



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

## Issued by the Chief Inspector

Name of designated centre:	Peacehaven Trust
Name of provider:	Peacehaven Trust CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	26 October 2023
Centre ID:	OSV-0003690
Fieldwork ID:	MON-0040258

## About the designated centre

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

Peacehaven Trust provides full-time residential care and support for 17 adults with mild or moderate intellectual disabilities across three locations on the east coast of Co. Wicklow. Each house is close to a variety of local amenities and residents have access to private transport to support them to access their community. Each resident has their own bedroom and has access to communal rooms including a choice of sitting area, kitchens, laundry rooms, gardens, private spaces, adequate storage, waste disposal, and private transport. Care and support is provided for residents as required within the context of a 24/7 service. The staffing team consists of a person in charge, care managers, social care workers and relief staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 26 October 2023	10:15hrs to 18:00hrs	Jennifer Deasy	Lead
Thursday 26 October 2023	10:15hrs to 18:00hrs	Michael Muldowney	Support

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. Overall, inspectors found that the centre was operating at a high level of compliance and that residents received a good quality and safe service that was operated in accordance with their assessed needs, wishes, and preferences.

The centre comprised three two-storey houses located within close proximity to each other in a seaside town. The houses were close to many amenities and services including shops, restaurants, and public transport. There were dedicated vehicles for residents to use.

Inspectors carried out a thorough walk-around of the houses. The premises were clean, bright, spacious, comfortable and nicely furnished, and inspectors observed a relaxed and homely atmosphere. There was ample communal space including garden spaces. The kitchen facilities were well equipped, and inspectors observed a good selection and variety of food and drinks for residents to choose from.

Inspectors also observed residents' artwork displayed, as well as information on safeguarding, infection prevention, and the staff rota.

Residents had their own bedrooms with en-suite facilities which were nicely decorated to their tastes. Some of the residents chose to show inspectors around their homes, and said that they were very happy the premises. Inspectors observed residents to freely access their homes without restriction, and they appeared content and relaxed.

Generally, the centre was well maintained however, some upkeep was required. Inspectors observed good fire safety systems, such as provision and servicing of fire fighting equipment. However, some of the systems, for example, the development of fire evacuation procedures, required enhancement. The premises and fire safety are discussed further in the quality and safety section of the report.

Residents had active lives and during the inspection were observed engaged in different social, leisure and occupational activities. Some of the residents chose to speak with inspectors in more detail regarding their experiences of living in the designated centre.

In the first home, two residents spoke with inspectors. They both said that they liked living in the centre, and were happy with the premises, facilities, and particularly their bedrooms. They said that they got on well with their house mates and described staff as being "caring and helpful". They told inspectors that they enjoyed cooking and could choose their own meals. They said that they felt safe in the centre, and were aware of the fire evacuation procedures. There were no restrictions on them, and they said that they had full control over their lives. They

had no concerns, but said that they could speak to their family or staff if they had any problems. They told inspectors about the activities they enjoyed, such as working in paid employment, volunteering in their community, and attending exercise and craft classes. They also loved concerts and holidays; one of the residents had recently returned from a two week trip to America.

In the second home two residents spoke to the inspector about what it was like to live there. Both residents said that they had lived in the house for many years and that they felt well-supported by staff. The residents spoke about recent holidays that they had taken and about the community activities that they engaged in. One resident gave the inspector a tour of the house and showed her the facilities and also the fire escapes and assembly point. The residents appeared comfortable in their home and were observed making their own hot drinks and meals. One resident spoke about a complaint that they had made. They said that this complaint had been responded to and spoke about the actions that the staff had taken in response to their complaint.

In the third home, three residents spoke with inspectors. One of the residents said that they were happy in the centre. They said that they liked their housemates and described the staff as being "kind". They showed the inspector their bedroom, and spoke about some of the activities they enjoyed such as going to their day service, attending social and community clubs, and keeping in touch with their family. They also enjoyed holidays, and had recently enjoyed a break to Kilkenny. They were satisfied with the food in the centre, and knew how to evacuate in the event of a fire. Another resident invited inspectors to see their bedroom and spoke about their hobbies and interests. They said they were happy in the centre, and had no concerns. Another resident briefly spoke with inspectors. They said that they "loved" living in the centre, had a very busy social life, and was happy with their home. They also spoke about a recent holiday that they enjoyed.

Inspectors spoke with different members of staff during the inspection including social care workers, local managers, and the person in charge. They were observed kindly engaging with residents, and it was clear to the inspectors that they knew the residents well. A social care worker told inspectors that residents had a good quality of life in the centre. They said that residents had control and choice in their lives, and that their rights were promoted. Staff had received training in human rights and discussed how they used this training to ensure residents' have autonomy in their daily lives. They were aware of the safeguarding measures, and procedures for reporting incidents.

A local manager told inspectors that residents were supported to live fulfilling lives, and were supported to exercise their rights in the centre. They said that the staff team were committed to supporting residents with their needs, and was satisfied with the staff skill mix and complement. They spoke about some of the recent challenges in supporting residents' changing needs, however had no significant concerns, and felt confident in raising issues with the person in charge and staff team. They were aware of the safeguarding procedures, and had no concerns in this area.

Overall, inspectors were assured that residents were in receipt of person-centred care and support which was being delivered in safe premises by a competent and responsive staff team.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. The inspectors found that there were effective management systems in place which were ensuring the delivery of good quality and safe care to the residents. There were some improvements required to ensure that the provider's policies were reviewed as frequently as required by the regulations.

There were clear lines of authority and accountability in the centre. There was a relatively stable and consistent staff team in the houses, many of whom had worked in the centre for several years and knew the residents and their needs well. Each house was run by a local manager who in turn reported to a person in charge. The person in charge was further supported in their role by the head of disability services manager.

The inspectors saw that there were regular meetings between managers to ensure oversight of the quality and safety of care. Audits were also completed which were comprehensive. Where meetings and audits identified that improvements were required an action plan was implemented in this regard.

The rota for the centre was reviewed which showed that staffing levels were in line with the statement of purpose and were appropriate to meet the number and needs of the residents. The inspectors reviewed the staff training records and saw that there was a high level of compliance with mandatory, refresher and additional supplementary training.

The provider had implemented the policies as required by Schedule 5 of the regulations. However, some of these required review and updating.

Overall, inspectors were assured that there were appropriate oversight mechanisms which were being effective in driving service improvement in the designated centre.

## Regulation 15: Staffing

The centre's roster was reviewed by the inspectors. Inspectors saw that staffing levels were maintained in line with the statement of purpose and at levels sufficient

to meet the needs of the residents.

The provider had responded to the changing needs of one resident by allocating additional staff on duty in one house.

There was a panel of regular relief and agency staff in place which was supporting continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a high level of compliance with mandatory and refresher training in the centre. All staff were up to date in training in areas such as safeguarding, infection control and fire safety.

Staff had also received training in additional areas such as human rights.

There were regular staff meetings held in the centre. The minutes of these meetings were reviewed and were found to discuss topics relevant to the running of the centre and the care and support needs of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre with established lines of reporting, authority and accountability. Each house was staffed by a local manager who reported to a person in charge. The person in charge was further supported in their role by the head of disability services manager. Staff spoken with were aware of the reporting structure and of how to escalate any concerns.

Local managers had regular meetings where they reviewed the quality and safety of care and any issues arising with the person in charge. There were a series of audits in place which further supported the provider in having oversight of the centre. These included monthly visits by the head of disability services manager, six monthly unannounced visits and an annual review of the quality and safety of care. These audits were reviewed by the inspectors and were found to be comprehensive and detailed. SMART action plans were implemented to address risks where required.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in electronic format in the centre in for staff to refer to.

Inspectors viewed a sample of the policies and procedures, including those on the safeguarding of residents from abuse, procedures for if a resident goes missing, provision of intimate care, behavioural support, communication with residents, risk management, medication management, and staff training and development. Inspectors found that while the policies had been locally reviewed within the previous three years, some of the policies reviewed had not yet been approved by the provider, for example, the risk management and medication management policies.

Judgment: Substantially compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. Overall, inspectors were assured that residents were in receipt of a safe service which was supporting them to lead active lives in their communities in line with their expressed wishes. There were some areas for improvement noted with regards to premises, fire precautions and residents' care plans.

The inspectors had the opportunity to meet many of the residents in all three of the houses that comprised the designated centre. Residents told inspectors that they had freedom in their lives and chose how they spent their time, and it was clear that they had busy and active lives. They engaged in a variety of social, leisure, and occupational activities, such as paid employment, volunteer work, attending day services, social clubs and events, and hobbies. It was clear to the inspectors that residents had choice and autonomy in their lives and that they were supported by staff if required to have meaningful days.

The premises comprised three large house within close proximity to each other. The premises provided ample communal space for residents, and they all had their own bedrooms. Residents told inspectors that they were satisfied with the premises which inspectors observed to be clean, homely, comfortable, and nicely decorated. However, some minor maintenance and renovation works were required, such as repainting in areas.

There were good fire safety systems implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were

arrangements for the servicing of the fire safety equipment. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and residents told inspectors about the evacuation procedures. However, some of the fire systems required more consideration from the provider, for example, some of the written plans and associated documentation required more information, and fire drills had not demonstrated that residents could be safely and promptly evacuated during a 'night-time scenario'.

The provider had ensured that medicines practices in the centre were appropriate and in accordance with their written medication management policy. Residents were encouraged and supported to be actively involved in the management of their medicines, for example, many residents self-administered their own medicines, and there were procedures and precautions to ensure that this practice was safe

The inspectors reviewed a sample of residents' files and saw that all residents had an assessment of need that had been reviewed within the past year. Residents' care plans detailed that they had access to a variety of allied health care professionals as required by their assessed needs.

However, inspectors saw that improvements were required to ensure that there were sufficient care plans to guide staff in meeting all of residents' assessed needs and to ensure that care plans were accessible to staff and sufficiently detailed.

The findings from this inspection demonstrated that overall residents were protected from abuse and there were comprehensive and person-centred safeguarding plans implemented in response to allegations of abuse. Residents were supported to develop skills for self-protection and their rights and autonomy were upheld in this regard.

Overall, inspectors were assured that residents were in receipt of safe and person-centred care which was ensuring that their rights were upheld.

## Regulation 13: General welfare and development

The registered provider had ensured that residents had access to facilities for occupation and recreation, and opportunities to participate in activities in line with their interests, capacities and needs.

Inspectors observed that residents had busy and active lives. During the inspection, they were observed engaging in different social activities such as attending day services, working in paid employment, volunteering in community charities, and visiting museums in the city centre. Some residents also spent time relaxing in their home. Residents' independence was encouraged, and some accessed their community, including public transport, independently. However, there were also vehicles available for staff to transport residents to activities.

It was clear that residents had choice and control over their lives, as they told the

inspectors about their interests and hobbies such as exercise classes, church events, sports and drama clubs, concerts, and courses in their community. They were also supported to plan and achieve personal goals such as going on foreign holidays.

Judgment: Compliant

### Regulation 17: Premises

The premises comprised three large houses located in a busy seaside town. The houses were within close proximity to each other and to local amenities and services, such as shops and public transport.

The houses were very bright, nicely decorated and furnished, and comfortable. Inspectors observed a relaxed and homely atmosphere in the houses. The houses were spacious and provided ample communal space. Residents' had their own bedrooms with ensuite facilities which were nicely decorated to their tastes. Residents told inspectors that they were happy with the premises and the facilities. However, some upkeep was required, for example:

- In one house, some of walls were scuffed from contact with wheelchairs.
- There was dark mildew on the ceiling of an ensuite bathroom.
- Rust on fittings such as radiators required attention.
- The fabric on the base of a resident's bed was torn.
- The handrail on the stairs of one house required repainting

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems, however some improvements were required. There was fire detection and fighting equipment, and emergency lights throughout the centre, and there were arrangements for the regular servicing of the equipment. Staff also completed regular fire safety checks. Inspectors observed that fire doors, including bedroom doors and kitchen doors, closed properly when released. The exit doors were also fitted with easily opened mechanisms to support prompt egress in event of an evacuation.

The fire panels were addressable and easily located in the hallways of the homes. However, in one home, there was no written information beside the fire panel on the different zones in the house for staff to refer to, and this posed a risk to their understanding and prompt response to the information displayed on the panel.

Fire evacuation procedures and plans had been prepared, and each resident had their own individual evacuation plan which outlined the supports they may require in

evacuating the centre. However, inspectors found that the procedures and plans required cohesion to ensure that they provided clear and detailed guidance for staff to follow, for example, to outline all of the assembly points, evacuation routes, and steps to be followed on discovery of a fire.

Fire drills were carried out to test the effectiveness of the evacuation plans. The statement of purpose referred to 'deep sleep' fire drills, however the drills took place during the day and evening times, and did not demonstrate that all residents could be evacuated in a timely manner during a night time scenario. The fire safety procedure did not describe 'deep sleep' fire drills, however inspectors were informed during the inspection that drills reflective of a 'night-time scenario' would be considered.

However, residents spoken with told inspectors about the fire evacuation procedures and demonstrated a good understanding of how to safely evacuate the centre.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that residents had access to pharmacy services chosen by them, for example, residents used different local pharmacies in their community.

The person in charge had ensured that the medicines practices, for example, prescribing, ordering, storage, administration, in the centre were safe and appropriate. Inspectors observed medicines to be securely stored, and there were arrangements for the auditing and monitoring of medicines.

Many residents self-administered their own medicines. The provider had ensured that these practices were assessed to ensure that they were appropriate, and they had been agreed to by the residents concerned. Residents had received education and guidance on their medicines to support their understanding and independence in this area. Inspectors spoke with some residents about their medicines, and they told inspectors that they were happy to self-administer their own medicines and they clearly understood the purpose of their medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' files including their assessment of need and associated centre plans. The inspectors saw that residents had an assessment of need that had been updated within the past 12 months which was

used to inform care plans. The assessment of need and care plans reflected input from relevant multi-disciplinary professionals where required.

However, the inspectors found that, in some cases, there were insufficient care plans for all assessed needs. For example, some residents had been diagnosed with specific health conditions such as eye problems, eczema or gout and there was an absence of specific care plans to guide staff in meeting these needs.

Additionally, some care plans were found to be insufficiently detailed in the information that they provided. For example one resident's intimate care plan detailed that a resident required support with bathing and showering but did not detail the level or type of support to be provided. The person in charge took steps to address this on the day of inspection.

Finally, some care plans were difficult to find on the provider's system. For example, resident's safeguarding plans and emotional well being care plans were stored in a section called "correspondence". The inspectors were not assured that this system was effective in ensuring that care plans could be easily accessed by staff to inform their day to day work in supporting resident's assessed needs

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider had ensured that residents received appropriate health care in line with their assessed needs and wishes.

Residents were involved in decisions around their health care and were supported to avail of a range of multidisciplinary services, such as dentists, opticians, occupational therapists, physiotherapists, dietitians, and general practitioners.

Residents were also supported to avail of national screening programmes, as appropriate, if they wished to.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect residents from abuse including to support residents to protect themselves from abuse. Residents were provided with education and support to understand how to safeguard themselves. Where there were known risks of abuse, these were risk assessed and safeguarding plans were implemented. The inspectors saw that control measures were person-centred and were endeavouring to uphold resident's rights to privacy and autonomy while still

exercising a duty of care to protect residents.

Allegations of abuse were reported promptly to the Chief Inspector, the local safeguarding team and the An Garda Siochana if required. Interim safeguarding plans were in place and measures were implemented to protect residents.

Staff were up-to-date in safeguarding training and were knowledgeable regarding their roles and responsibilities in safeguarding residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Peacehaven Trust OSV-0003690

Inspection ID: MON-0040258

Date of inspection: 26/10/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Provider and Person in Charge will devise a schedule for systematic review and updating of all polices of Peacehaven Trust, ensuring they are compatible with HSE Polices, and all relevant guidance documents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person in Charge and maintenance staff will devise a schedule for systematic repainting and decorating of all shared spaces within each of the three house of the Peacehaven group; as well as redecoration of the exterior of homes and garden walls.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge will liaise with Peacehaven Trust's external fire expert (and trainer), as well as the House Care Managers to identify all anomalies regarding signage; discordance in policy and practice – to ensure that clear unambiguous directions are in</p>	

place for staff and residents, as required.

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:

The Provider is introducing a new data storage system, which will aim to make easy discovery of all relevant Care Plans, along with associated external plans and assessments. The Person in Charge will work with the House Care Manager and Keyworkers, to ensure that all Care Plans contain sufficient information, for each and every assessed need; and that all supporting documents repeat accurately directions detailed in such Care Plans.

## 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
17 (1) (b)	Provide premises which are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Substantially Compliant	Yellow	31/03/2024

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/12/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/12/2023