



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

Issued by the Chief Inspector

Name of designated centre:	Tralee Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0003426
Fieldwork ID:	MON-0037550

About the designated centre

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

Tralee Residential Services is made up of three houses located in a town; one is a detached two-storey house, the second is a detached bungalow and the third is a two-storey building that is connected to a day services centre. This designated centre provides a residential service for a maximum of 12 residents of both genders, over the age of 18 with intellectual disabilities. Each resident in the centre has their own bedroom and other rooms throughout the centre include sitting rooms, kitchens, dining rooms, bathrooms and staff rooms. Residents are supported by the person in charge, team leads, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Monday 10 October 2022	08:30hrs to 16:35hrs	Conor Dennehy	Lead
Monday 10 October 2022	08:40hrs to 16:35hrs	Lucia Power	Support

What residents told us and what inspectors observed

The residents met during this inspection spoke positively to inspectors while appearing content and happy in their homes. Staff members on duty interacted appropriately with the residents they were supporting. The houses where residents lived were generally homelike and clean although some areas for improvement were seen.

This designated centre was made up of three houses all located within the same town. All three houses were visited by at least one inspector during this inspection with one of these houses having a specific designated area for day services which was part of this centre. At the time of this inspection nine residents were living in the centre across the three houses with eight of these residents met by the inspectors. While some of the residents met did not interact significantly with inspectors, the inspectors did have an opportunity to observe residents in their homes and in their interactions with their peers and the staff members on duty.

At the start of this inspection, one inspector visited one house of the centre and met the three residents who were living in that house at the time. These residents spoke positively to the inspector and were noted to appear happy in their home. One of these residents specifically highlighted to the inspector an issue with a table in the house but told the inspector it was to be replaced. One resident remained in this house while the inspector was present and was noted to be well supported by the staff member on duty in a respectful and dignified way. The remaining two residents left the house after the inspector arrived to go another of the houses for their day services.

Another house in the centre was visited by an inspector at the start of the inspection. On the inspector's arrival there he was greeted at the front door by a staff member and a resident. The resident welcomed the inspector into the house. At this time two other residents were found relaxing in the house's sitting room watching some television before going to their day service elsewhere in the house. These residents appeared content at the time with one resident asking the inspector about his glasses and haircut. The fourth resident who lived in this centre was later met as they were coming down the stairs from the house's first floor. This resident greeted the inspector and appeared happy at this time.

As the day progressed these four residents attended the specific area in the house for day services. The two residents from the other house also came here for their day services as did other individuals supported by the provider. During the course of this inspection the residents of this designated centre appeared comfortable and relaxed while availing of day services there. At certain points of the day some residents were seen watching television, using a computer, having meals or going for a walk as part of their day services. It was noted also that staff members supporting these residents during this time engaged positively and warmly with

these residents.

The third house of this centre was also visited for a period during this inspection. Two residents were living in this house but only one of them was present at the time. This resident greeted the inspector and at one point smiled at the inspector and gave him a thumbs up. Beyond this though the resident did not verbally interact with the inspector but was observed to move freely throughout the house where they lived and spent some time in the sitting room watching television. One staff member was present supporting the resident while the inspector was present and the resident appeared comfortable in the staff member's presence.

All three of the houses visited were generally found to be clean, well-furnished and homelike. Some residents' bedrooms were seen during this inspection and were found to be brightly decorated and personalised. A number of resident photographs were on display throughout the houses while communal areas, such as sitting rooms, were found to be well-furnished with couches and televisions. However, inspectors did observe some areas of the houses which needed further maintenance or cleaning. For example, in one house a door was seen to require cleaning while in another house a kitchen worktop was found to be chipped along with a worn table. Some of these maintenance issues were related to the age and general upkeep of some houses.

In summary, while parts of some houses did need further maintenance and cleaning, large parts of all three houses did appear well-presented with residents having their own bedrooms. Residents were overheard and observed to be interacted with by staff members on duty in a pleasant, warm and respectful manner. Residents appeared happy and content while speaking positively with inspectors.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had improved its governance structures and monitoring systems for this centre. This contributed to an improved overall level of compliance.

This designated centre had been inspected twice by the Health Information and Quality Authority (HIQA) in 2022 with both inspections raising concerns around oversight of the centre. The most recent inspection in June 2022 also raised particular concerns around areas such as safeguarding, health care and risk management. Such findings contributed to high levels of non-compliance being identified during that inspection. Given the nature of these findings the provider was issued with a warning letter later that month advising the provider that failure to

come into compliance could result in the Chief Inspector cancelling the registration of the centre. The provider submitted a response to this outlining their intention to come back into compliance. An overall governance and management plan was also submitted by the provider, at the request of the Chief Inspector, which applied to all of the provider's designated centres. This plan outlined the providers intention to improve oversight and governance structures in its centres including the current centre.

The purpose of the current inspection was to assess the compliance levels in the centre in more recent times and to determine if the provider was implementing its governance plan. Overall, this inspection found improved levels of compliance compared to the June 2022 inspection and there was evidence that the provider was implementing its stated actions. Amongst these was a change to the person in charge arrangements for the centre. At the time of the June 2022 inspection, the person in charge role was held on a dual basis by two members of the provider's senior management team. Both of these held a wide remit within the provider's overall while one of these also held a person in charge role for another centre at the time. These arrangements did not support effective administration, governance and operational management of this centre but since then a new sole person in charge had been put in place who was based in this centre and was responsible for this centre only.

This helped improve oversight of the centre at a local level that it was noted that previously identified regulatory breaches, which under the regulations are the direct responsibility of the person charge, were now found to be effectively discharged. For example, staff were not found to have been appropriately supervised in the June 2022 inspection but since then all staff had received supervision with further formal supervisions scheduled to take place in the months ahead. In addition, it was seen that a process for weekly updates to be provided to the person in charge from some of the houses that made up this centre was in operation. This enabled areas for improvement to be identified at a local level and addressed or escalated through the provider's overall organisational structures. Staff team meetings had begun to take place on a monthly basis in each of the centre's three houses. This also allowed issues to be raised by staff and for information to be shared with such staff.

It was also noted that since the previous inspection there had been changes to the staffing arrangements in each of the centre's three houses. While some of these changes were influenced by changes in circumstances, and could change again in the future depending on other potential developments, overall these were found to have had a positive impact. Most notably the provider had provided additional staff for one house which allowed a resident, who had been temporarily residing elsewhere for a period, to return to their home. This resident was met by an inspector during this inspection in their home and was seen to be very happy. In addition to ensure that all staff were equipped with the necessary skills and knowledge to support residents, records reviewed indicated that all staff had undergone relevant training in areas such as infection prevention and control, fire safety and safeguarding. It was noted though that while staff had received training in positive behaviour support, some staff were overdue refresher training in this

area.

Regulation 14: Persons in charge

A person in charge was in place for this centre who had the necessary experience and qualifications to meet the requirements of the regulations. The person in charge was responsible for this designated centre only.

Judgment: Compliant

Regulation 15: Staffing

The staff arrangements for the three houses of this designated centre had changed since the previous inspection which overall had positive impacts for the residents of this centre. Staff files were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received formal supervision since the previous HIQA inspection in June 2022 with further formal supervision planned in the months ahead. Records reviewed indicated that all staff had undergone relevant training in areas such as infection prevention and control, fire safety and safeguarding but some staff were overdue refresher training in positive behaviour support.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was implementing its stated actions as contained within a governance and management plan submitted to the HIQA. This had led to improved governance structures and monitoring systems for this centre and contributed to an improved overall level of compliance.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had reviewed its contracts for the provision of services since the June 2022 HIQA inspection but some of these contracts still required agreements between the provider and residents or their representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A recently reviewed statement of purpose was in place for this centre that contained all of the required information such as details of the rooms in the centre and the centre's organisational structure.

Judgment: Compliant

Regulation 34: Complaints procedure

In one house of the centre it was seen that complaints information on display referenced the current person in charge but in another house it was found that a former person in charge was still referenced on the complaints information in that house.

Judgment: Substantially compliant

Quality and safety

Improvements had been made since previous HIQA inspections in areas such as health care, personal planning, risk management and safeguarding. Such improvements directly contributed to the quality and safety of care and support provided to residents.

The June 2022 inspection of this centre highlighted particular concerns around the provision of healthcare to residents of this centre. On the current inspection it was found that residents' health needs were being assessed and where any residents were identified as having higher needs in such areas, alternative supports for these residents were being considered. Residents were being facilitated to access various

health services when necessary. For example, records reviewed indicated that one resident had recently availed of a relevant national screening service. Information on how to support residents' assessed health needs was available for staff and there was evidence that such guidance was being followed in practice from comparing such guidance to monitoring charts and medicine records provided. A sample of medicine records related to residents were reviewed by inspectors and were generally found to be in order. However, one inspector noted that a resident's photograph was missing from relevant documentation while for another resident, their medicine administration records indicated that they had received a prescribed medicine on an incorrect day.

It was also found that each of the three houses that made up this centre were provided with appropriate secure medicines storage. As referenced elsewhere in this report, inspectors did observe some areas of these houses which required some further maintenance or cleaning. The provider was aware of such issues and was also aware that some improvements were required for some bathrooms in one house of this centre to better suit the needs of residents living there. This had been highlighted during the June 2022 inspection and in response to this the provider had given a time frame of 30 November 2022 to come into compliance with Regulation 17 Premises by 30 November 2022. Progress on this was queried during this inspection and it was indicated to an inspector that the provider still intended to address this matter during 2022. Aside from this the centre's three houses were also equipped with fire safety systems including fire alarms, emergency lighting and fire extinguishers. Fire containment measures were also provided in the form of fire doors with previous HIQA inspections having raised some concerns around the maintenance and use of such doors. On the current inspection it was found that actions had been taken to address maintenance issue for certain fire doors but in all three house of the centre, some fire doors were seen to be held open which would prevent them for containing a fire and providing a safe evacuation route.

Information on the fire evacuation procedures to be followed where on display in the houses along with signage related to COVID-19 and infection prevention and control. During this inspection staff were observed wearing face masks throughout while hand sanitisers were available in all houses. Inspectors reviewed a sample of hand sanitiser products and personal protective equipment (PPE) provided with most found to be date although one bottle of hand sanitiser with an expiry date of May 2021 was found in one house. Infection prevention and control practices were being monitored through the provider's monitoring systems although in one house it was found that a relevant self-assessment had not been completed at a 12-week interval as required. It was noted though that relevant risk assessments related to COVID-19 were in place for the centre along with other various risk assessments for any identified risk. There was evidence that for any incidents occurring which posed a potential risk to residents, appropriate follow up actions were taken in response. For example, when any potential safeguarding concerns arose they were responded to appropriately with relevant safeguarding plans put in place where required.

Such safeguarding plans were contained within residents' individualised personalised plans. Such plan are required by the regulations and should be informed by an annual comprehensive assessment of needs and subject to an annual review which

involves the relevant residents. Inspectors reviewed a sample of personal plans and in general found that relevant assessments were dated within the previous 12 months although for some of one resident's assessments it was seen that they were last reviewed in early 2021. Personal plans though were found to have been reviewed within the previous 12 months with some having been reviewed in recent months. Residents were also supported to be involved in the reviews of personal plans through a person-centred planning process where goals for the residents were identified. Inspectors reviewed a sample of such goals and found them to be meaningful, such as pursuing further education. It was noted though that the reviews of some goals did not indicate how progress was made towards goals or if they had been achieved while it was also indicated that residents did not have easy-to-read versions of their personal plans in place.

Regulation 17: Premises

While overall the houses of this house were found to be homelike, clean and well-furnished, some areas did require further maintenance and cleaning. The bathroom facilities in one house continued to require improvement at the time of this inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Relevant risk assessments were in place and were being reviewed. A system was in operation for any adverse incidents occurring in the centre to be recorded and reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Supplies of PPE and hand sanitiser were present throughout the centre but one expired bottle of hand sanitiser was seen during the inspection. Staff wore face masks throughout the inspection and had undergone relevant training. A relevant self-assessment had not been completed in one house in over 12 weeks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While fire safety systems were in place in all houses, some fire doors were observed to be wedged open which limited their effectiveness.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate secure storage was provide for in all three houses. A sample of medicines records were reviewed and were generally found to be in order although a resident's photograph was missing from relevant documentation while for another resident, their medicine administration records indicated that they had received a prescribed medicine on an incorrect day.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which had been reviewed within the last 12 months although some assessments had not been reviewed since early 2021. Residents were involved in the review of personal plans with goals identified for them to achieve. The reviews of some goals did not indicate how they had been progressed while residents did not have easy-to-read personal plans in place.

Judgment: Substantially compliant

Regulation 6: Health care

Guidance on how to support residents with their health needs was contained within their personal plans. Residents' health needs were actively monitored and residents were supported to avail of health services.

Judgment: Compliant

Regulation 8: Protection

Staff had received relevant training in safeguarding. Where any potential safeguarding concerns arose they were responded to appropriately with safeguarding plans put in place where necessary. Inspectors did not identify any safeguarding concerns during the course of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

No concerns regarding residents' rights were identified on this inspection with residents observed and overheard to be interacted with in a respectful and dignified manner throughout this inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Tralee Residential Services OSV-0003426

Inspection ID: MON-0037550

Date of inspection: 10/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: KPFA are currently training identified staff to become certified MAPA instructors. On completion of this training, all staff will be trained in MAPA.	
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: All residents have a Contract of Support in place. An updated Contract of Support will be completed by all residents.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints information on display references the current person in charge, across all three residences.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The bathroom facilities have been prioritized by the Operations Department. These works are scheduled for early 2023 and are dependent on funding. A business case has been submitted to the HSE in relation to these works. Awaiting approval of same. If funding is not secured in early 2023 the association will cover the costs of these works KPFA have already begun ordering materials and there is a lead in time of 7 weeks for delivery of materials so the completion date will reflect this.	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The one expired bottle of alcohol hand sanitizer was removed and disposed of on the day of the inspection.</p> <p>Self assessments have been carried out in all three residences for October 2022 and scheduled again for January 2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Risk assessments and signage are in place, for the instances where a door is wedged. Easy fire door closers are currently being fitted on a number of doors across two of the three residences, in line with our ongoing HIQA action. Further easy door closers will be dependent on funding.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The prescription sheet with the missing photograph has been immediately rectified.</p> <p>The "medicine administration records indicated that they had received a prescribed medicine on an incorrect day". This incident was reviewed by the PIC; with one incidence noted. The incident was reviewed with the staff and found to be an administration error; where the wrong letter was noted and not an incident of the wrong medication of a topical ointment administered. Incident recorded in our incident management system. Safe administration of medication will be further reviewed as part of the next Team meeting.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All personal care plans will be reviewed and updated in line with timelines. The care plan, found with a review date of early 2021; had all the health care assessment plans reviewed and in date. The other sections in the PCP, were correct and in date, as reviewed by the PIC, to have been reviewed in July 2022. There were available and accessible in a digital format; but will also be in printed.</p> <p>Goal review and updates, are part of the "Resident review", as part of the Team meeting agendas. This will ensure these are up to date and progress recorded.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
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	31/03/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(7)	The registered provider shall	Substantially Compliant	Yellow	31/03/2023

	make provision for the matters set out in Schedule 6.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	30/10/2022

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	30/10/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in	Substantially Compliant	Yellow	30/11/2022

	need and circumstances, but no less frequently than on an annual basis.			
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	30/12/2022
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	30/11/2022