining staff will complete this training 29/2/24.</p> <p>The staff member due for training in Respiratory, Hygiene and Cough Etiquette will complete 29/2/24.</p> <p>The Training oversight grid was updated to reflect accurate information on the 8/2/24. The Behaviour Support Specialist is currently developing a training program which will be delivered to staff 2/5/24.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In the event of an emergency the following formal protocols are in place.</p> <p>Up to 5pm: Contact emergency services – as displayed on notice board. Contact the PIC. In the event of the PIC being unavailable staff should contact the Residential Services Manager for support.</p> <p>Out of hours support: Contact emergency services – as displayed on notice board. Staff should contact the Operations Manager and text the PIC. When the Operations Manager is on leave, the designated contact is the CEO.</p>	

Additional support:

The nurse on duty at Coosan Respite (waking hours) can be contacted anytime by staff on duty in any other location.

All out of hours contact log is reviewed at the services Clinical Review meeting, held quarterly for trends and learning (10/2/24).

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will send the HIQA Quarterly Notifications retrospectively as soon as the Portal Registration for the centre has been completed (29/2/24).	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The scuff marks & chip have been touched up by paint in one resident's bedroom (9/2/24). The area around the emergency lighting has been repaired (9/2/24). The tile strip in the utility room has been repaired (9/2/24). The microwave was cleaned on the day of inspection (4/2/24). The attic door has been cleaned (9/2/24). The slight limescale buildup around the base of one residents tap has been removed (9/2/24). The cleaning buckets and mops have been adjusted to meet IPC Compliance (4/1/24).	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A Lone Worker Risk Assessment has been completed (21/2/24). A Risk Assessment regarding the evacuation needs of one resident who has additional support needs has been completed (21/2/24). A risk assessment has been completed for one resident in relation to a particular risk regarding food and control measures identified and documented re risk (21/2/24).	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The organisation will complete the following works to the Residents Room to allow for egress via bed evacuation – <ul style="list-style-type: none">• Remove Window.• Replace with 1,500mm patio doors (with window via opening sash on door, patio door will have paneling for privacy). Thumb turn for easy access.• Ramped external to be tarred to the drive to provide clear access.	

Works scheduled for 1st March to be completed by the 14th March. New PEEP will be put in place.	
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: A full review of one residents Personal Plan in relation to eating, drinking and swallowing will be carried out to ensure that accurate and detailed descriptions of speech and language recommendations are reflected and that these recommendations are fully explained to the resident in question (28/3/24).	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/03/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	09/02/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively	Substantially Compliant	Yellow	10/02/2024

	monitored.			
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.	Substantially Compliant	Yellow	20/02/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	14/03/2024
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	14/03/2024
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	Substantially Compliant	Yellow	29/02/2024

	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 including physical, chemical or environmental restraint was used.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	28/02/2024
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	28/02/2024