



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

Issued by the Chief Inspector

Name of designated centre:	Lir House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	29 August 2023
Centre ID:	OSV-0004904
Fieldwork ID:	MON-0032097

About the designated centre

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

Lir House is located in close proximity to a small town in the midlands and provides care and support to five adults with disabilities. The centre comprises one detached bungalow with five bedrooms, a fully furnished kitchen/dining area, a sitting room and two communal bathroom/shower facilities. It is staffed on a 24/7 basis by a full-time person in charge, a team of staff nurses and a team of care assistants. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private parking available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 August 2023	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with the regulations and to inform the decision to renew the registration of the designated centre.

On arrival at the centre residents were going about their daily routine, and some people invited the inspector into their bedrooms. One of the residents was clearly very proud of their personal items, including their collection of necklaces and other items of jewellery. The resident told the inspector about their hobbies, and was very clear about their preferred activities, which were supported and facilitated.

Another resident called the inspector to their room, and showed off some items of their favourite hobby. The resident then received a phone call, and went off happily to have a chat.

Other residents were engaged in activities with the support of staff, and it was clear that these activities were enjoyable and meaningful to them. One of the residents was involved in a table-top game, and was laughing and making clear eye contact with their staff member, and interacting in a way that indicated enjoyment and engagement.

Each resident's room was personal and decorated in the style that they had chosen, and were full of their personal items and photographs. There were shared bathrooms, but these were equipped in accordance with the needs of each individual.

One of the residents whose medication was being carefully monitored, had a significant improvement in their quality of life due to the timely response of the staff team and management team to effects that their medication was having on their daily activities. This person had now begun to have a much improved access to opportunities, and had returned to some of their preferred activities that had been on hold while their medications were under review.

There was clear evidence of residents communicating their choices to staff, and of these choices being respected. For example, the inspector observed a resident standing by the door with various items and toys in their hand, and staff explained exactly what that meant, and attended to the choice being made by the resident.

There was easy read information readily available to residents, relating to some of the medical interventions required for example, and to health screening or access to an advocate.

There were examples whereby staff had supported residents in accessing events that were meaningful for them, and staff had helped one of the residents to write a letter requesting a response from a sports personality that they admired. Other

residents were clearly supported to maintain friendships that were important to them.

A resident who had recently become more involved in their preferred activities following interventions by the staff team and the multi-disciplinary team showed the inspector some of the crafts that they had recently achieved.

Some family members had a chat with the inspector during the course of the inspection, and expressed their satisfaction with the service being offered to their relatives. They said that their relatives had a good quality of life, and that staff were very knowledgeable about their individual support needs. They gave some examples whereby staff managed potentially difficult situations, and praised staff for ensuring that residents had opportunities made available to them. One family member said that they couldn't think of any improvements, and that they felt blessed that their relative had such a good quality of life.

Other relatives had completed questionnaires in advance of the inspection, and on review of the responses in these questionnaires, the inspector found that overall their opinions were positive, and where suggestions had been made, these were either addressed or under constant review. They all praised the staff team, and gave examples of staff supporting their relatives to have opportunities and to be well supported to have regular contact with their families.

Staff were all in receipt of training in human rights, and staff discussed with the inspector the impact that a respect for each person's human rights had on the care and support offered. They mentioned issues such as unwise choices, and gave examples of this, such as a resident deciding not to engage in personal hygiene. Staff indicated that they respected such choices, whilst ensuring that residents had access to information as to how this might impact on their health and social life.

They mentioned other examples of their support of the rights of residents, and how their training and increase awareness had made changes to the ways in which they managed circumstances such as the reluctance of residents to join in group activities, and that they now facilitated individual choices in a more meaningful way.

Overall, it was clear that residents were enjoying a good quality of life with the support of a caring and knowledgeable staff team.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, and these were noted by the inspector

to be effective in both ensuring safe services, and in supporting quality improvement in the designated centre. An annual review and six-monthly unannounced visits on behalf of the provider had taken place, and there was a suite of audits undertaken in the centre and overseen by the person in charge.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Staff training was up-to-date, and the staff team had undertaken rights training.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

The centre was adequately resourced, and all required equipment was made available to residents.

Registration Regulation 5: Application for registration or renewal of registration

All the required information had been submitted in support of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained. Whilst there was some reliance on agency staff in the designated centre, all staff on the rosters were familiar and known to the residents.

Both the staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. A planned and actual roster were maintained in accordance with the regulations, and a review of the staff files indicated that all the required information including garda vetting was in place.

All staff engaged by the inspector were knowledgeable about the care and support needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date, both mandatory training and training in relation to the specific needs of residents. Training had been undertaken in relation to the management of particular health care needs, and non-nursing staff were trained in the administration of rescue medication for residents with epilepsy, so that there were no limits on the staff who could accompany residents on outings. A matrix of staff training was maintained, and the inspector reviewed a sample of certification of training and found them to be in place.

Staff were all in receipt of regular supervisions, and there was appropriate daily supervision of staff.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

An annual review of the care and support offered to residents had been completed as required, and this document was detailed and included the views of the resident and their family. Six-monthly unannounced visits on behalf of the provider had been undertaken, and any identified actions from these processes were monitored until complete.

In addition a monthly suite of audits had been undertaken, including audits of fire safety, medication management and residents' finances. The audits were detailed and included commentary, for example the financial audits required an examination of residents being supported to make purchases that helped them achieve goals developed with them during the personal planning process.,

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents. In addition daily communication between staff members was facilitated by a formal

handover system between each shift, and a daily tasks folder.

Accidents and incidents were reported and recorded appropriately, and there was a monthly review of any incidents which identified any further actions to be taken.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service offered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to HIQA as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure, residents and their families and friends were aware of the process and knew how to make a complaint.

There were no current complaints, and where a recent complaint had been made in relation to a domestic appliance this had been swiftly resolved.

Any compliments received were recorded, and there were two recent compliments, one of which related to ensuring that residents had access to their local community events.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs

met. There was a detailed system of personal planning which included all aspects of care and support for residents.

However, some improvements were required in the detail in intimate care plans, and in the recording of activities of residents to ensure that there was clear record of their needs being met in this regard.

Communication with residents had been prioritised, particularly where residents had difficulty in this area, and effective communication was observed through the course of the inspection.

Both risk management and fire safety measures were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

The rights of residents were supported, and various examples of the ways in which the rights residents were upheld were evident.

Regulation 10: Communication

There was good practice in relation to communicating with residents. Each person had a section in their person-centred plan about communication, and there was also a 'communication dictionary' which outlined the ways in which each resident communicated, and how best to share information with them.

Staff were knowledgeable about the preferred ways of communicating of each individual. It was clear that staff understood and responded to communication from residents, and this was observed by the inspector to be effective. Some of the ways of communication were less obvious to the inspector who did not know the residents, for example, a resident 'shuffled' towards areas in their home, and staff could immediately interpret this and explained exactly what it was that the resident was choosing.

Another resident was known to take hold of a jar of their favourite drink, and staff immediately responded to this as a request for that particular beverage.

This information was documented in a section of each resident's personal plan which outlined - 'if they do this... it means...'. There was a further section entitled 'How would you know if...' which described the person's way of indicating that they were anxious or not currently coping well.

There were multiple examples of the ways in which staff ensured that residents had access to information, including in the form of easy read information.

Judgment: Compliant

Regulation 13: General welfare and development

Whilst it was clear that significant efforts had been made to ensure that the choices of residents were heard and acted on, there was insufficient evidence of regular activities. There was no easily retrievable information as to the activities of residents. Outings and activities were sometimes documented, but this was not consistent. The inspector reviewed the daily notes maintained for each resident, however, activities were not always recorded. There was some information in the person-centred plans, but again, this was inconsistent. There was no way to determine the activities that a resident had engaged in over the month prior to the inspection.

Staff spoke about their ethos of ensuring a meaningful life for residents, and there were examples of this having been put into action, however the documentation to ensure oversight of this aspect of each resident's life was insufficient to ensure that each person's needs were effectively met.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents, and to ensure that they had both private accommodation and access to communal areas as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

There was evidence that each resident's nutritional requirements were met, and that choices were available to residents. The inspector observed a resident deciding that they did not like the smell of the lunch being prepared, and staff immediately offered an alternative that the resident preferred, and which was accepted by them.

Members of the multi-disciplinary team were available to residents, and where residents had particular needs, such as a modified diet, this was adhered to. There were clear records of nutritional intake, and staff were knowledgeable about the individual needs of each person. Where a resident had particular supports in place relating to their nutrition, for example, a percutaneous endoscopic gastronomy (PEG), the recommendations of the speech and language therapist were documented and followed.

Included in each resident's care plan was a section on nutrition, and these plans were detailed and person-centred. A nutritional screening assessment had been completed for each, and records were maintained in relation to the intake of each person to ensure that a well-balanced diet was available.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place, and all identified risks had an associated risk management plan. And while the inspector did not find that there were any risks unidentified, some of the risk assessments and management plans were inappropriately risk rated.

Each risk assessment had a risk rating related to the unmitigated risk, but there were not always appropriate control measures identified, or an adjusted risk rating in accordance with the current risk to residents. For example, the risk related to electricity was rated as a red risk, without any extraordinary risk having been identified. Given that all red risks should be escalated to senior management for review, this was an inappropriate rating.

In addition, where there were clearly identified control measures in place for some identified risks, the risk rating had not been adjusted to reflect the impact of the control measures. These practices blurred the identification of risks that needed to be escalated.

However, risks that had been identified as being unmitigated, despite the rating system, had been escalated appropriately, for example a newly identified risk following some maintenance work in the garden area had been appropriately identified and escalated, and had been resolved in a timely manner.

Overall the inspector found that the system in place was not supporting staff in relation to risk management, and that there was a reliance on 'common sense' rather than an effective system of risk identification and escalation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a current fire safety certificate. Regular fire drills had been undertaken, and each resident had been involved in a fire drill. The records of fire drills included information as to how each resident responded to the drill. There

was a record that indicated that each staff member had been involved in fire drills.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance as to how they would respond in the event of an emergency and how staff should respond to ensure their safety.

Staff were all in receipt of fire safety training, and staff could describe the actions they would take in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good practice in this designated centre in relation to the prescribing, dispensing and administration of medications. There was safe storage of medications, and clear oversight of the management of each person's individual needs, including safe stock control to ensure that each medication was made available to the individual resident in accordance with their prescription. The stocks of medication checked by the inspector were correct, and clear records were maintained.

There was evidence of communication with residents about their prescribed medications and the requirement for them. The appropriate referrals had been made by staff on behalf of residents to ensure that there were regular checks on the medication prescribed for them, there were several examples of medication having been reviewed and changed in accordance with the changing needs of residents. These examples included the reduction in medication for some people, and the addition of medications for others.

There were care plans in place for some people which included guidance for staff in the event that a resident might be reluctant to take their prescribed medication,

There were several examples whereby these changes in medication had improved the quality of life for residents, one of which was a reduction in a resident's pattern of seizure activity. The reduced seizure activity meant that the resident could avail of opportunities in the community, and that their family and friends felt more confident about taking them for outings.

Another resident was currently on a reducing programme of medication which had been put in place to support the occasions of behaviours of concern, and as these incidents had reduced, the prescribed medication had been reviewed and decreased accordingly.

There was particularly good practice relating to communication with residents about their medication, and explanations given to them about the medications that staff were offering to them on a daily basis.

Staff were very knowledgeable about the medication that each resident was prescribed, and knew the purpose of the medications, and the medical history behind the prescriptions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a person centred plan in place for each resident which had been regularly reviewed and which was based on an assessment of needs. These plans included detailed guidance for staff in various aspect of care and support, including healthcare needs, positive behaviour support, communication and social care needs.

However, the information in relation to the personal and intimate care needs of residents lacked detail. The guidance included instruction such as 'requires one-to-one support', but did not outline what this actually meant. Guidance was vague and did not indicate the specific support needs of each person.

Person-centred plans in the form of a record of person-centred meetings were available, which included some evidence of goals having been set with residents, and there was information about the achievements of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff, and these included detailed guidance about both physical health and the mental healthcare needs of residents.

Referrals had been made to various members of the MDT as required, including the medical doctor and the speech and language therapist. The recommendations of these professionals were documented and implemented, and staff were knowledgeable about the required interventions.

Healthcare screening had been made available to residents, and some screening had been undertaken. Where screening had been considered and ruled out by residents' general practitioners, the inspector found this to be proportionate to the assessed needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were detailed positive behaviour support plans in place for those resident who required support in this area, and these were based on detailed assessments and were regularly reviewed. The positive behaviour support plans gave clear guidance to staff as to the required actions to be taken both to minimise the occurrence of behaviours of concern and to manage any incidents. Some positive behaviour support plans had been discontinued as the interventions had been successful in supporting residents.

There was a clear ethos in the designated centre of minimising the use of restrictive interventions. While there were some restrictive interventions in place, and the inspector found that these were the least restrictive options in order to ensure the safety of residents, and that there was a clear rationale in place for each strategy.

There was evidence that each restriction was kept under constant review, and that some restrictive practices had been discontinued.

All staff engaged by the inspector clearly described these strategies, and confidently spoke about the occasions when restrictions might need to be applied, and when less restrictive interventions were appropriate.

Judgment: Compliant

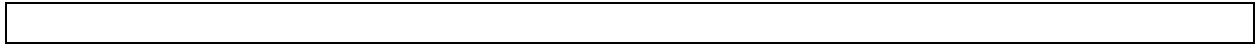
Regulation 9: Residents' rights

Each resident had a named advocate, and as previously mentioned, staff were very aware of the ways in which people communicate. There was clear evidence, both through observation on the day of the inspection, and from a review of documentation that staff responded in a timely manner to any indicated choices of residents.

As discussed in the initial section of this report, staff had received training in human rights, and gave various examples of the ways in which this had changed the way in which they supported individual residents.

The inspector observed examples of residents being supported to make choices which were difficult for staff to manage, for example, a resident with limited mobility and involuntary movements chose to spend time on the floor, and staff facilitated this by manoeuvring the required hoist equipment into the residents preferred location and ensuring that his rights to a choice in this matter were met.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lir House OSV-0004904

Inspection ID: MON-0032097

Date of inspection: 29/08/2023

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The PIC is introducing a new daily recording folder from 01/11/2023 which ensures residents activities are reflected in daily notes/documentation which is easily accessed and retrievable. The new recording folder was devised in consultation with the staff team to ensure that the documentation is accessible and will capture accurately the activities the residents are participating in on a daily basis. The recording folder will clearly identify the activities the residents are partaking in and will formulate the planning, organizing, implementation and evaluation/review of activities for all residents.</p> <p>The documentation will form part of each handover and be discussed by the staff team.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>On 24/09/2023, the PIC conducted a review of the risk register including the risk ratings identified for each risk. Risk ratings are reflective of the impact of each risk in relation to probability within the centre, taking into account the incidence of identified risk previously in the centre. Control measures accurately reflect the procedures in place to mitigate against the identified risk and any additional controls required will be escalated to senior management where required.</p> <p>Health and safety is a rolling agenda item on the staff house meetings and maintaining the risk register as an active and live document within the centre will be discussed.</p> <p>Health and Safety and the risk register is a rolling agenda item at the service Quality and</p>	

Assurance group, where shared learning and action plans identified from health and safety audits are discussed.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Each individual residents' Intimate Care plan has been reviewed and updated, reflecting all the specific support needs required. Care plans now provide additional detail of the residents support needs which is more specific and comprehensive. Care plans are audited by the PIC as part of the monthly audit schedule and action plans devised where required. Care planning and documentation is a rolling agenda at house meetings and will be discussed with individual staff as part of supervision meetings.

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)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/11/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	24/09/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	14/09/2023

	designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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