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:	Bramble Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	25 May 2021
Centre ID:	OSV-0004465
Fieldwork ID:	MON-0032451

About the designated centre

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

Bramble Services is located in a town in Co. Roscommon and is run by Brothers of Charity Services Ireland. This centre provides a residential and respite service for up to ten male and female adults, with mild to severe intellectual disabilities and who may fall within the autistic spectrum. This service also offers support to people with behaviour that challenges and those with mental health needs. The centre comprises of three premises which are in close proximity to each other. Each premises provides residents with their own bedroom, shared living spaces and garden areas. Staff are on duty both day and night to support residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 May 2021	11:45hrs to 18:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with the person in charge, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

Due to COVID-19 infection control precautions, the inspector did not visit all five houses in the centre. As a sample of the service the inspection was carried out in three interconnecting housing units. To reduce infection control risk the inspection was carried out in a unit that was currently unoccupied. Up to nine residents could receive a combination of full time residential and respite service at any given time.

The inspector did not have the opportunity to discuss the service with any residents. On the day of the inspection there were no residents present in the centre as both residents who occupied this part of the centre were out and about with staff which was their preference. The person in charge and staff who the inspector met with during the inspection very aware residents' needs and preferences and explained how they supported these.

There were measures in place to ensure that residents' rights were being upheld. Residents in the centre were supported to take part in either day service or home and community based activities based on their preferences and assessed needs. Individualised activity and developmental plans had been developed for each resident which included fitness activities and exercise projects, getting more familiar with computer technology and using it to keep in touch with friends, improving numeracy skills, cooking, walking, independent personal hygiene skills, and leisure activities such as football, swimming and puzzles. On reviewing information during the inspection it was found that relevant information, such as personal plans and COVID-19 information, was made available to residents in user friendly format.

It was evident from review of information and observation, that residents had choice around how they lived their lives. There were adequate staff available to support residents to go out or enjoy activity of their choice at any time and there was sufficient transport available to enable this. It was seen during the inspection that this was happening, as residents were out and about in the local area. Residents also had rights to keep in touch with families and interventions had been introduced to ensure that residents could achieve this while adhering to COVID-19 safety requirements.

Due to COVID-19 safety protocols the inspector did not carry out an inspection of all parts of the building. However, the rooms that were viewed were clean, warm and comfortably furnished in line with residents' preferences and accessed needs.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider had governance and management arrangements in place to ensure that a good quality and safe service was provided for people who lived and received respite breaks in this centre. However, the provider's management arrangements required strengthening to ensure that this standard of safe service for residents would be maintained.

Although it was found that residents were well cared for and enjoyed a good quality of life, some weaknesses in governance presented a risk that these standards might not be consistently maintained. The areas where improvement was required included, out of hours support arrangements, annual review, records relating to personal, social and healthcare planning, and auditing systems.

A new person in charge had recently been appointed and further changes to the structure of the service were planned to take place in the near future. The person in charge and her line manager both of whom were present in the centre during the inspection, explained that the provider had plans to improve the governance of the service. The plans included a reconfiguration of the service to reduce the number of houses and occupancy levels.

The arrangements to support staff during the absence of the person in charge required review to establish if they are effective. The were clear arrangements in place to support staff in evenings and at weekends when a senior manager was on-call. However, there were no support system in place at night time on weekdays and staff were advised to call generic emergency services if they needed any support during these hours.

The person in charge was based in the centre and knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. The centre was suitably resourced with staff, equipment and transport to ensure the effective delivery of care and support to residents.

There was a lack of clarity about the occupancy of the service. The centre was registered to accommodate ten residents, although at the time of inspection there were eight beds available for residents' use and one vacancy. The rooms descriptions in the statement of purpose did not reflect the change that had taken place during this registration cycle. None of the staff who the inspector met had worked in the centre when it was last registered and were not aware of how the change had occurred.

Audits were being carried out by the person in charge to review the quality and safety of the service. Unannounced audits were being carried out twice each year on behalf of the provider. All audit records showed a high levels of compliance. Annual

reviews of the quality and safety of care and support of residents were also being carried out. The annual review was comprehensive and informative and included an improvement plan for the coming year. However, the auditing system was not fully effective, as it had failed to identify the areas for improvement identified during this inspection. Furthermore the annual review did not include feedback from residents' although consultation with families had taken place and was recorded.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Clear staffing rosters had been developed by the person in charge and these were up to date at the time of inspection. Staff had received training relevant to their work, such as training in manual handling, continence management, basic food hygiene, assisted decision making and dysphagia care, in addition to mandatory training. Training in various aspects of infection control had also been provided for staff in response to the COVID-19 pandemic. The training needs arrangements were being managed by a dedicated department based in another location.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Hand sanitising and temperature monitoring facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Documents required by the regulations were kept in the centre and were made available to view as requested. Records viewed during the inspection included personal profiles, healthcare records, risk management assessments and a sample of operational policies. However, some records had not been completed in sufficient detail to provide guidance for staff and for the person in charge to have oversight of the service. For example, a resident's plan of care for health were unclear and some residents' personal plans did not record how agreed outcomes for residents would be progressed and supported. This presented a risk that some valuable information could be lost or would not be present to guide all staff in delivering good quality, safe care to residents. Records of the provider's required cleaning plan for infection control were intermittent. Therefore it was not possible to ascertain if this work was being completed as required. Other documents that required improvement included the guide for residents which did not include the required information and the statement of purpose which required minor revision.

The provider had developed a range of policies to guide staff. While most of the sample of the policies viewed were up to date, some, such as the safeguarding and infection control policies, had not been reviewed within the time frames required by the regulations.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of

residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were being maintained. However, some of the records viewed were not clearly documented and some of the information recorded was not sufficient to guide practice.

The areas where improvement was required included:

- some personal, social and healthcare planning records were not documented in sufficient detail to guide practice
- some care intervention records were not clearly linked to evidence based guidance.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were arrangements in place for governance, leadership and management of the centre, these required strengthening to ensure that a good quality and safe service to residents would be maintained.

The areas where improvement was required included:

- the arrangements for staff out of hours support required review to establish if they were suitable
- the annual review did not include the views of residents and or their representatives
- staff training records did not provide clear oversight of staff training needs was difficult to establish
- the auditing system was not sufficiently robust to identify all issues that required

improvement
- some operational policies were out of date
- the statement of purpose and guide for residents did not meet the requirements of the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents, and included most of the required information. However, there was some minor adjustment required to meet all the requirement of the regulations:

- the statement of purpose did not clearly state all the information set out in schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A range of policies were available to guide staff. However, of the sample of policies viewed during the inspection, some were out of date and had not been reviewed within a three year period as required by the regulations.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service, although improvement was required to personal planning and information for residents. Some minor improvement was also required to premises and infection control.

Those who lived in the centre and those who availed of respite breaks received person centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Due to the COVID-19 pandemic, the service being provided in the centre had been reduced considerably at the time of inspection in line with the preferences of

residents and their families.

It was the provider's practice to hold annual review meetings, at which residents' support needs for the coming year were planned. The personal planning process was intended to ensure that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The service was a combination of full residential and respite service. As some residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these residents' needs and plans during respite stays. A sample of personal plans viewed, it was found that an annual personal planning review which was due several months earlier had not taken place and no alternative date had been explored or agreed. Personal plans required improvement as some did not include sufficient information to guide practice and some information was not evidence based. Furthermore, personal planning records did not identify the required support for residents to achieve their agreed plans and some personal plans were not up to date. Overall, personal plans were available to residents in user friendly format.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a large town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the inspection, residents had spent time going to outdoor places that they enjoyed which was planned based on knowledge of these residents' preferences.

The centre was a combination of five houses close to a rural town, three of which were visited during the inspection. These houses were spacious, warm, clean and well equipped and had safe and accessible gardens. Overall, rooms were suitably decorated and the centre had a homely and comfortable atmosphere. These houses had suitable laundry facilities and refuse disposal arrangements in place. However, some parts of the houses required internal painting and some features were damaged and required upgrading. Re-painting in the centre had already been identified in the quality improvement plan for 2021.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Due to the short duration and intermittent nature of some residents’ respite stays, these residents' healthcare arrangements were mainly supported by their families. All residents had good access to general practitioners (GPs), consultants and healthcare professionals as required.

There were suitable systems in the centre to control the spread of infection. There was extensive guidance and practice in place for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed by the provider but it was unclear if this was being implemented consistently in the centre.

Although the parts of the centre that the inspector visited were visibly clean, there were gaps of several days in some cleaning records.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and an up-to-date risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19.

The provider had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development and frequent review of behaviour support plans. These measures appeared to be effective and a decrease in incidents of concern was recorded.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Residents' choices around involvement in religious and civil rights had been explored and preferences could be supported as required during respite breaks. The person in charge was very focused on the reduction of restrictive practice and was involved in the ongoing of these measures. As a result, the use of restrictive practice in the centre had been reduced, and effective alternatives had been introduced.

Regulation 17: Premises

The design and layout of the centre met the aims the service and the needs of residents. Overall, the centre was well maintained, clean, comfortable, personalised and suitably decorated. However, some floor covering and window blinds were damaged and required upgrade, and some internal surfaces required repainting.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide that included the information specified in the regulations had not been prepared in respect of the centre. The document that was available in the centre did not include:

- the terms and conditions relating to residency
- the procedure for complaints

- how to access any inspection reports on the centre
- arrangements for residents' involvement in the running of the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were suitable arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, there was limited evidence that the cleaning plan required by the provider was being implemented consistently.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal planning process required improvement:

- a resident's personal had not been subject to annual review as required by the regulations
- a plan of care for a resident was unclear as it did not include clear information to guide staff and did not state what the plan of care was intended to achieve
- the interventions stated in the plan of care were not being carried out
- residents' personal plans did not clearly state who would be responsible in supporting residents to achieve their aim, and progress in reaching this was not being clearly recorded in the sample viewed.

Judgment: Not compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range

of healthcare services, such as GPs, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had strong arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bramble Services OSV-0004465

Inspection ID: MON-0032451

Date of inspection: 25/05/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Personal, Social and healthcare planning records have been reviewed and updated to ensure there is detail in place to guide staff in their support of people. There is a meeting arranged with all staff supporting people in the respite service to ensure that there are accurate intervention records in place to guide practice. A record-keeping training has been arranged with Quality Enhancement and Training department to guide staff on best practice in record keeping.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The arrangements for staff out of hours support has been reviewed and a new out of hour's system will be introduced before the end of July 2021. This will provide a more robust system of support for out of hours management support. • The PIC has regular contact with family representatives and seeks the views of people supported through regular in- house meetings. The views of family representatives and people supported are being sought for the annual review and there is a review of the system to ensure these are reflected in the annual review. • Staff training records will be reviewed by the training department to provide more a training record that is easier to establish the training needs of staff. • The auditing system reviews a sample of regulations and will be reviewed to ensure a more robust review is in place.	

• All policies have been reviewed and are available in the centre for review. • The statement of purpose and residents guide have been reviewed to ensure they have all information required under regulation.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated and reviewed. The Statement of Purpose now clearly states all the information required in Schedule 1.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All Schedule 5 policies are now in place in the Designated Centre and have been updated to ensure that all policies are available and reviewed within the required timeframe.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Due to Covid 19, maintenance contractors could not proceed with maintenance required due to restrictions in place. A maintenance schedule is now in place with all required building maintenance and refurbishments prioritized.

Regulation 20: Information for residents	Not Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
A Residents Guide is in place in the centre with information pertaining to residency. This guide has now been reviewed and updated to ensure that information is available in relation to:
• How to access of inspection reports
• Arrangements for resident's involvement in the running of the centre is included.
• More specific information has been added in relation to the procedure for complaints.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Management have met with staff teams to outline requirements and review systems in place for infection control and management. A robust system is in place to add assurances that the cleaning system is consistently implemented with weekly reviews by the team leader.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The annual review for the person's personal plan has been arranged.

Plans have been reviewed and updated to ensure that there is clear information to guide staff, with enhanced detail to guide staff on what the plan of care is to achieve.
There is a meeting arranged with all staff supporting people in the respite service to ensure that there are accurate intervention records in place to guide practice.
A bespoke personal outcomes training will be held with the Quality department to ensure there is quality planning, guidance and review in place.

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 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	30/09/2021
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Not Compliant	Orange	17/06/2021
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Not Compliant	Orange	17/06/2021
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any	Not Compliant	Orange	17/06/2021

	inspection reports on the centre.			
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Not Compliant	Orange	17/06/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2021
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	31/07/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	17/06/2021

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	17/06/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	17/06/2021
Regulation 05(1)(b)	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	Not Compliant	Orange	30/06/2021

	out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Not Compliant	Orange	30/06/2021