



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

Issued by the Chief Inspector

Name of designated centre:	Adult Respite Services - St. Vincent's Residential Services
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 November 2023
Centre ID:	OSV-0003937
Fieldwork ID:	MON-0037953

About the designated centre

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

This short term respite service is located in a small town on the outskirts of a large city. The service offers respite to male and female adults who have an intellectual disability, physical disability, communication difficulties and medical conditions with complex care needs. The service operates all year round with the exception of a planned closure at Christmas time. The designated centre was purposefully built and further extended to include 6 individual residents' bedrooms, a bathroom, wet room, toilet, staff office, staff sleepover room, a large kitchen / dining room, a living room and large reception room and sun room. Externally is a front garden and parking area. The rear of the centre has a large secure garden with patio and decking features which is wheelchair accessible. The gardens are mature and landscaped. There is a large shed adjacent to the centre used for storage. The staff team is composed of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Friday 10 November 2023	08:40hrs to 17:10hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations. In addition, to ensuring residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs. The designated centre is made up of a six-bed bungalow located in a suburb of Limerick city. The centre provides a respite service. At the time of the inspection 62 residents were accessing the service and eight people were on a waiting list. The respite service was mostly operating to full capacity, with six residents accessing the service on most nights. Reduced numbers were in place on occasion and this was as per the residents assessed needs to facilitate respite.

On arrival to the centre, two residents were being collected to attend their day service. The inspector was greeted by the person in charge who was on duty the morning of the inspection. Four other residents were present when the inspector entered the centre. The person in charge informed the inspector that these residents were being discharged that morning after their respite break from the previous night. The inspector greeted the other staff member also on duty, the staff member was seen to organise residents' bags and personal items in preparation of being collected.

The inspector greeted the residents, although some residents did not engage with the inspector they appeared to be in good spirits and comfortable in the company of staff. Some residents were observed to wait near the entrance hallway for their day service bus, while others were relaxing and the kitchen and living room area watching some morning television. The inspector had the opportunity to speak to one resident. This resident told them that they had been in respite the previous night and they had enjoyed their stay very much. They communicated that they enjoyed coming to respite and taking it easy, as well as meeting friends in respite. The inspector asked the resident if they were unhappy about anything in the centre or had a request in the centre what would they do, the resident indicated that they would speak to a staff member.

Later in the evening, three residents were due for admission to the centre for a weekend respite break. The inspector had the opportunity to speak with one of these residents. Again, the resident appeared very happy and comfortable in the centre. The resident told the inspector they had a good day and they were preparing and organising their belongings for their weekend in the centre.

The centre had a minimum of two staff on duty while residents were present, and a third staff if required to support the needs of the residents. The inspector met four staff who were on duty during the course of the inspection day. The staff showed good knowledge of the residents accessing the service and their needs and preferences. Staff were observed to interact with residents in a kind, respectful and dignified manner. The centre had household staff on during the day, this supported the centre with all cleaning and laundry needs. The centre was observed to be well

maintained and kept in a good state of repair, as well as being clean throughout.

The centre was located near lots of local amenities such as cafes, shops, cinema and restaurants. It was warm, clean, homely and suitably furnished to meet the needs of the residents. The centre had a number of communal areas the residents could access during their stay. This also supported residents to have visitors in the centres during their stay if they wished, although due to the short nature of the breaks this was not a frequent occurrence. Two bedrooms and a bathroom were equipped with specialised equipment such as, overhead hoists and adapted bathroom facilities which enhanced the comfort and safety of residents with physical and mobility issues. Each resident had their own bedroom during respite breaks. Each bedroom had access to television and storage facilities for personal items and clothing while staying at the centre.

The next two sections of the report present the finding of the 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

Overall, the inspector found there were management systems in place to ensure safe quality care was being delivered to the residents. On the day of the inspection, the centre was adequately resourced to meet the assessed needs of residents accessing the service. There were some improvements required in relation to the statement of purpose, training and staff development and directory of residents.

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service. The provider had systems in place for the ongoing monitoring and review of the care, support and safety of the service. The provider was aware of the requirement to carry out unannounced audits of the service twice each year and these had been carried out in February and August 2023. These audits were effective as they were comprehensive and had identified areas where improvement was required. They also had included action plans for addressing these issues. An audit plan had been developed for the centre, which included the person in charge completing a number of audits each year or as identified, these included audits of medications, hygiene, care plans mealtimes and health and safety. This audited the centre's practices and action plans were in place to address any identified issues.

An annual review had also been completed for the centre for 2022 and the person in charge informed the inspector that this year's annual review was in the process of being completed. There was evidence that consultation with residents and or their representatives had taken place and this indicated a high level of satisfaction with the service.

The registered provider had a current certificate of registration on display in the designated centres hallway. A statement of purpose had been prepared, however this document required review to ensure it provided accurate information as set out in schedule 1. For example, information regarding the facilities did not adequately include the facilities available in the service and how they met the care and support needs of residents.

While written agreements of contracts were in place in the service for the residents availing of respite and overall these were seen to be completed and in place on the day of the inspection, some contracts were not in place. The person in charge had recently sent new contracts of care to each resident and their families. The registered provider had changed provider name and this was not reflective of the previous contact, therefore the person in charge had an identified action in place and work to address this was already in progress.

The inspector reviewed the staffing rosters in place and as mentioned previously the centre had a minimum of two staff members on duty when residents were present. The person in charge identified staffing would increase to three to support residents in line with their assessed needs when required and this was seen to be flexible based on the respite provided. Two staff were in place throughout the night in the centre, a nursing staff and a sleepover staff. Rosters confirmed staffing levels were as per the centres statement of purpose and staffing was seen to be regular and familiar to the centre. There was a full time person in charge who was very familiar with the residents and focused on ensuring the resident's needs were being met while availing of respite and that residents received a quality respite break that they enjoyed.

The inspector reviewed the staff training matrix for the centre. The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in human rights, fire, safeguarding and managing challenging behaviour. The person in charge completed supervision with the staff team in the centre, however this required review. Supervision of two night staff members was completed by a night clinical nurse manager. No records of these supervisions were available in the centre or evidenced that they had been completed on a regular basis. In the coming days after the inspection the person in charge informed the inspector supervisions had been completed in October and November.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to

maintain very good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Staffing levels were appropriate to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including fire safety and safeguarding of vulnerable adults. The person in charge maintained good oversight of the training needs of staff. Staff had access to refresher training as required and new staff were provided with training relevant to their roles. The supervision records required review. The day staff team were provided with regular supervision by the person in charge. Records of these supervisions were available to the inspector on the day of the inspection. However, the night time staff of the centre supervision records were unavailable on the day of the inspection and no evidence of these being completed was available on the day of the inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in the centre on the day of the inspection. This required review to ensure it was maintained as required. A new resident who had commenced respite was not included on the directory of residents. This document included details set out in Schedule 3 of the regulations, however two residents information required review to ensure general practitioner information was available.

Judgment: Substantially compliant

Regulation 22: Insurance

Judgment: Compliant
Regulation 23: Governance and management
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good and safe service to the residents accessing respite. The centre was adequately resourced and there were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and included consultation with residents and their family members.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
There were written agreements for the provision of services in place for all residents and overall these were completed and the person in charge had identified an action in place which was seen to be in progress on the day of the inspection.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose that was available to residents and their representatives. However, the inspector reviewed the most recent version and found that it required improvement to comply with the regulations. For example, information regarding the facilities did not adequately reflect the full facilities available in the service and how they met needs of residents.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The person in charge had ensured residents were provided with accessible information regarding the complaints procedure and residents were supported to make complaints if they wished. Complaints were also discussed monthly at

residents meetings. An up-to-date complaints policy was in place.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents were in receipt of a good quality and safe service. Residents attended monthly residents meetings and these were seen to accommodate different residents each month. However, some improvements were required in residents individualised assessment and personal plans, fire precautions and general welfare and development.

The inspector reviewed a sample of the residents' personal plans. It was found overall that residents had an up-to-date and personal plan in place. In each of the residents bedrooms and easy-to-read version of the personal plans were in place, these were seen to be changed during the course of the inspection to reflect the residents that would be accessing the respite service for the weekend. If a health care need had been identified in the plan, a health care support plan was in place. These care plans were seen to be reviewed regularly. One resident who had commenced respite services in early October had a personal plan in place but some aspects of this plan was not completed and required review as they had been admitted to the centre over 28 days.

The residents' personal plans included an annual review process in which residents explored opportunities available to them as per their likes, interests and wishes. Each resident had a personal goal in place for the year, this was supported to be achieved while accessing the respite service with the support from the staff team. Residents' goals were seen to be as per their likes and interests, however some goals reviewed reflected opportunities available to them in the centre, while actions on other goals identified did not identify opportunities to achieve the goal. For example, one resident had a goal of listening to relaxation music and this had been recorded as completed on their respite stays. Another resident had a goal of social interaction while in respite services and this was to be completed via going for walks in the local area, there was no recorded evidence in place to reflect the resident was achieving their goal with this activity.

As mentioned previously in the report, the centre was located near many amenities such as cinema, cafes, restaurants and shops. The person in charge had an activity log in place which recorded the activities undertaken by residents when they assessed the service. The inspector reviewed the activity log for the previous twelve months and it was seen that most of the activities included walks in the local and drives in the community. This did not reflect that opportunities to participate in community based activities was offered in the centre. The residents accessing the service all attended different day services as per their choice and residents were seen to have a range of activities available to them in the centre such as electronic

tablets, television, games and an outdoor dining area.

The provider had measures in place to protect residents and staff against fire. These included up-to-date fire training for all staff, fire doors, fire alarms, lighting and equipment, along with a range of fire safety checks which were being completed regularly by staff in addition to servicing by external specialist. However, from the fire drills reviewed on the day of the inspection the centre had not completed a night time drill in the last 12 months and not all staff working in the centre had completed a fire drill in the previous 12 months. Resident had a personal emergency evacuation plan (PEEP) in place. However, these required review. Some residents were prescribed emergency medications, no procedure had been identified for these residents in their personal emergency evacuation plan if they may require this medication in the event of an evacuation. A resident who had commenced respite services in early October 2023 had no personal emergency evacuation plan in place and had not completed a fire drill in the centre.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Residents and staff were protected by the infection prevention and control policies and procedures in place in the centre. The centre had a contingency plan in place to support staff and residents in the event of an outbreak of an infectious disease. Cleaning rosters in place were seen to be well maintained. A colour coded mop and cloth system was in place, along with adequate storage facilities for cleaning products and items. A household staff was in place to support the cleaning of the centre, and as mentioned previously the centre was noted to be very clean and tidy on the day of the inspection.

Regulation 10: Communication

The inspector observed that residents in the centre were supported to communicate in line with their assessed needs and wishes. Residents had communication plans in place in their personal plan which clearly detailed any required additional supports they may require to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans. Residents had access to visual supports if required, as well as technology supports.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities and recreation while in the centre and residents attended day services in line with their choice. However improvement was required to support residents with the opportunity to access services and activities based in the community as this was not reflective of the activities log in place for the centre. Recreation facilities were available outside of the centre, however opportunities for residents to participate in these activities were not reflected as being offered, discussed or recorded.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided for residents to access respite in was seen to be clean, homely and well furnished. The layout of the centre was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

There was evidence that residents were offered balanced and nutritious diet, and were supported to make choices in meals and snacks. Residents had access to kitchen and cooking facilities. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured all the information specified in Schedule 3: Information for residents was maintained and available for review during the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk register in place for the designated centre and individualised risk assessments in place for residents. There were control measures in place to reduce risks and all risks were continuously reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policies and procedures in the centre. Contingency plans were in place to protect and provide guidance to residents and staff in the event of an outbreak of an infectious disease. There were cleaning schedules in place to ensure each area of the centre was cleaned regularly. The centre had access to adequate personal protective equipment. There was suitable laundry and waste management systems in place. Staff had completed a number of infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the centre which included fire alarms, emergency lighting, fire extinguishers and fire doors. Overall, residents had a personal emergency evacuation plan in place, however a resident who commenced respite services in early October 2023 had no plan in place. Residents personal emergency evacuation plans required review for those residents who were prescribed emergency medications, as the plans in place did not reflect the procedure in place if a resident should require these medications in the event of an evacuation. Fire drills also required review. A night time drill had not taken place in the centre in the previous twelve months and not all staff had completed a fire drill in the previous 12 months.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of

medicines. The centre had a clear admission and discharge process for all medicines entering and leaving the centre. Clear records were seen to be maintained for residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan in place, however one resident which was admitted to the centre over 28 days did not have a full personal plan completed. Residents had an identified goal in place, however this required review to ensure residents goals were being developed and recorded consistently to reflect new opportunities available and have actions in place to achieve the goal identified. For example, one resident had a goal of social interaction while staying in respite, however the action taken to complete the goal was a walk, this did not identify other opportunities available to develop social interaction.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly. Residents had health care support plans in place where required and were reviewed regularly. Each resident had access to their own general practitioner of their choice while accessing respite. Management and staff supported residents' health care needs with ongoing communication with families on admission and discharge to the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with detailed guidance and strategies to help them support residents appropriately. As previously stated, behaviour support plans were in place and up-to-date.

Any restrictive practices used in the centre had been recently reviewed to ensure the least restrictive measure was in place.

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	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Adult Respite Services - St. Vincent's Residential Services OSV-0003937

Inspection ID: MON-0037953

Date of inspection: 10/11/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding mandatory training has been scheduled and will be completed by January 2024. The dates of the night staff supervision have been forwarded to the inspector.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents was updated on 11/11/2023.	
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 was updated on 11/11/2023 and has been submitted to the regulator.	

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: Recruitment is ongoing for additional staff to support more community-based activities.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: One outstanding PEEP completed for individual who recently started attending Adult Respite. PEEPs updated to include individuals prescribed emergency medications are noted on same. Monthly fire drills continue to occur with different individuals in respite. All staff have now completed a fire drill in the previous 12 months.</p> <p>Nighttime fire drill completed on 13/06/2023 and daytime fire drill completed on 04/11/2023.</p>	
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: The Personal Plan for the individual who recently commenced in Adult Respite has been fully completed on 11/11/2023. Person centered goals for individuals have been reviewed and are updated on a regular basis.</p>	

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	11/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	11/11/2023
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	Substantially Compliant	Yellow	04/11/2023

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	11/11/2023
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	11/11/2023