Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Paul's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	St Nessan's Road, Dooradoyle, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0000433
Fieldwork ID:	MON-0050754

About the designated centre

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

St. Paul's Nursing Home is a purpose-built designated centre and has been in operation since 1963. The nursing home was opened and operated by the Bons Secour De Troyes until 2010 when it was purchased by Blockstar Limited, who are the current registered providers. The centre is registered to accommodate 57 residents in four two bedded rooms (two with en suite facilities) and 49 single bedded rooms (seven with en suite facilities). The centre provides 24-hour residential care for both female and male residents and provides general long-term care, palliative care, convalescent care and respite care. The centre is registered to care for persons over the age of 18 but most residents are over 65 years of age and can cater for residents assessed as being from low to maximum dependency levels' as per the modified Barthel Index.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56

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 10 June 2026	09:15hrs to 17:20hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in St. Paul's Nursing Home described a good quality of life and attributed this to the care and support they received from staff. Residents spoke positively about staff, describing them as caring, supportive, and familiar with their individual needs and preferences. Residents also reported that they could approach members of the management team with any concerns or issues they had and this contributed to them feeling safe and well-supported in the centre.

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). In addition, the inspector reviewed the actions committed to by the provider in a provider assurance report that had been requested in response to an incident involving the unexplained absence of a resident from the centre.

The inspector arrived at the centre unannounced and was met by the person in charge. Following an introductory meeting to discuss the operation of the centre and the needs of residents living there, the inspector completed a walk-around of the premises and met with residents, staff, and visitors.

During the morning, the inspector spent time on each of the three floors of the centre observing care practices, the care environment, and interactions between residents and staff. There was a calm and relaxed atmosphere throughout the centre during the inspection. Staff were observed responding promptly to residents' requests for assistance and attending to call bells. Other staff members were seen supporting residents with their breakfast. Nursing staff were observed administering medications while also overseeing the delivery of care. A number of residents had been assessed as requiring enhanced supervision and were allocated dedicated staff support, which was observed to be in place throughout the inspection.

The inspector spoke with residents who had lived in the centre for a number of years, as well as residents who had more recently moved into the centre. Residents consistently described the care provided as being of a good standard and expressed satisfaction with the health care and nursing care available to them. Residents spoke positively about their experience of living in the centre and several described it as their home. Residents said they were supported to make choices about their daily lives and to maintain their preferred routines. Some residents spoke about the friendships they had developed since moving into the centre and explained that they regularly met friends for meals, tea, and activities. Residents described staff as kind, caring, and approachable, and said that staff took the time to sit and talk with them.

Residents confirmed that family and friends could visit at times that suited them and that visits could take place in their bedrooms or in communal areas of the centre. Residents acknowledged that moving from their own home into residential care had

been a significant life change. However, they said that staff had made every effort to help them settle into the centre and feel comfortable in their new surroundings. Residents consistently reported that they felt safe and well cared for in the centre.

Residents reported that they rarely experienced delays in receiving assistance when required. They spoke positively about the quality of food provided and confirmed that they were offered choices at mealtimes. Residents also described the range of activities available in the centre. For example, chair yoga was scheduled on the day of inspection and a number of residents said they were looking forward to participating. Residents explained that information about activities was communicated by staff and was also available on an activity planner.

The inspector observed the lunchtime dining experience and found it to be a calm, relaxed, and unhurried social occasion for residents. Meals were freshly prepared in the centre's kitchen and served to residents in accordance with their preferences. Menus were displayed and offered residents a choice of meal options. Residents who required modified consistency diets were also provided with choice at mealtimes.

Overall, the premises was warm, comfortable and well-maintained. Residents expressed satisfaction with their bedrooms and personal accommodation. The centre was visibly clean, tidy, and well-presented throughout the inspection.

Some fire safety concerns were observed on the walk around the centre. These related to fire doors being held open with door wedges and visible gaps in doors that had the potential to compromise fire containment.

A daily schedule of activities was displayed on a notice board in the communal area. A notice board also displayed information for residents on independent advocacy services and safeguarding services. Residents were observed to be actively engaged in a range of activities during the inspection.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre.

Visiting was not restricted, and a number of visitors were observed attending the centre on the day of inspection. Visitors expressed satisfaction with the quality of care provided to their relatives, and described the management and staff as approachable.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The findings of this inspection were that the provider had an established organisational structure to support their governance and oversight of the quality and safety of the service provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoted their well-being. While there were management systems in place to support governance and oversight of the service, this inspection found that some of the management systems were not fully effective to ensure that a safe, consistent and quality service was provided to residents living in the centre through appropriate oversight of risk management, fire safety, residents finances', and communication of clinical information to support the provision of person-centred care.

Blockstar Limited is the registered provider of St. Paul's Nursing Home. A director of the company represented the provider and was actively involved in the operation of the centre. A regional operations manager, who was also a person participating in the manager of the centre, was responsible for monitoring clinical and operational aspects of the service, in addition to providing governance and support to the person in charge. The structure was found to be effective to ensure the provider had oversight of all clinical and non-clinical aspects of the service, and to ensure it was adequately resourced.

Within the centre, there was a clearly defined nurse management structure that was responsible and accountable for the delivery of safe and person-centred care to the residents. The person in charge was supported by an assistant director of nursing and a clinical nurse manager in the administration of the service. The nurse management team were also responsible for supervising the quality of care, in addition to supporting the delivery of direct nursing care to residents.

There were management systems in place to monitor the quality of the care provided to residents. This included monthly surveillance of resident incidents, wounds, infections and weight loss. The inspector reviewed a sample of completed clinical and environmental audits and found that the audit tools were effective to support the identification of risks and deficits, in the quality and safety of the service. Quality improvement action plans were developed in response to audit findings and actioned to improve the service.

The provider had not fully reviewed the effectiveness of the risk management systems in place following a significant incident involving a residents with enhanced supervision needs leaving the centre unaccompanied. While the risk had been identified and control measures were in place, the provider had not completed a comprehensive review of the incident to evaluate the effectiveness of existing controls or identify whether additional measures were required to mitigate the risk to residents to ensure their safety and welfare. For example, arrangements relating to staff presence and supervision at the main reception area had not been fully reviewed following the incident. Consequently, opportunities to strengthen systems in place to identify, monitor, and manage this risk had not been fully considered.

While there were structured arrangements in place for staff handover and communication of clinical information between staff, these systems were not fully effective. For example, a handover document was used to communicate key information regarding residents assessed risks and care needs, including risks relating to malnutrition and unexplained absence. However, this document did not always reflect residents' current assessed needs and risks and, in some instances, contained inaccurate information. As a result, staff were not always aware of changes in residents' care needs or the interventions required to manage identified risks.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Records reviewed evidenced that there were effective systems in place to record, investigate and learn from adverse incidents, with the exception of an absconsion incident.

Notifiable incidents were submitted to the Chief Inspector within the time-frame specified under the regulations.

The provider was responsive to the receipt and resolution of complaints. Records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that complaints were appropriately managed and were used to inform quality improvement initiatives.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of health care assistants. Communal areas were appropriately supervised, and the inspector observed kind and person-centred interactions between staff and residents.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. Staff had been provided with additional training to support them in their roles and in meeting the needs of residents with complex care needs. There were systems in place to induct, orientate, support and supervise staff through senior management presence.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role and responsibilities. All staff had completed additional, role-specific training to provide them with the necessary knowledge and skills to effectively support residents with symptoms of dementia.

Staff were also appropriately supervised, with regular supervision in place to support their professional development and to ensure the delivery of safe and quality care to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents to residents was safe and effectively monitored.

- Risk management systems were not consistently implemented in accordance with the provider's risk management policy. The risk register had not been reviewed or updated following an incident involving the unexplained absence of a resident from the centre. Consequently, the effectiveness of the control measures in place, including staff supervision arrangements, had not been formally reviewed. In addition, some staff responsible for supervising residents, were not aware of the control measures identified in the risk assessment to manage this risk. This included arrangements for staff presence in the reception area, when it was unattended by the receptionist.
- The systems in place to manage resident's finances was not robust. For example, records relating to funds held by the provider on behalf of residents in a residents' client account did not clearly identify the ownership of all monies held. While the provider could account for some resident funds, a surplus balance in the account could not be explained at the time of the inspection.
- Systems of communication were not fully effective to ensure all staff had information pertinent to providing residents with person-centred care. As a result, essential interventions and supports required to effectively meet those needs were not consistently communicated to staff or implemented, particularly in relation to residents at risk of malnutrition, and monitoring of residents with complex needs associated with their medical condition.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant was recorded. There was evidence that complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Quality and safety

Residents were supported in a manner that promoted their safety, well-being and quality of life. Since the previous inspection, the provider had taken action to strengthen safeguarding arrangements, and incidents with the potential to impact on residents' safety and welfare were managed in line with the provider's safeguarding policies and procedures. While action had also been taken in relation to residents' individual assessments and care plans, this inspection found that care plans did not always reflect residents' needs. In addition, fire safety arrangements did not fully ensure that residents were protected from the risk of fire.

All residents had a pre-admission assessments completed in advance of the resident moving into the centre to ensure that their assessed needs could be met. A review of a sample of assessments, used to inform the development of person-centred care plans, found that some assessments were not comprehensive and did not fully reflect residents' actual care needs. In addition, some care plans were not always reviewed or updated in response to changes in residents' needs.

Residents were supported to access appropriate health care services, in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews, as required or requested. Arrangements were in place for residents to access a range of community and outpatient-based health care services such as mental health services, chiropodists, physiotherapy, occupational therapy, speech and language therapy and palliative care services.

Residents' nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor residents

nutritional intake. Residents' weights were monitored on a monthly basis, or more frequently if indicated.

Systems were in place to safeguard residents and protect them from abuse. These included recruitment practices to ensure staff were appropriately vetted and qualified for their roles prior to commencing employment in the centre. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records reviewed, it was evident that the person in charge recorded, investigated and responded to all allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

The inspector reviewed the arrangements in place in relation to fire safety. Regular fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. However, this inspection identified a number of deficits which could impact the containment of fire within the premises. Multiple fire doors were observed to be held open with wedges and significant gaps were also observed between the bottom of some fire doors and the floor.

Residents had their rights promoted within the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires.

Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. The centre had religious services in-house every week.

Residents could receive visitors in the centre, and it was evident that visitors were welcome. Visitors and residents confirmed there were no restrictions on visiting.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 18: Food and nutrition

Validated assessment tools was used to screen residents for risks of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by a dietitian.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were not in full compliance with the requirements of the regulations, as evidenced by the following findings identified during the inspection;

- A number of corridor fire doors had excessive gaps between the bottom of the doors and the floor, which could compromise their ability to contain the spread of smoke and fire in the event of a fire emergency. While records evidenced that staff had completed fire safety training, practices observed during the inspection were not consistent with effective fire prevention and containment measures.
- Throughout the inspection, a number of fire doors were observed to be held open using wedges and furniture. This practice impacted on the effectiveness of the centre's fire containment measures and could facilitate the spread of smoke and fire in the event of an emergency.
- While records evidenced the servicing and maintenance of the fire alarm and detection system, documentation was not available to confirm the category of the system in place on the day of inspection. This information was requested and submitted following the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Care plans were not consistently reviewed or updated in a timely manner following changes to a residents condition or care needs. For example, some residents who had experienced weight-loss did not have a comprehensive assessment of their nutritional risk completed or an appropriate nutritional care plan developed to manage their nutritional care needs.

- One care plan reviewed was not developed using a comprehensive assessment of the residents needs and therefore did not contain the information required to guide staff in the delivery of appropriate care interventions.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested.

Services, including physiotherapy, tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week. Residents who did not participate in group activities were provided with one-to-one time.

Residents had access to advocacy services and information regarding their rights, and were supported to engage in activities that aligned with their interests and capabilities.

Residents were supported to exercise their religious beliefs and were facilitated to attend religious services in the centre, if they wished.

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 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Paul's Nursing Home OSV-0000433

Inspection ID: MON-0050754

Date of inspection: 10/06/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The provider will review all risk assessments to ensure that appropriate control measures are in place and effectively implemented. Risk assessments for residents who may experience unexplained absences have been reviewed, and additional control measures have been introduced and implemented to further reduce risk and support resident safety. A new electronic system has been installed that will prevent residents who have been assessed as an absconsion risk from leaving via the main door. In addition, the centre will endeavour to place residents with a known absconsion risk on either the first or second floor which will further reduce the risk.

- The system to manage residents' finances has been reviewed. The provider can confirm that the resident's client account manages one resident's finance. The ownership of monies held in the account have been clearly identified. This resident receives a monthly statement which outlines the sum of funds held on their behalf. Following the inspection, the provider reconciled the surplus balance that was identified and the monies were accounted for.

- The provider has reviewed current communication methods and assessed the effectiveness of existing systems. Communication among staff will be enhanced through the standardisation of communication processes. The SBAR (Situation, Background, Assessment, Recommendation) tool will be used during handovers to ensure information is communicated in a clear, consistent, and structured manner. The use of handover sheets will continue, with updates made to ensure that information essential to delivering person-centred care is accurate, current, and readily accessible to all relevant staff.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - Drop seals have been installed to fire doors that had gaps between the door and the floor. Bi-annual fire door inspections will be completed as scheduled. - Training in fire safety continues and regular fire safety huddles occur to strengthen staff knowledge. - An audit of automatic door closers was completed; there is a plan for the installation of additional door closers to eliminate the use of wedges. - Documentation to confirm the category of the fire system was provided to the inspector following the inspection.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: - All care plans will be updated in a timely manner following changes to a resident's condition or care needs. - Care plans will be developed using comprehensive assessment of the residents needs and this will guide staff in the delivery of person centred care to residents.	

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2026

Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/07/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/07/2026
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.	Substantially Compliant	Yellow	30/07/2026