



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

Issued by the Chief Inspector

Name of designated centre:	Beechgrove/Acorns
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	09 April 2021
Centre ID:	OSV-0004703
Fieldwork ID:	MON-0032016

About the designated centre

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

This centre provides 24 hours care and nursing residential support to both male and female residents over the age of eighteen years with an intellectual disability. This centre comprises two bungalows on the outskirts of a large town in Co. Westmeath, both of which have access to gardens. Transport is available to residents to support them to access amenities in the local community. Residents are supported by a full-time person in charge and a mixture of nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Friday 9 April 2021	11:30 am to 6:05 pm	Jackie Warren	Lead

What residents told us and what inspectors observed

Due to COVID-19 infection control precautions the inspector did not visit both houses in the centre but carried out the inspection in one house as a sample of the service. The inspector met with all three residents who lived in this house. None of the residents discussed their views on the quality and safety of the service. However, all residents were observed to be in good spirits and comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, staff were observed interacting with residents in a warm and friendly way and were very supportive of residents' wishes.

There was evidence that residents had good involvement in the community, subject to public health restrictions, and that they took part in social and leisure activities that they enjoyed. These included residents' preferred activities, which were going out in the community for outings, walks and shopping. Residents' preferences were taken into account when planning daily activities. During the inspection residents were taking part in individualised activities that they enjoyed. For example one resident was enjoying mindfulness and relaxation with soft music and lighting, while others were doing art, listening to music and spending time outdoors. One resident has responsibility for taking care of the fish tank in the centre which was a meaningful activity that the resident was proud of and enjoyed.

Activity schedules had been developed for each resident which included activities related to well being, health, development and leisure. These included going out for walks, drives, beauty and relaxation therapies, continuing with recommended exercise programmes, sensory activities, household tasks, a planting project and attending music sessions which, due to infection control precautions, were being organised outdoors.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents had choices around how they lived their lives. Residents views on the centre and their lives were being gathered through ongoing daily communication and judgements on choice and preferences. Communication passports had been developed for residents to support staff to communicate effectively. A range of other information such as COVID-19 information, food choices and staff on duty was also made available to resident in accessible formats. It was clear that staff had the skill and knowledge to communicate with residents and throughout the inspection this was happening in a warm and appropriate manner. Advocacy support was available to residents and this information was also made available to them.

Residents had rights to stay in touch with loved ones and arrangements had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements. External lighting had also been improved to offer residents the choice to go outdoors safely after dark if they chose

to.

Rooms in the centre were warm, comfortably furnished and decorated with pictures and artwork, including paintings made by a resident. Each resident had their own bedroom. These rooms were bright, comfortable and decorated in colours of residents choice. Assistive equipment was supplied as required to ensure that all residents could mobilise and transfer in a dignified and safe way.

There was adequate communal and private space for residents. The person in charge had identified that a sensory room would be beneficial and enjoyable for residents and was in the process of creating this facility at the centre. It was planned that an existing external room would be fitted with sensory equipment and would be used by residents as both a sensory room and additional relaxation space. The installation of a pathway and handrail had already been completed to make this area safely accessible to residents.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. While there were some improvements required in the management of the centre which will be further discussed later in this report, these did not impact of residents' ongoing enjoyment of their daily lives.

Capacity and capability

Overall, the provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. However, the provider's management arrangements required strengthening to ensure that this standard of safe service for residents would be maintained. These issues did not impact on the quality of day-to-day care being delivered to residents.

Although it was found throughout the inspection 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; contingency planning for isolation, annual review, service agreements, records relating to personal, social and healthcare planning, fire evacuation management and auditing system.

Improvement to the management structure had taken place since the last inspection of this centre. A new person in charge had recently been appointed and the role of assistant director of nursing had been introduced as a line management support to the person in charge and to deputise in their absence. 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. Monthly quality assurance meetings took place, which were attended by persons in charge and their managers. A range of information was shared and discussed at these meetings such

as vaccinations, corporate planning, policy updates and staffing training. The person in charge also had a schedule for supervision meetings with the staff team throughout 2021. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

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.

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 of the service did not include consultation with residents' and or their representatives as required by the regulations, although some information on residents' and relatives' views was included in the provider's six-monthly unannounced audit.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, manual handling, cardiopulmonary resuscitation and open disclosure, in addition to mandatory training. Training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. However, although the provider had robust measure in effect to control the risk of COVID-19 infection in the centre, the site specific contingency plan for the management of a COVID-19 outbreak in the centre did not fully guide practice and required review.

Documents required by the regulations were kept in the centre and were made available to view as requested, although some were not produced in a timely manner. Records viewed during the inspection included personal profiles, healthcare plans, risk management assessments and a sample of operational policies. However, some records had not been completed in sufficient detail and some key information was omitted. For example, some records in residents plans of care for health were unclear, fire evacuation drills were not suitably recorded and some residents' personal plans did not record how agreed outcomes for residents would be progressed and supported. The recorded information did not reflect the knowledge demonstrated by staff during the inspection. 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.

The provider had ensured that a service agreement had been made with each resident and these had been agreed and signed by residents' or their representatives. The agreements viewed were informative and included a range of information about the service. However, they did not include the fee to be charged as required by the regulations.

Regulation 14: Persons in charge

A full time person in charge with the required knowledge and skills had recently been appointed to the service and was based in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection. Arrangements were in place for the ongoing supervision of staff by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

All 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.

These 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 and some records of fire evacuation management were not adequate to inform and guide practice

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:

- contingency planning for isolation did not include the isolation arrangements for each resident based on each resident's assessed needs and preferences
- the annual review did not include the views of residents and or their representatives
- all service agreements did not include the fee to be charged
- the auditing system was not sufficiently robust to identify all issues that required improvement.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for residents. However, in a sample viewed, the fee to be charged was not stated in the agreement.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The person in charge and management team were aware of the requirement to notify the chief inspector of social services of periods of absence of the person in charge from the centre.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The person in charge and management team were aware of the requirement to notify the chief inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge. Suitable deputising arrangements had been identified in the event of this being required.

Judgment: Compliant

Quality and safety

It was evident during the inspection that the well-being of residents was promoted and that residents were kept safe. However, some improvement was required to health and personal care planning, the outdoor area of the premises, and fire drills.

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out and personal plans had been developed for all residents. However, the 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, some personal plans were not up to date and some aspects of personal plans were not available to residents in user friendly format. The process of developing easy to read personal plans had commenced but had not been completed.

However, it was evident during the inspection that residents were supported to take part in a range of activities that they enjoyed in the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Traditionally residents attended day services, but this had been temporarily discontinued due to COVID-19 restrictions.

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Overall, there was evidence that the health needs of residents were assessed and plans of care had been developed to guide the management of any assessed care needs. Referrals to general practitioners (GP), consultants and healthcare professionals were being made as required. Staff encouraged and supported residents to keep fit and follow exercise plans that they enjoyed. Staff also ensured that residents received nutritious food suited to their preferences and assessed needs. Staff were monitoring residents' temperatures daily and were reviewing residents for the signs and symptoms of COVID-19.

However, a sample of plans of care viewed had not been recorded in sufficient detail. This presented a risk that staff might not have ready access to consistent, up-to-date information to guide practice. Most of the residents were currently eligible to attend national health screening programmes although there was no information available to verify if these options had been offered to residents or if they had attended any screenings.

Overall, there were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included

adherence to national public health guidance, availability of personalised protective equipment (PPE) and daily monitoring of staff and residents' temperatures and health symptoms. A detailed cleaning plan had also been developed and was being implemented. Staff had also attended infection control training. A contingency plan had been developed to manage an outbreak of COVID-19 if it occurred in the centre. While the contingency plan contained relevant information and guidance, it did not provide specific guidance on how isolation arrangements would be managed in the case of each individual resident.

The provider had made arrangements to manage and reduce risk in the centre. These included risk identification and control and a risk management policy. There were systems in place to control a range of environmental risks such as accidental injury, and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. All staff had attended fire safety training, fire fighting equipment and alarms were being checked and serviced, fire doors were in place throughout the building, and fire drills were being taking place. However, fire drill records did not demonstrate that fire drills were being carried out in line with each resident's emergency evacuation plan. In addition, one personal evacuation plan, from a sample viewed, was unclear, and did not clearly state the evacuation process to be used in the event of an emergency such as fire.

The centre was well maintained, suitably decorated, comfortably furnished and, overall, met the aims and objectives of the service. All residents had their own bedrooms and these were comfortably furnished and decorated in keeping with residents' choices and preferences. Residents had access to a suitably equipped kitchen, a dining room, laundry room and bathrooms. Some rooms were equipped with overhead hoists. There were also suitable arrangements in place for waste disposal and collection.

The centre was located close to a large rural town and residents had access to the amenities and facilities in the town. There was a large garden to the back of the centre. Garden furniture was provided for residents on a paved area. However, the garden was not laid out in a way that made it fully accessible for residents' use and enjoyment. For example, the grassed area of the garden was uneven and there were no facilities provided for residents to take part in outdoor activities.

Regulation 17: Premises

The house in which the inspection was based was well maintained, suitably decorated, comfortably furnished, well equipped and met the aims and objectives of the service. Although there was a large garden, this was not fully accessible to residents due to its layout.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: 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

There were measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were measures in place to protect residents and staff from the risk of fire. However, fire drill records did not demonstrate that these drills were being carried out in line with residents' emergency evacuation plans. In addition, one personal evacuation plan, from a sample viewed, was unclear, and did not clearly state the evacuation process to be used in the event of

an emergency such as fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out and personal plans had been developed for all residents.

However, the 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, some personal plans were not up to date and some aspects of personal plans were not available to residents in user friendly format.

Judgment: Not compliant

Regulation 6: Health care

Comprehensive assessments of residents' healthcare needs had been carried out, and residents had good access to medical and other healthcare services as required.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Since the last inspection the provider had ensured that residents' rights to a well maintained home were being upheld. Staff had ensured that resident's rights were supported, that they had freedom to exercise choice and control in their daily lives,

and that their confidential documentation was securely stored.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechgrove/Acorns OSV-0004703

Inspection ID: MON-0032016

Date of inspection: 09/04/2021

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
<p>Outline how you are going to come into compliance with Regulation 21: Records: Records will be reviewed and updated to ensure they are clearly documented with sufficient information to guide practice and record the depth of knowledge available by staff. In particular annual reviews will include the findings of consultation and outcome of surveys on the quality and safety of care with residents and or their representatives.</p> <p>Records in personal plans, personal, social and healthcare planning will be reviewed and updated to ensure sufficient detail to guide practice.</p> <p>Contingency planning arrangements for isolation if required by individual resident will be identified within each resident’s personal plan.</p> <p>Fire management records will be reviewed and updated to ensure they are effective and fully specify individual emergency evacuation needs.</p> <p>The records for the contract of service will include the fees to be charged.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The governance and monitoring arrangements between the person in charge and management will be reviewed to ensure the service is effective and meets the needs of all residents and ensures a safe quality service.</p>	

The arrangements and systems for contingency planning for isolation, annual reviews, service agreements, records relating to personal, social and healthcare planning, fire evacuation management and auditing system will be reviewed and updated with required details.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The written agreements for the provision of service in place for residents will be reviewed and amended to include the fee to be charged for services provided.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The layout of the garden will be reviewed and suitable works completed to ensure the grassed area is fully accessible and safe for all residents with facilities provided for residents to take part in outdoor activities.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire drill practices and the recording of the outcome of day and night time fire drills will be reviewed to ensure they reflect and demonstrate the effectiveness of each resident's personal emergency evacuation plan.

Each resident's personal emergency evacuation plan will be reviewed and updated to ensure they clearly outline the individual evacuation process to safely evacuate all residents in the event of an emergency.

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Each resident's personal plans will be reviewed and updated to ensure all personal plans contain sufficient detail which is evidenced based to guide care practices and interventions.</p> <p>Personal plans will be reviewed to ensure they are up to date. Where goals have been identified a named key worker will be identified to support the resident achieve their goals. Actions or required supports where necessary will be identified to help the resident achieve goals in their personal plans.</p> <p>All residents will have an easy to read version of their personal plans developed and available to them.</p> <p>Documentary evidence will be retained in each resident's file of support available to attend any national health screening programs available. The residents decisions to avail of screening services or otherwise will be recorded and any recommendations for follow up treatment or investigation will be retained on file.</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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/11/2021
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	30/05/2021

Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/05/2021
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	15/06/2021
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.	Not Compliant	Orange	15/06/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a	Substantially Compliant	Yellow	30/06/2021

	written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/05/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/05/2021
Regulation 05(4)(b)	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	Not Compliant	Orange	30/05/2021

	resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/05/2021
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	30/05/2021
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	30/05/2021