Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	TLC Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0038396

About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor.
TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	132

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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
Wednesday 7 December 2022	08:30hrs to 16:30hrs	Sheila McKevitt	Lead
Wednesday 7 December 2022	08:30hrs to 16:30hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Residents spoken with said they felt happy and safe living in the centre. They told inspectors they had access to a variety of activities and that they went out on the bus on a regular basis.

The inspectors observed good staffing levels on the day of inspection. The inspectors observed staff supervising residents while mobilising throughout the corridors, ensuring their independence was maintained and in the dining rooms assisting residents with their meals.

The inspectors observed that residents' were well-groomed. Residents said there were enough staff on duty to assist them when they required assistance. They said their call bell was answered in a timely manner. However, relatives of two residents spoken with on inspection stated that there was a lot of agency staff working in the centre and that these staff were not as familiar with the residents and therefore did not always provide care in accordance with the residents' care plan.

Despite the good staffing levels, the inspectors observed that some practices did not reflect a high standard of nursing care. The oversight of these practices, particularly nursing documentation, the safeguarding of residents and access to staff training required strengthening.

Residents spoken with said they were given choices in relation to food offered at each mealtime. However, two residents spoken with stated the food was sometimes cold when served. This issue was previously reported in the last inspection report and had not been addressed effectively. Throughout the course of the day the inspectors observed staff offering residents the choice to attend activities inside and outside of the nursing home. Residents said staff respected the choices they made.

Residents' right to privacy was maintained. There were privacy locks on each bedroom, en-suite, communal bathroom and toilet door.

The premises was clean and tidy with corridors free from clutter. Fire exits and escape pathways were noted to be clear from obstruction. However, the location of furniture in some twin bedrooms required review to ensure residents had access to their belongings within their personalised bed space.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the management of this centre was not robust. There was an absence of effective management system and this had contributed to a lack of oversight of clinical care. Residents were not appropriately safe-guarded against all forms of abuse. Staff had not received the required mandatory training in safeguarding and the policies in relation to the safeguarding of residents had not been implemented in practice.

This was the second risk inspection carried out in TLC Carton in 2022. Following the receipt of a number of consecutive reports of alleged abuse reported since August 2022, the Chief Inspector had held a cautionary meeting with the provider to seek assurances that residents were being safeguarded against all forms of abuse. The purpose of this risk inspection was to ensure the assurances received at the cautionary meeting held four weeks earlier had been implemented and to follow up on the compliance plans from the risk inspection carried out in March 2022.

TLC Spectrum Limited is the registered provider of TLC Carton. The senior management team included the provider representative, person in charge and an assistant director of nursing. This team was supported by a director of clinical governance and quality, regional manager, associate regional manager, and administrative supports.

The inspectors found that appropriate resources were not available to ensure the service provided was safe, appropriate, consistent and effectively monitored. The established management system in place was not effective in ensuring the over sight of practices. In the absence an effective system, the areas of non-compliance identified on this inspection had not been identified by the management team and had led to a less then satisfactory quality of care being delivered to residents. Inspectors found that all reported incidents of alleged abuse had not been investigated or reported to relevant personnel in line with the centres safe guarding policy, despite assurances provided.

Following the inspection, an immediate and urgent action plan was issued to the provider and a warning meeting was held with the governance and management team where assurance were sought once again. The provider stated they would take all required actions to bring the centre into compliance and in particular to safeguard residents against all forms of abuse.

Training was not adequately resourced. Therefore, staff were working with residents without having their mandatory training in place. Over 25% of staff had not completed fire safety or safe guarding training. This was not in-line with the centre's own policy and had the potential to negatively impact the standard of care delivered to residents.

Records reviewed including the directory of residents, contracts of care and investigations into reported alleged incidents of abuse did not reflect the centre's

own policies and did not meet the legislative requirements.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times

Judgment: Compliant

Regulation 16: Training and staff development

Approximately 26% of staff had not completed training in safeguarding vulnerable adults from abuse and 35% had not completed any form of fire training. Such gaps in training could impact on the safety of residents living in the centre.

There was a lack of knowledge in safeguarding processes within the wider management team. This risk had been identified to the provider at the cautionary meeting, yet had not been acted on by the time of inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found not to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Not compliant

Regulation 23: Governance and management

There were significant concerns in respect of the care and welfare of the residents living in the centre, specifically in relation to the safeguarding arrangements in the centre which resulted in immediate and urgent action plans issued to the registered provider on the day of inspection. There were recurrent non-compliances identified which did not provide assurance that the service was effectively resourced and the

management team had the required expertise, capacity and capability to drive improvements.

The management systems in place were not effective to ensure the service provided was safe and effectively monitored.

Action was required to ensure there was sufficient oversight of all management systems within the centre. For example:

- The schedule of audits for 2022 had not been implemented in practice.
- The directory of residents was not compliant with legislative requirements for the second time in 2022.
- The contracts of care did not meet the legislative requirements for the second time in 2022.
- The audits conducted on nursing documentation were not comprehensive enough and had not identified the issues outlined under regulation 5 of this report.
- A review of the implementation of the safeguarding policy had not taken place.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspectors to view. For those residents who were admitted since the last inspection their contracts of care were in line with the regulations. However, no changes had been made to the contracts of care for each resident admitted prior to 04 April 2022; these contracts of care did not refer to other entitlements a resident may be entitled to, such as GMS services or detail the room number or number of other occupants if any sharing their bedroom.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Some policies had not been implemented in practice. For example, the safeguarding policy.

Judgment: Substantially compliant

Quality and safety

Significant improvements to the quality and safety of care provided to residents was required to ensure residents received a high standard of quality care as stated in the registered provider's statement of purpose and were safeguarded by staff who had the required training and knowledge to effectively identify and meet residents' needs.

There was a safeguarding policy in place, however it was not implemented in practice. All staff had not received the required appropriate training in the protection of vulnerable residents prior to starting work in the centre. Inspectors were not assured that residents were appropriated safe guarding and sought further written assurances following this inspection. These assurances were received as requested.

The provider was a pension-agent for a small number of residents. There was a safe system in place to manage residents pensions and to hold petty cash on behalf of the resident.

The inspectors found that residents were not appropriately assessed on admission to the centre. A comprehensive assessment was not in place for residents who had been admitted to the centre. In addition, a number of residents did not have care plans in place to reflect their identified care needs and guide staff in the provision of care in line with multidisciplinary assessment. The failure to comprehensively assess a resident on admission and outline the care they required in a person-centred care plan had the potential to negatively impact the quality of care delivered to residents.

Premises were clean and uncluttered, all entrances and exits were clear. However, some issues remained outstanding since the last inspection.

Residents were receiving visits as and when required and they assured the inspectors their right to visitors was being upheld.

The infection prevention and control practices had improved since the last inspection. The oversight of this area of care had been strengthened and this had contributed to the improved level of compliance observed on this inspection. However, some actions remained outstanding from the last inspection.

Regulation 11: Visits

There were restrictions on visitors on the first floor only in line with the centre's visiting policy following a COVID-19 outbreak. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors book which visitors were requested to sign prior to entering and on

departing the centre.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that some action was required to ensure the premises conformed to all of the matters set out in Schedule 6 as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example:

- A sample of multi-occupancy bedrooms were viewed by inspectors and found that they did not comply with the requirements of 7.4m2 of floor space for each resident of that bedroom, which area shall include the space occupied by a bed, a chair and personal storage space. For example, in the four multi-occupancy bedrooms seen, the wardrobes were outside all residents' privacy curtain. This meant that residents of these rooms had to leave their private space to access their belongings and clothes.
- There was no locked cupboard for the storage of chemicals in sluice rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some residents stated that food was often not hot enough when served. Catering staff informed inspectors that they were awaiting new hot boxes for two of the three floors. Improvements were required to ensure that food was served to residents while it was still hot.

Judgment: Substantially compliant

Regulation 27: Infection control

While improvements were evident, there were a number of issues which had the potential to impact on infection prevention and control measures identified during the course of the inspection. For example:

- Clinical hand wash sinks did not comply with HBN-10 specifications.
- There was one incident where an open packet of wound dressings and two scissors which were single-use only were observed in a treatment room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents did not have a comprehensive assessment completed on their admission to the centre. Therefore, it was not possible to get a clear, concise and accurate report of the residents health, personal and social care needs when admitted to the centre.

The care plans prepared for a number of residents did not reflect their care needs. For example, one resident who was reported to behave in a responsive manner or posed a risk to themselves or other persons did not have their triggers identified in their care plan and the medication they were prescribed as a last resort was not referred to.

Safeguarding care plans reviewed did not reflect the care needs of the individual residents and were not implemented in practice. For example, one resident whose care plan stated they required1:1 dedicated care and observation, was not receiving this level of observation and care.

Safeguarding plans did not provide the detail necessary to guide staff. For example a safeguarding action to protect one resident was documented in a daily record and not in the resident's safeguarding plan.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from abuse. For example:

- Residents who had been reported as having allegedly abused another resident were not being supervised in line with their updated care plan.
- Staff did not have the required training and knowledge to recognize, respond and report potential incidents of abuse as 26% of staff had not completed training in relation to the detection and prevention of and responses to abuse.
- There was no evidence that six reported incidents of alleged abuse and a seventh identified on inspection had been investigated by the person in charge.
- A risk assessment has been completed in one of the six safeguarding incidents reviewed by inspectors.

Judgment: Not 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (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 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for TLC Carton OSV-0005800

Inspection ID: MON-0038396

Date of inspection: 08/12/2022

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- Additional training sessions on safeguarding, care planning, conducting an investigation, incident reporting and fire safety are scheduled. By 31st March 2023, all staff training will be completed.
- From 1st January 2023, a system is in place that ensures all new starters have mandatory training prior to commencement or one month after commencement. This will be reviewed at monthly governance meetings to ensure compliance.
- The PIC has completed the Designated Officer training programme with the HSE National Safeguarding Office- completed 31st December 2022
- Further safeguarding training for the PIC will be provided by 20th February 2023.

Regulation Heading	Judgment
Regulation 19: Directory of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:

- Staff have been provided with training and support documentation to guide them on the production of the print version of the Resident's Directory- completed 31st December 2022.
- An audit tool for monitoring compliance with regulatory requirements in respect of the Directory of Residents has been developed and commencing 1st February 2023, this will be monitored on a monthly basis by the PIC and noted at the governance meeting.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC has completed the Designated Officer training programme with the HSE National Safeguarding Office- completed 31st December 2022.
• Further safeguarding training for the PIC will be provided by 20th February 2023.
• From 1st January 2023, a new suite of audits and audit calendar is now in place for TLC Carton for 2023. Oversight of these audits will be by the PIC and shall be monitored at the monthly governance meetings by the Regional Director.
• An audit tool for monitoring compliance with regulatory requirements in respect of the Directory of Residents has been developed and commencing 1st February 2023, this will be monitored on a monthly basis by the PIC and noted at the Governance meeting.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• By 31st January 2023, an addendum outlining the provision of charges and their entitlements will be issued to all current residents who were admitted to the Centre prior to the 4th of April 2022.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• By 31st January 2023, a review will have been completed to ensure that the Safeguarding Policy is fully implemented in the Centre. Adherence to the Safeguarding Policy will be overseen by the PIC and monitored by the Regional Director at monthly governance meetings and on an ongoing basis when dealing with safeguarding concerns within the Centre. Compliance with the policy will be audited formally by 31st March 2023

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• By 31st January 2023, the curtain tracking in shared rooms will have been refitted to enable residents to more readily access their wardrobe, bed and chair within their bed space.
• Housekeeping staff have been advised not to store chemicals in the cleaners store on each floor. Lockable secure storage is provided on the ground floor for this purpose. The Housekeeping Manager will spot check this on a daily basis - Completed 31st December 2022 and monitored on an ongoing basis.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• From 31st January 2023, staff will monitor and record food temperature when residents are served outside the dining rooms. Kitchen checks of food temperature in the servery will continue to be monitored and recorded. Compliance with this will be audited weekly and monitored at the monthly governance meeting.
• From 1st February 2023, resident's adverse feedback regarding food temperature will be recorded as a complaint by catering staff and a record of same will be maintained in the complaints log.
• A review of the use of hot boxes is currently underway and will be complete by 31st January 2023.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Clinical hand wash sinks have been reviewed and appropriate numbers identified for each area. The sinks have been ordered and installation will be completed by 31st March 2023.
• From 1st January 2023, Clinical Nurse Managers and ADONs will perform daily checks of the treatment rooms to ensure single use items are disposed after each use and wound dressings are used appropriately. Any non-adherences identified will be addressed

with relevant staff immediately and appropriate training and support given.	
Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• From 9th December 2022, all residents admitted to the Centre have had a care plan based on their initial assessment completed within 48-hours of admission and a comprehensive assessment completed within 72 hours.
• By 28th February 2023, a review of each resident's care plan to ensure they reflect each individual resident's needs and guide staff appropriately to meet those needs, will have been completed. This will specifically review safeguarding care plans (to ensure appropriate supervision and safeguarding measures are in place to protect all residents) and responsive behaviour care plans (to ensure they include potential triggers and steps identified to support such behaviour).
• A new suite of clinical audits has commenced from 1st January 2023 and all Clinical Nurse Managers have been provided with training to audit care plans. The audit results will be monitored and overseen at the monthly governance meeting.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. From 1st January 2023, safeguarding care plans of residents have been reviewed weekly by the PIC and will be overseen by a member of the regional management team at least monthly, to ensure that residents' needs continue to be met and that any new safeguarding concerns are fully reflected in the care plans.
2. By 31st January 2023, all staff will have completed training on safeguarding.
3. A new Standard Operating Procedure has been developed with resources to guide the PIC in the investigation of safeguarding/potential safeguarding incidents. This has been implemented in the Centre from 1st January 2023.
4. From 8th December 2023, the PIC has ensured that all safeguarding concerns are fully investigated and that the Centre's policy (and SOP from 1st January 2023) in relation to the management of safeguarding is followed, including the development of a risk assessment for each incident.

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.	Not Compliant	Orange	31/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/02/2023
Regulation 19(3)	The directory shall include the information	Not Compliant	Orange	01/02/2023

	specified in paragraph (3) of Schedule 3.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/01/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/01/2023
Regulation	The agreement	Substantially	Yellow	31/01/2023

24(2)(d)	referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Compliant		
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Not Compliant	Orange	09/12/2022

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	28/02/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/01/2023
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	31/01/2023
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	08/12/2022