Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clannad
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0005633
Fieldwork ID:	MON-0035537

About the designated centre

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

Clannad is a residential centre located in Co. Kilkenny. The centre affords a service to four adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. The day to day operations of the service are provided by a clear governance structure. Supports are afforded in a person centred manner as reflected within individualised personal plans. The residence is a detached bungalow house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 March 2022	09:30hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to follow up on the actions identified in the provider's compliance plan following an inspection in November 2021. In November 2021, overall it was found that the governance and management arrangements in place were not effective at ensuring a quality driven service was delivered at all times and aspects of the residents' lived experience were impacted by this. The current inspection identified significant improvements with compliance with regulation and the provider demonstrated significant commitment and oversight to ensure that the designated centre was providing a quality driven service to all the residents. Although there were significant improvements some further improvements were noted in some areas.

The inspector spoke with the residents, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation. This information was used to gain a sense of what it was like to live in the centre.

The centre was located in a rural setting in Co. Kilkenny. It comprised a detached bungalow building surrounded by a very large garden area. The initial impression was that it was a homely , well kept environment. The inspector noted on arrival the external works that had been completed. The outside of the premises was well maintained, with plant pots on display. The septic tank located in the front garden had been fenced off. Inside the home a number of maintenance works at been completed to make the premises more homely. All areas of the home had been painted, there were soft furnishings, some paintings, and other ornaments and flowers on display.The works that had been completed internally and eternally were part of the providers commitment to come back into compliance with regulation.

The inspector had the opportunity to meet with all four residents in the home. Different means of communication was used by all four residents, including verbal means, adapted manual signing communication system, gestures, vocalisations and facial expressions. Staff were familiar with residents' individual means to communicate. For example, it was noted that staff interpreted the signs a resident was using with ease

On arrival at the centre three residents were in communal areas of the home, and one resident was completing their morning routine. Residents appeared relaxed and comfortable and were seen to move freely around their home. Staff and resident interactions were observed at this time. Staff were seen to immediately respond to all residents when they requested help or information. For example, a resident frequently requested reassurance around their plans for the day. The staff member addressed the resident in a patient and caring manner and explained to the resident what was happening. When the staff member left the room to complete daily activities such as chores or care needs with another resident, they were seen to explain to the residents where they were going and why they were leaving the

immediate area. Professional, kind caring interactions were noted at all times.

Residents had different plans for the day, such as heading out to complete shopping or go for a coffee with staff. Other residents were seen to complete activities in the home such as an exercise routine, jigsaw puzzle, help with daily chores or watch tv. Across the day of inspection residents were seen to be appropriately engaged and frequent interactions with staff were noted. Staff were seen to adapt activities to each resident's specific assessed need and encourage residents in a kind and caring manner.For example, one resident enjoyed completing puzzles by slotting the pieces together in any particular order. The staff member was seen to encourage the resident to do this and was respectful of their preferences around this activity.

From a review of daily notes and also photographs kept on each residents' personal tablet device, it was appeared that residents were encouraged and facilitated to engage in activities both in the home and out in the community. This again was a noted improvement. Residents had days out with families and their peers, attended events in the community, meals out, drives, walks, completing different in home chores and activities.

Overall, the quality of care residents received met each individual's specific needs. Enhanced focus on person centred planning was evident. Residents appeared comfortable and content in their home. Significant improvements in terms of compliance and quality of care provided was noted throughout the inspection day. However, some additional improvements were still required but for the most part had been identified by the provider. Areas that required improvement included staff training, supervision, personal plans, residents rights and safeguarding.

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

Overall, the inspector found that the registered provider was committed to providing a service that supported residents according to their individual needs and preferences. Following the previous inspection in November 2021 the provider had put clear, achievable, time bound action plans in place to ensure the centre strived for quality improvement. Regular oversight from a provider level occurred such as monthly meetings where members of management and key members from the staff team met to discuss the action plan and relevant time lines. This unannounced inspection identified that the majority of actions had been completed and there was a noted impact on the quality of care being provided. However, some improvements remained outstanding such as ensuring all staff had received training in certain areas and staff supervision. The provider for the most part had identified this and

was in the process of rectifying these issues.

Residents were supported by a team of staff that included social care workers and health care assistants. There was a staff rota in place that accurately reflected staff on duty. There was a full-time person in charge who was responsible for another additional designated centre. The person in charge was not present on the day of inspection and had been on leave for an extended period of time. Due to this, the management team had a regular presence in the centre. Clear lines of authority and accountability were in place and staff were clear on who to contact when the person in charge was absent. For the most part, staff were in receipt of regular training that enabled them to complete their role effectively. Some staff still required training in relation to a resident's specific communication means. Improvements were also required in relation to arrangements around staff supervision. Every staff member had now received formal supervision in the last few months, however, supervision for all staff was not occurring within the time lines of the providers policy.

There was evidence that the service was regularly audited and reviewed by the person in charge and senior management. They completed a number of different audits at set intervals across the calendar year. These audits reviewed personal plans, resident finances, fire and infection prevention control measures. Actions identified had been completed. A six monthly unannounced provider audit was also completed in relation to this service. A number of areas of improvement were noted in this audit which evidenced improved provider level oversight of the service being provided.

Regulation 15: Staffing

There was a staff rota in place and it was reflective of the staff on duty on the day of the inspection. The provider ensured continuity of care through the use of an established staff team and a small number of regular relief staff. Agency staff was kept to a minimum.

There was an appropriate skill-mix and numbers of staff to meet the assessed needs of residents. Residents were supported by a team of health care assistants, a social care worker and the person in charge. Staff were observed to be kind, caring and overall professional in there interactions with residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training records. This indicated that the majority of

staff had completed mandatory training in fire safety, safeguarding, manual handling, Personal Protective Equipment (PPE), hand hygiene, food safety and managing feeding, eating, drinking and swallowing difficulties. However, training in relation to a resident's specific communication means remained outstanding. This had been identified in the last two previous inspections and on the day of this inspection continued to remain outstanding. There was evidence to indicate the provider had booked staff onto training in the coming weeks. Some other gaps in refresher training was also noted.

Supervision records known as quality conversations,were reviewed. It was noted that all staff had received formal supervision in the latter part of 2021 and early in 2022. In addition to this a supervision schedule was now in place. However, a number of staff had not received supervision in line with the providers policy. In this policy staff were required to have supervision once every three months. On review of the supervision records a small number of staff had received supervision in December 2021, they were scheduled to complete supervision in February 2022, however, no supervision notes were available to evidence the same.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs.The registered provider had appointed a full-time, suitably qualified person in charge. Due to the absence of the person in charge, suitable arrangements had put in place to ensure their was sufficient oversight of the service. Management had a regular presence in the centre and a social care worker had also been delegated relevant duties in the absence of the person in charge.

The provider had committed to a comprehensive quality improvement plan following the findings of the previous inspection in November 2021. The findings of this inspection indicated that the provider had completed the relevant actions to ensure that the centre came back into compliance with regulations. Enhanced oversight in the form of management presence in the centre, regular meetings with management and key members of the staff team, action plans, on the job mentoring, team meetings, provider led audits and centre audits had for the most part been completed on a regular basis. All these systems were identifying areas for improvement and driving quality enhancements within the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal plans, risk documentation, fire safety documentation, and documentation around protection against infection. The inspector found significant improvements in the quality of care being provided such as more opportunities for meaningful activities. Some additional improvements were required in, personal plans, reporting safeguarding concerns and residents rights.

The previous inspection had identified that there were possible safeguarding concerns in the centre due to the compatibility of residents and the fact they spent time unsupervised. This had improved as there was now more frequent supervision from staff. A safeguarding incident had been reported to the safeguarding team in November 2021. The necessary response by the provider in the form of a safeguarding plan had not been completed within the identified time lines of the national policy. On review of the accident and incident records, an incident had been recorded were a resident's behaviour had impacted on others in the home.The provider had failed to identify this as a potential safeguarding concern.

The inspector reviewed a sample of residents' personal files. Each resident's health, personal and social care needs were assessed through an annual health assessment and visioning assessment. The residents had clearly identified person-centred roles and goals. However, elements of resident plans had not been updated on an annual basis. Improvements were also required to ensure plans were in place for specific assessed needs.

The registered provider took measures to ensure the residents' healthcare needs were met and reviewed regularly with input from health and social care professionals. Every residents' health care needs had been recently assessed and relevant plans were in place to guide staff. Follow up with relevant health and social care professionals was well evidenced.

There were systems in place to assess and mitigate risks, such as a centre risk register and individualised risk assessments, on review of a sample of risk assessments it was evident risks were being updated as required. All identified risks in the previous inspection that had not been properly addressed were now rectified. For example, storage of a gas canister in a garage had been reviewed by a suitably qualified professional, risk assessed and this item was now stored in a signed designated area.

Fire precaution measures were reviewed by the inspector, who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. Fire containment measures were in place with fire doors and automatic closures. There were personal emergency evacuation plans in place for each resident, which outlined the individual supports required in the event of a fire or similar emergency. These were updated and reflective of the current needs of residents in the centre.

Regulation 10: Communication

Observations on the day of inspection indicated that residents were supported to communicate in line with their specific assessed needs. For example, objects of reference were utilised to help explain to residents when it was time to do some chores around the home. Residents were also seen to use similar methods when requesting something. A resident brought a remote control out to a staff member to indicate that they wanted the channel on the tv changed. The staff member immediately responded to this request.

However, on review of personal plans some residents did not have an associated care plan in line with their assessed needs and therefore it was not clear if the supports the resident required were reviewed on a regular basis.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector found that the residents were supported and facilitated to participate in activities of their choice and that were meaningful for the resident.The inspector found that the residents had opportunities to develop and maintain personal relationships and to develop links with the wider community. Annual visioning meetings had occurred for all residents were identified goals were in place with clear goals to be achieved over the year. Specific on the job mentoring had occurred for all staff to ensure person centered planning was at the forefront of service delivery. Observations on the day of inspection, review of relevant documentation and discussion with staff, confirmed that residents were engaged in different activities in line with their assessed needs. The improvements noted in this area of service delivery were having a positive impact on residents' lived experience. Residents' right to refuse in activities was also respected and this had been documented accordingly.

Judgment: Compliant

Regulation 17: Premises

Internally and externally, maintenance and repair works had been completed to ensure the premises was up to standard. Externally the premises had been cleaned on a regular basis, fencing and other improvement works had been completed. Internally all rooms had been painted, furniture had been fixed and painted as required. Bathrooms had wooden casings around pipes replaced. Damp patches on

ceilings had been fixed and painted. Items such as flowers, ornaments, soft furnishings had been purchased on were on display in the home on the day of inspection. All areas of the home were clean and well presented.

Other premises issues had been self-identified by the provider such as painting the home externally. The provider had plans to complete this in the coming weeks. Again, clear and observable improvements were noted on the inspection day. The premises was homely, warm and clean and presented as a welcoming environment for the people who lived there.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were now subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. For example, a resident that had been reviewed by a health and social care professional had their individual risk assessment updated to reflect the updated recommendations.There was an effective system in place for recording adverse incidents and accidents.

Judgment: Compliant

Regulation 27: Protection against infection

Due to the improved condition of some areas of the premises the inspector was assured that effective cleaning could now occur. Cleaning schedules for the home and vehicle were in place and regularly reviewed. On the day of inspection all areas of the home were observed to be clean.

There was information relation to infection prevention and control practices. There was also ample supply of hand gels and personal protective equipment (PPE) and staff on duty were seen to wear face masks. Evidence was seen that an infection and prevention control audit had been carried out.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire management systems in place such as suitable fire equipment, fire containment measures and adequate means of escape. Emergency lighting was in place to guide residents and staff to the designated fire exit. Fire drills were occurring at regular intervals.

The storage of combustible materials was now appropriate and regularly reviewed through risk assessments.

Each resident's personal evacuation plan and the centre specific evacuation plan had been updated and now contained the correct information in relation to the supports they would require when the least amount of staff were on duty. Individual supports were also clearly documented. Fire drills indicated that residents were evacuated in a timely manner. Fire procedures had been reviewed by the provider and also a suitably qualified fire expert to ensure they were in line with best practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their health, personal and social care needs. The assessments informed the residents personal plans which were found to be overall person centred. The inspector reviewed a sample of residents' personal plans. A number of care plans had not been reviewed on an annual basis. This is the minimum requirement to ensure all plans are kept up to date and reflective of residents' specific needs.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required. There was evidence of follow up in regards to appointments. Documentation in relation to relevant healthcare needs was updated as required.

Judgment: Compliant

Regulation 8: Protection

For the most part, appropriate measures were in place to keep residents safe at all

times.The majority of staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

However, on review of the accident and incident records, there was an incident recorded that detailed how a residents' behaviour had impacted other people in the home. Although measures had been put in place to address this incident, the provider had failed to identify this as a potential safeguarding concern and had not followed relevant policies at local and national level.

In addition to this, a previous safeguarding concern had been reported to the safeguarding and protection team however, a safeguarding plan had not been submitted as required. This was submitted three months following the event which was outside the required time lines. A timely response to safeguarding concerns was required to ensure residents were safe at all times.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector found that personal care practices respected resident's privacy and dignity. The staff were seen to interact with residents in a respectful and dignified manner. Staff were seen to offer residents the opportunity to exercise choice and control in their daily lives such as giving choices on what they wanted to do for the day and completing activities in line with resident wishes.

The previous inspection identified that a person's right to privacy was compromised due to the fact they chose not to pull their curtains or tolerate a blind on their bedroom window. The provider had trialled other means of respecting this residents right to privacy and the resident was now tolerating a contact cover on their bedroom window.

On review of the residents' risk assessments and daily folders it was identified that night checks were occurring for many of the residents. In some cases there was no clear assessed need or rationale to why this was occurring. It was a historical practice that had been put place when the residents lived in a congregated setting. This practice required review to ensure it was in the best interests of residents living in this home.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Clannad OSV-0005633

Inspection ID: MON-0035537

Date of inspection: 29/03/2022

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
At the time of the inspection Lamh training was outstanding due to the previous training cancelled as a result of the trainer being out sick. The training has been rescheduled and the whole staff team of Clannad has completed the training on the 29/04/2022.

One employee has outstanding HSELand training (PPE), which will be completed by 06/05/2022. All upcoming refresher training has been highlighted by the PPIM to the team.

Due to sick leave one employee had not received Quality Conversation in line with SPC policy. The outstanding Quality Conversation will be completed by the new PIC, who commences in Clannad on the 03/05/2022.</td></tr>
<tr><td>Regulation 10: Communication</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 10: Communication:
Whilst each person supported has their own communication passport the PPIM, PIC and staff team are reviewing each person's plan to ensure quality and detail to evidence all person's communication strategies is outlined and up to date. The review of all plans will be completed by 15/05/2022.

The provider has recently developed a total communication booklet with a Speech & Language Therapist, which is under final review and will be sent to all employees as a Practice Development and guidance document by latest 10/05/2022.</td></tr>
</table>

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:
As part of the most recent action plan and supports for Clannad team, On the Job mentoring for Personal Planning Framework has been provided and is further ongoing to build capacity and understanding within the team.

Majority of the team have now also completed the Human Rights Based Approach training to enhance understanding of FREDA principles in providing supports to the people living in Clannad.

On the Job mentoring was also provided to the Social Care Worker to lead and support the team in completing personal planning framework documentation, this includes preparation for annual reviews & visioning meetings, monthly reviews and ongoing review of support plans and risk assessments.

As part of the handover for the new PIC commencing on the 03/05/2022 the PPIM has included all actions of this compliance plan for the PIC workplan to follow up.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PPIM has submitted a notification on 6.5.2022 for a safeguarding concern for a person supported impacted by an incident. This had been highlighted by the inspector and now followed up by the PPIM.

To ensure all team members are aware of Safeguarding Policy and procedures to follow the PPIM and PIC have added safeguarding to the agenda of all team meetings with focus on the most recent safeguarding concern.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All night time risk assessments have been reviewed for the people supported. During On-the-Job mentoring for person centred planning conversations were held regarding night time checks and rational for same to ensure a better understanding of the need and timeframes of night time checks. Night time checks have now been reduced for the people supported in Clannad.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	15/05/2022
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.	Not Compliant	Orange	29/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/05/2022
Regulation 05(6)(c)	The person in charge shall ensure that the	Substantially Compliant	Yellow	03/05/2022

	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.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	06/05/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	06/05/2022