



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

## Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - South Kerry
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0003790
Fieldwork ID:	MON-0031976

## About the designated centre

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

St. John of God Kerry Services - South Kerry consists of a large detached bungalow in a small development of individual houses in a rural setting but within driving distance to some towns. This designated centre primarily provides a respite service for a maximum of 4 residents with intellectual disabilities, between the ages of 6 and 18 of both genders. The centre also can provide a respite services for two adults and can also serve as a COVID-19 isolation unit for adults if required. Children and adults do not use the centre at the same time. There are four bedrooms in the designated centre for residents' use and other rooms in the centre include a kitchen, a dining room, a sitting room, a sensory room, a utility room, a staff office/bedroom and bathrooms. Residents are supported by the person in charge, nurses, social care workers and a healthcare assistant.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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 - 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
Wednesday 26 May 2021	10:45hrs to 16:50hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

From what the inspector read, observed and was told residents were being supported in respectful manner within a setting that had been made as homely as possible so that any residents availing of respite in this designated centre enjoyed their time there.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. On arriving at the centre the inspector was greeted by a staff member who requested a number of COVID-19 checks to ensure the safety of those in the centre was maintained. To restrict movement while present in the centre, the inspector was mainly based in the staff office.

The premises that had been provided for this designated centre was noted to be well maintained and well furnished. Since the previous HIQA inspection in October 2019 painting had been carried out internally and externally. Although this centre mainly provided a respite service for children, so no residents lived in the centre full-time, it was seen that efforts had been made to make the premises homely. For example, art work completed by residents and canvas style photographs of residents were on display throughout while facilities had been provided for residents to engage in opportunities for play and recreation. These included the presence of a sensory room within the centre and outdoor activities such as a trampoline and a basketball hoop.

Such facilities enabled residents to participate in activities and to have meaningful days even during the ongoing COVID-19 pandemic. When external activities had been more restricted, in-house activities such as art and crafts, movie nights and cooking were provided for while new equipment had also been bought such as a bouncing castle. It was also read how residents had had a St. Patrick's Day parade which involved Irish music and staff dressing up which residents present really enjoyed. Residents had also been supported to make Valentine's Day cards. It was observed that information of activities residents were to participate in while present in the centre were on display in the dining area alongside details of the staff members on duty who were supporting residents.

In the annual review process for this designated centre, it was read that family members had commented very positively on staff members and the overall care received by residents when availing of this centre. As part of this process, the provider issued questionnaires to family members each year seeking their views on the service provided. During the 2019 annual review it was noted how family members indicated that that had confidence in the staff and that there was good communication from the centre overall. One family member specifically commented that "our child loves attending respite, they will be smiling from ear to ear and be

very content, the staff are very helpful, supportive and understanding”.

The 2020 annual review also summarised the content of questionnaires received from family members which again was noted to be very positive overall with family members praising the measures that had been taken to ensure that their children were kept safe. Efforts were also made to consult with residents while present in the centre. Each month a residents’ meeting would be held in the centre with the date varied so that different residents could attend. During such meetings residents were given information on the running of the designated centre. For example, in one recent meeting it was indicated that residents had been informed that one staff member would be moving to a new job.

Staff members on duty were observed and overheard to interact in a caring, kind and respectful manner with the two residents present during this inspection. These residents were seen to be supported to wash their hands and to be encouraged in help out in the house by the staff. For example one staff member suggested that a resident help in putting on some washing and putting things in a bin. It was also observed that staff members sought to give residents choice while present in the centre with one resident offered a choice of two different drinks by a staff member. The two residents present did not engage directly with the inspector but were seen to settle into the centre having arrived here direct from school. Towards the end of the inspection, residents went out for a drive with staff.

In summary, there were clear indications that residents were being supported in a respectful and caring manner in a homely environment. Support was being given to residents to engage in age-appropriate activities which helped make their stays in the centre meaningful.

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 governance structures and systems helped ensure that the designated centre was now being operated in line with its statement of purpose while an overall good level of compliance was found during this inspection.

This designated centre had its registration renewed in September 2018 for a three year period as a respite service for children with specific registration conditions reflecting this. HIQA had previously inspected the centre in October 2019. Early into the COVID-19 pandemic, the provider varied its registration conditions to make the centre a COVID-19 isolation unit for adults only before varying its conditions again to allow the designated centre to return to its traditional children respite’s service

and also to be used a COVID-19 isolation for adults when required.

In November 2020 HIQA became aware that adults were availing of respite in this centre who were not suspected or confirmed cases of COVID-19. This was contrary to the statement of purpose that had been provided for this centre and prompted HIQA to issue a warning letter to the provider. In response the provider applied to vary its conditions of registration to ensure that the services provided were in keeping with the centre's statement of purpose. This application was granted in December 2020 once the provider had submitted all of the required documents.

Since then the provider had submitted an application to renew registration of the designated centre for a further three years until September 2024. However after this had been submitted, the provider indicated their intention to withdraw from providing disability services at the end of September 2021 with the required formal notification of this for this designated centre submitted to HIQA. While this matter was currently under review, the purpose of the current inspection was to monitor the levels of compliance with the regulations and to assess if the designated centre was being operated in a manner consistent with its statement of purpose.

It was seen that the statement of purpose in place had been recently reviewed and reflect a recent change in person in charge. The statement of purpose contained all of the required information and based on the overall findings of this inspection, the services provided in this centre were in line with this important governance document. Included within the statement of purpose were details of the staffing arrangements to support residents. It was noted that there was a good consistency of staff working in this centre which is important to ensure that there is a continuity of care and support for residents. Staff rosters were also maintained for the centre but it noted that the staff rosters for recent months indicated that the previous in charge was working in the centre when they had been absent since January 2021.

Since then a new person in charge had been appointed who met the requirements of the regulations in terms of their experience and qualifications. The person in charge was responsible for this designated centre only and ensured that all information requested for this inspection was made available. It was also seen that they responded promptly to some issues raised on this inspection. Since starting in the role they had carried out various audits in areas such as infection prevention and procedures which formed part of the monitoring systems in place for this centre.

These monitoring systems also included key regulatory requirements such as provider unannounced visits and annual reviews which were carried out for this centre. These are important in reviewing the quality of safety of care and support provided to residents and, taking into account the overall findings of this inspection, a general good level of support was being provided to residents as reflected in the overall compliance levels. It was noted though that annual reviews carried out did not include the outcome of consultation with residents as required.

### Regulation 14: Persons in charge

The person in charge was responsible for this designated centre only and met the requirements of the regulations in terms of their experience and qualifications.

Judgment: Compliant

### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents including the provision of nursing staff and a consistency of staff support. Rosters were maintained for the centre but it was noted that that the staff rosters for recent months indicated that the previous in charge was working in the centre when they had been absent since January 2021.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider was monitoring the care and support provided to residents through various audits, provider unannounced visits and annual reviews. While the annual reviews carried out provided for consultation with family members they did not include the outcome of consultation with residents

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A recently reviewed statement of purpose was in place for this designated centre that contained all of the required information and reflected the services provided in this centre.

Judgment: Compliant

### Quality and safety



Arrangements in place to meet residents' needs generally while they availed of respite in this designated centre. Improvement was required in the areas of positive behaviour support and the review of restrictive practices.

While this designated centre could be used as a COVID-19 isolation unit if required, its primary purpose was to provide a children's respite service. It was found that the premises provided was suited to the use of this designated centre for such purposes. Given the nature of the respite service, where different residents could be availing of the centre from day-to-day, there was strict cleaning regimes and schedules in place. These were guided by the provider's policies and procedures in this area and ensured that the designated centre was cleaned between different residents using the centre and that regularly touched items were cleaned multiple times throughout the day.

In addition, while the designated centre had a maximum capacity of four, at the time of this inspection the number using the centre at any one time was limited to three as this offered increased opportunities for social distancing given the ongoing COVID-19 pandemic. The potential risks from COVID-19 had been assessed as part of the risk management process followed by the provider with staff members provided with relevant training in areas such as hands hygiene and PPE. Throughout the inspection staff members were observed to be wearing PPE and also to carry out cleaning of the premises provided for the centre.

This premises was equipped with appropriate fire safety systems including a fire alarm, fire containment measures, emergency lighting, fire extinguishers and a fire blanket. Such systems were being serviced to ensure that they were in proper working condition. Fire drills were taking place regularly to help ensure that staff and residents knew what to do in the event of an evacuation being required. Staff members had also undergone training in fire safety. Guidance on how to support residents to evacuate this centre if required were outlined in individual personal emergency evacuation plans that were contained within residents' individual personal plans.

As this centre operated primarily as a children's respite service supporting over 20 children, an individual personal plan was in place for each of these children as required by the regulations. The inspector reviewed a sample of personal plans and noted that they contained a good level of guidance for staff in supporting residents' needs. For example, there was information on how residents communicated and guidance on how to support them with intimate personal care. It was noted though that some parts of these plans and assessments which informed them had not been reviewed in over 12 months.

Individual personal plans did contain some guidance on how to support residents engage in positive behaviour in particular areas with training in de-escalation and intervention also provided to staff. However, such guidance were not completed for positive behaviour support plans and the previous HIQA inspection in October 2019 had highlighted that such plans were needed for some residents. These plans are important so that staff members have the necessary knowledge and skills to respond appropriately to behaviours of residents. Such plans required the input of a

particular health and social care professional that was not available within the provider. While external assistance could be sought this process was slow meaning that some residents were still without positive behaviour support plans.

It was seen that such plans were still required from incidents records in the designated centre and an internal report which the provider had completed on this matter. It was acknowledged that the provider was making efforts to address this area but based on the findings of the current inspection, this area had not been satisfactorily addressed from the previous HIQA inspection. In addition, the absence of the particular health and social care professional impacted the ability of restrictive practices to be reviewed by a human rights committee in line with best practice. For example, it was noted that some restrictive practices impacting some residents had last been reviewed by a human rights committee in 2019.

Such restrictions were being notified to HIQA as required and included amongst these were the use of some controlled medicines. This type of medicine can potentially lead to harm if misused and as a result are subject to stricter legal controls. In line with such controls and the provider's own medicines policies it is important that robust procedures are consistently followed in this area. Such procedures include the maintenance of a specific log book for these medicines that track the use and stocks of such medicines. While such a log book and appropriate storage secure facilities were in place for any controlled medicines at the time of the inspection, it was found that the required procedures had not always been followed. For example, the inspector was informed that the log book had only started being kept in May 2021.

### Regulation 17: Premises

The designated centre was maintained to a good standard while being designed and laid out to meet the aims and objectives of the centre. Equipment used in the centre, such as hoists, were being serviced to ensure that they were in working order.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide provided for this centre contained all of the required information such as the procedures for complaints and the arrangements for visits.

Judgment: Compliant

## Regulation 26: Risk management procedures

Various risk assessments were in place relating to the designated centre overall and individual residents. It was seen that such risk assessments had been updated to take account of COVID-19. Systems were in operation for accidents and incidents occurring in the centre to be recorded and reviewed by management.

Judgment: Compliant

## Regulation 27: Protection against infection

Staff members had been provided with training in areas such as PPE and hand hygiene. Regular cleaning was being carried out with various guidance, procedures and policies in place to guide practices for infection prevention and control.

Judgment: Compliant

## Regulation 28: Fire precautions

Appropriate fire safety systems were in place that included a fire alarm and fire fighting equipment. Regular fire drills were being carried out and staff had received fire safety training.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

While secure storage was in place for medicines, it was noted that processes for controlled medicines had only recently begun to be implemented in full.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

All children availing of this centre had personal plans in place but it was noted that some assessments and parts of these plans had not been reviewed in other 12

months.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Residents who required full positive behaviour support plans did not have them in place. Restrictions were overdue review by a human rights committee.

Judgment: Not compliant

### Regulation 8: Protection

Staff members had received relevant training in safeguarding and any concerns arising were reported to the appropriate bodies. Intimate care plans were in place for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to be treated respectfully and offered choices. Residents were consulted and given information during resident meetings that took place in the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. John of God Kerry Services - South Kerry OSV-0003790

Inspection ID: MON-0031976

Date of inspection: 26/05/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Regulation 15 (4) The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained</li> <li>• The PIC will ensure that only staff that are presently working in the Designated Centre will be documented on staff roster.</li> <li>• In the absence of the PIC, the PPIM will oversee this process to ensure compliance is adhered to.</li> </ul> <p>Complete: 27/05/2021</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> <ul style="list-style-type: none"> <li>• Regulation 23 (1) (d) requires a provider to "ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards". Regulation 23(1)(e) also requires the provider to "ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.</li> <li>• The 2020 annual review to be reviewed by the PIC to include service users opinions of the service retrieved from monthly children meetings.</li> </ul> <p>Complete by: 30th June 2021</p>	

- The PIC will ensure any recommendations made at resident's monthly meetings are captured and included in subsequent annual reviews.

Complete by: 30th June 2021

- The PIC will ensure each keyworker will liaise with their key child and complete a satisfaction survey with them.

Complete by: 31st July 2021

- The PIC will update the results of satisfaction survey and include them in the 2020 annual review and re circulate to families.

Complete by: 31st July 2021

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Regulation 29(4) (d) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.

- The PIC will ensure all staff attend an educational session on Person Directed Medication Management Policy.

Complete by: 31st July 2021

- The PIC will develop a new protocol to ensure that families/carers are contacted in advance of the child availing of respite, to ensure that all control measures are in place for the safe management of medication.

Complete by: 30th June 2021

- The PIC will arrange for an audit to be conducted on existing prescribed medication for children availing of respite to ensure safe management of medication:

Complete by: 31st July 2021

- Six monthly Medication Audit to be conducted by a nursing staff from the Providers Healthcare Department:

Complete by: 30th November 2021



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> <ul style="list-style-type: none"> <li>• Regulation 5(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 out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.</li> <li>• The PIC to source additional computer for staff access. Complete by: 9th June 2021</li> <li>• The PIC to ensure that all care plans are reviewed and updated weekly. Complete by: 31st August 2021</li> <li>• The PIC to monitor at quarterly supervision meetings care plan review Complete by: 31st July 2021</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Regulation 7 (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. Regulation 7 (4) The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.</li> <li>• No Behavior Support plan should start in Respite; rather it should be commenced in the place where the child spends most of their time at home and in school. Whoever leads on the development of the plan should involve Respite Services and effectively present the plan of what should happen in Respite to ensure an enjoyable stay. The plan should be holistic, functionally based and non-aversive. Children currently availing of respite do not receive sufficient support from the Progressing Disabilities Team, therefore in the interim Saint John of God has established a monthly Behavior Support Clinic facilitated by a clinician from the Callan Institute where recommendations are provided to support children with behavior of concerns. However the children require more clinical input/assessments to support them to live safely at home and to enjoy Respite in the way they should be able to enjoy it. The following actions have been developed to</li> </ul>	

ensure the provider comes into compliance with Regulation 7- Positive Behavior Support.

- St John of Gods Rights policy for children currently being developed

Complete by: 30th September 2021

- Positive Behavior Support report compiled by the provider including recommendations that will support children availing of respite

Complete by: 15TH March 2021

- Report and recommendations to be sent to the HSE outlining the requirement for the Kerry Intervention Disability Service to establish a committee with clinical input and carry out assessments in order to develop plans that are holistic, functionally based and non-aversive. The PIC will attend monthly Behavior Support Clinics with the Behavior Support specialist in the Callan Institute . The PIC will continue to ensure children are referred to Trasna where behavioral support plans can be developed for children.

Complete by: 16th June 2021

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	27/05/2021
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 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	30/11/2021

	of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 ( S.I. No. 328 of 1988 ), as amended.			
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 out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/08/2021
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	31/08/2021

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.	Not Compliant	Orange	30/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/09/2021