Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Moorefield House
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 January 2019
Centre ID:	OSV-0001959
Fieldwork ID:	MON-0025282

About the designated centre

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

Moorefield House consists of a two story detached house, including an adjoining apartment, located in a village area. The centre can provide a home for up to four residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. The centre provides 24 hour care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
09 January 2019	09:00hrs to 18:00hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met all four residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, two residents spoke to the inspector while all residents were observed in their environments and in their interactions with staff and volunteers.

The residents spoken with talked to the inspector about life in the centre and the things they liked to do. These included activities such as trips away, family visits, weaving, reading and going to the gym. One resident specifically indicated that they liked living in the centre and liked the people that they lived with.

All residents appeared comfortable and at ease with staff members and volunteers present. Residents, staff and volunteers were observed to interact as a group in a warm manner which contributed to a positive atmosphere during the inspection. Staff and volunteers were seen to support residents in a positive and respectful fashion also, for example, one volunteer was seen to play soccer with one of the residents.

Capacity and capability

The provider actively sought to support residents to live in a community based environment which promoted their quality of life. As evidenced by a good compliance level across relevant regulations inspected against, the provider had been successful in putting in place structures and supports to ensure that this was achieved. While the overall governance arrangements contributed to this, two instances were found in this centre where staff and volunteers had commenced working in this centre without evidence of Garda vetting being in place contrary to best practice.

In line with the provider's model of care, support was provided to residents by paid staff members and volunteers who lived in the centre. In doing so the provider had put in place a consistent staff team so that professional relationships were not disrupted while also supporting a continuity of care. The provider had also ensured that adequate support and supervision was provided to volunteers who were made aware of the needs of residents and how to support them. It was observed throughout the inspection that residents appeared comfortable in the presence of staff members and volunteers present.

Assurances were provided on this inspection that the provider was committed

to ensuring that all staff and volunteers were suitably trained to provide a person centred service. For example, staff members and volunteers spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. Records reviewed also indicated that training was provided in areas such as first aid, manual handling, medicines and safeguarding. The inspector also observed staff members and volunteers providing appropriate support to residents when required.

Within the centre, volunteers reported to staff who in turn reported to the person in charge. The person in charge was responsible for a total of three designated centre and the previous HIQA inspection of this centre, in October 2016, found that arrangements were not in place to support this arrangement. However since then the provider had ensured that that a house leader and a deputy house leader were in place in the centre. This provided additional support to the person in change given their remit while also allowing for increased oversight and supervision within the centre.

To further enhance oversight of this centre, the provider had been carrying out annual reviews and six monthly unannounced visits as required by the regulations. Such requirements are important in order review the quality and safety of care and support that is provided to residents. In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews in areas including medicines and complaints, While improved supports for the person in charge and the monitoring systems in place contributed to a good quality of life for residents, these had not prevented inconsistencies regarding the provision of Garda vetting for staff and volunteers working in the centre.

The provider's Garda vetting policy indicated that all staff and volunteers should have evidence of Garda vetting in place before commencing working in the centre. Such practice is in line with best practice. While reviewing the file in place for a volunteer who had recently commenced working and living in the centre, it was noted that there was no evidence of Garda vetting for the volunteer. This was highlighted immediately to the person in charge who confirmed that evidence of Garda vetting had not yet been obtained for this volunteer. In response the provider removed the volunteer from living in the centre on the day of inspection and submitted written confirmation to the inspector that they would not be working with any resident again until evidence of Garda vetting had been obtained.

A further sample of staff and volunteer files were also reviewed during the inspection and it was noted that evidence of Garda vetting was in place in all of these files. It was noted though when reviewing the file of one staff member that they had commenced working in the centre for a period of three weeks before evidence of Garda vetting has been obtained. Such findings did not provide assurances that the provider was implementing their own policy in this area. It was seen though that such staff files contained other key information such as written references and photo identification but evidence of some qualifications obtained by staff members were not present.

Regulation 14: Persons in charge

The person in charge was responsible for three designated centres in total. Since the previous inspection the provider had improved this management arrangement by ensuring that this designated centre was provided with a house leader and a deputy house leader.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a consistent staff compliment was provided to support residents and supplement the live-in volunteers. A sample of staff files were reviewed which contained most of the required information such as two written references and and photo identification. It was noted though that the files of two staff members did not contain evidence of some qualifications obtained by them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Meetings involving the person in charge, staff and volunteers took place at regular intervals. Training was provided in a range of areas and records reviewed indicated that all staff members were up to date in areas such as safeguarding, medicines and manual handling.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were an important part of the service provided to residents in line with the provider's model of care. The roles and responsibilities of volunteers were set out in writing while arrangements were also in place for volunteers to receive supervision and support. However, it was seen that evidence of Garda vetting had not been obtained for one volunteer who had recently commenced living and working in the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

HIQA had not been notified of two instances of unplanned evacuations within three working days as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

Within the designated centre information on how to make complaints was on display while residents were supported to understand the complaints process during weekly resident meetings. A log of any complaints made was also maintained. This log outlined the nature of any complaints, actions taken on foot of complaints and satisfaction levels of residents following the complaints' outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had not implemented their own policy in ensuring that all staff and volunteers had evidence of Garda vetting before commencing working in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Arrangements were in place to monitor the service provided to residents including unannounced visits carried out by the provider, annual reviews and specific audits in areas such as complaints and medicines. The overall compliance levels of this inspection indicated that residents were supported to enjoy a good quality of life which was influenced by the overall governance arrangements in place. However, this inspection did highlight inconsistencies regarding the provision of Garda vetting for staff and volunteers working in the centre.

Judgment: Substantially compliant

Quality and safety

Throughout the inspection it was observed that residents were appropriately supported and encouraged to enjoy a good quality of life within a community environment in keeping with provider's ethos. This was reflected in an overall good level of compliance across relevant regulations. It was noted though that some improvement was needed in areas such as the maintenance of the premises provided and the personal planning process.

It was seen during this inspection that residents were treated respectfully and were appropriately supported where required. This was reflected by caring and warm interactions observed between residents, staff and volunteers present. Such interactions contributed to a positive atmosphere throughout the inspection. It was also noted that residents were consulted in relation to the running of the centre through regular discussions and meetings with staff where issues such as complaints, activities and food were raised with residents.

Residents were also supported to participate in meaningful activities of their choice through the provider's day services and activities in the wider community such as trips away and attending a local gym. Opportunities to engage in such activities were actively encouraged and supported within the designated centre which had access to a vehicle to facilitate these. Visitors were also welcomed to the designated centre. This provided assurances that residents were being supported to integrate into the wider community and maintain personal relationships outside of the centre.

This designated centre is operated within a two story detached house that included facilities for residents to receive visitors in private along with an adjoining apartment. All four residents had their own bedrooms and the centre was presented in a homely fashion throughout. It was noted though that aspects of the premises required maintenance both internally and externally. For example, some areas were observed where repainting was required. Overall though the inspector was satisfied that the premises provided was suited to the needs of the residents living in the centre.

The needs of residents were set out in their individual personal plans. Such plans are important to clearly outline the needs of residents along with the supports necessary to provide for these. The inspector read a sample of these plans and noted that such plans had been informed by relevant assessments and had the active involvement of residents and their representatives. The inspector found that these plans contained clear guidance on how to support residents, the contents of which were known to staff and volunteers present. This contributed to arrangements being in place in the centre to meet the residents' health, personal and social needs.

It was seen though that some improvement was required to ensure a consistent approach regarding the personal planning process. For example, such plans should be subject to an annual review to assess their effectiveness but in the sample

viewed by the inspector such reviews were not happening consistently. In addition it was seen that some changes arising from such reviews were not fully reflected in the personal plans although staff spoken to were aware of such changes. It was noted though that efforts had been made to ensure that personal plans were presented in accessible format for residents.

In meeting the health needs of all residents it was seen that residents were supported to enjoy the best possible health. As part of this residents had annual health assessments carried out while there was regular monitoring and recording of residents' healthcare needs. Where necessary, clear health care plans were put in place outlining the supports needed for residents in such areas. In addition residents were facilitated to access a range of allied health care professionals such as dentists, general practitioners, opticians and speech and language therapists. It was also noted that provision had been made for staff and volunteers to receive training in areas such as first aid and medicines to further support residents with their health.

The designated centre had practices in place to provide for the safe administration of medicines. Key information relating to medicines was clearly provided for in relevant documentation which also indicated that correct practices were being consistently followed by those who administered medicines. Appropriate facilities were available for the storage of medicines including those requiring refrigeration. It was observed though that the security of the key for the medicines press required review to ensure that only those who handled medicines had access to their place of storage

Since the previous inspection the provider had taken additional steps to promote positive behaviour amongst residents living in the centre which provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre. For example, residents had received assessments from relevant allied health professionals which were reflected in behaviour support plans. It was noted though that one particular assessment recommended in February 2017 had yet to take place. While staff and volunteers present on inspection demonstrated a good knowledge of how to support residents with their behaviour and were observed to follow the contents of behaviour support plans, such an assessment could provide additional guidance to staff on how to support a resident with their behaviour.

There were appropriate procedures in place to ensure that each resident living in the centre was kept safe. For example, relevant safeguarding training had been provided to all staff and volunteers while information on how to raise safeguarding concerns was displayed in the designated centre. Volunteers spoken to demonstrated a good understanding of how to respond if they had any safeguarding concerns. It was also seen that intimate care plans were in place to guide practice in this area. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff members and volunteers.

The inspector was also satisfied that efforts were being made to promote the health and safety of residents within the designated centre. As part of these efforts appropriate fire safety systems were in place including a fire alarm, emergency

lighting and fire fighting equipment. Such systems were being serviced at the required intervals by external contractors to ensure that they were in proper working order. Staff and volunteers spoken to demonstrated a good understanding of what to do in the event of a fire while records reviewed indicated that fire safety training was provided for. Fire drills were also noted to be carried out at regular intervals.

Based on the overall findings and compliance levels found, the inspector was satisfied that the designated centre as suited to be meet the needs of the four residents living in this centre at the time of this inspection. As a result, these residents were appropriately supported and experienced a good quality of life while residing in the centre.

Regulation 10: Communication

Residents had plans in place providing guidance on how to communicate with them. Staff and volunteers demonstrated a good knowledge of such plans and were observed to communicate well with residents.

Judgment: Compliant

Regulation 11: Visits

Visitors to the centre were welcomed while facilities were also available in the designated centre for residents to receive visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

All residents were supported to maintain personal relationships and links with the wider community. Residents were supported in participating in both day services and recreational activities of their choice.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for the review of risk in the centre. As part of these risk

registers were in place contained assessments relating to identified risks in the centre. Such assessments outlined the nature of these risks and the control measures to mitigate such risks. It was noted though that a particular risk relating to one resident was not included in the risk register.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were present in the designated centre including a fire alarm, emergency lighting and fire fighting equipment such as fire extinguishers. Such systems were subject to regular maintenance checks by external contractors in addition to internal checks. Fire drills were taking place at regular intervals while residents had personal evacuation plans in place which outlined the supports to be provided to them in the event that an evacuation was required. Arrangements for fire safety training for all staff and volunteers were also in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medicine records reviewed included all of the required information such as medicines' names and routes of administration. All staff and volunteers had been provided with relevant training. Storage facilities were in place in the designated centre but it was noted that the security of the key for the medicines press required review to ensure that only those who handled medicines had access to their place of storage. It was noted that residents had been assessed for the self-administration of medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet the needs of the residents living in this centre. The needs of residents were set out in individual personal plans which had been developed with the input of residents and their representatives. Reviews of personal plans were also taking place but it was noted that these were not consistently taking place at 12 month intervals. In addition it was seen that some changes arising from such reviews were not consistently reflected in residents' personal plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to enjoy the best possible health. There was regular monitoring of residents' health along with annual health assessments. Guidance on how to support residents with specific healthcare needs was set out in their personal plans while access to allied health professionals was facilitated where required.

Judgment: Compliant

Regulation 8: Protection

Residents were observed to be comfortable in the presence of staff and volunteers present during this inspection. Records reviewed indicated that all staff and volunteers had received relevant safeguarding training while residents also had intimate care plans in place to provide guidance in this area. Information on how to raise safeguarding concerns was on display in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultation with staff. Residents were seen to be treated in a respectful manner by staff and volunteers present throughout the inspection while choice was actively encouraged within the centre.

Judgment: Compliant

Regulation 17: Premises

The designated centre was suited to the needs of residents living in the centre at the time of inspection and provided for the facilities as required by the regulations such as communal accommodation and a separate kitchen area. It was noted though that aspects of the premises required maintenance. For example, some

areas were observed where repainting was required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff and volunteers present on inspection demonstrated a good knowledge of how to support residents with their behaviour and were observed to follow the contents of behaviour support plans. Such plans had been informed by assessments from relevant allied health professionals although one particular assessment recommended in February 2017 had yet to take place. Such an assessment could provide additional guidance to staff on how to support a resident with their behaviour. Records reviewed indicated that training was provided to staff and volunteers in de-escalation and intervention. The provider had not notified HIQA of any restrictive interventions in recent notifications and none were observed during the course of this inspection

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 30: Volunteers	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Moorefield House OSV-0001959

Inspection ID: MON-0025282

Date of inspection: 09/01/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of staff files will take place and a periodic check will also take place to ensure all certificates and training certificates are in place.	
Regulation 30: Volunteers	Not Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: All staff have been made aware of the need for Garda vetting to be in place. Our internal form for volunteers will be updated to reflect Garda vetting is in place before they start and this will act as an additional internal control.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: PIC has reviewed HIQA regulations and notification of incidents and will ensure notifiable incidents are reported by the required timeframe.	

Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All staff have been made aware of the need for Garda vetting to be in place. Our internal form for volunteers will be updated to reflect Garda vetting is in place before they start and this will act as an additional internal control.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff have been made aware of the need for Garda vetting to be in place. Our internal form for volunteers and employee files will be updated to reflect Garda vetting is in place before they start and this will act as an additional internal control. The volunteer/employee files will be reviewed by the PIC or Community Leader prior to the person starting.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Community Nurse has completed a Risk Assessment for the resident in relation to heath needs highlighted at the inspection.	
Regulation 29: Medicines and	Substantially Compliant

pharmaceutical services	

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A lock box has now been installed to store the key of the medication cupboard.

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:
We will ensure that all Annual Reviews take place within the required timeframe. Where family members are unable to attend for review, correspondence will be sent requesting a family feedback report/letter that will be included during the review.

Any changes arising from the review will be reflected within the personal plans and this will be reviewed by the PIC.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is a schedule of priority works for the house in place. This work will be approved and then completed within the required timeframe.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The recommended assessment for the one resident has been arranged through private OT.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/02/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2019
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	Substantially Compliant	Yellow	28/02/2019

	to residents' needs, consistent and effectively monitored.			
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	06/02/2019
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/01/2019
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012	Not Compliant	Orange	28/02/2019

	(No. 47 of 2012).			
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	31/01/2019
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	28/02/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	13/03/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended	Substantially Compliant	Yellow	30/04/2019

	following a review carried out pursuant to paragraph (6).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/02/2019