



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

Issued by the Chief Inspector

Name of designated centre:	Sunhill Nursing Home
Name of provider:	LSJ Care Ltd
Address of centre:	Blackhall Road, Termonfeckin, Louth
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0037967

About the designated centre

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

Sunhill Nursing Home is situated in the picturesque village of Termonfeckin, Co. Louth, and within 7 minutes drive from Drogheda town centre. The designated centre is registered to accommodate 102 residents, both males and females, over the age of 18 years who require long-term, short-term and transitional nursing or personal care. The centre provides care for a range of needs including general care of the older person, care of the client with physical disabilities, palliative care, acquired brain injury and dementia care. Accommodation consists of 88 single ensuite bedrooms and 7 twin ensuite bedrooms. All bedrooms are situated on the ground floor and the majority of bedrooms have access to an enclosed garden space. Communal facilities include 5 dining rooms, 9 sitting rooms, Memory Lane Cafe, hairdressing salon and 5 internal garden areas. The objective of the centre is to provide person-centred care to residents by supporting every aspect of their care requirements, while celebrating the diversity of residents and staff as a group and respecting the unique identity of each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	93
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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 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 26 April 2023	09:00hrs to 17:45hrs	Geraldine Flannery	Lead
Wednesday 26 April 2023	09:00hrs to 17:45hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Inspectors spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in Sunhill Nursing Home. Overall, residents expressed high levels of satisfaction with the care provided to them. Residents spoke with high praise for the staff within the centre with one resident reporting 'the loveliest of staff, you couldn't ask for better'.

Some residents who spoke with inspectors described their lived experience in the centre since the outbreak of COVID-19, and while it was a challenging and anxious time they were 'full of hope for better times ahead' especially now with the recent lifting of compulsory mask wearing in the care home setting. Residents commented on how 'lovely it was to see the staff's happy smiley faces at last'.

Following an opening meeting, the inspectors were accompanied on a tour of the premises. Overall, the centre was seen to be bright, clean and homely throughout. There were a number of spaces for residents to relax in, such as pleasantly decorated and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants. Inspectors observed areas that were designed to stimulate memories and prompt conversations, for example the Memory Lane Café had a mocked shop front painted on the wall with items of interest that would evoke memories of times gone by. Several enclosed courtyards were available which were easily accessible by the residents. One resident who spoke with the inspectors said; 'I have a beautiful room and I appreciate it. I am a country person so I have a great view. Staff are fabulous'.

The premises was laid out to meet the needs of residents and to encourage and facilitate independence. Throughout the day inspectors observed residents mobilizing freely around the centre. With residents' permission, inspectors viewed a small number of bedrooms and saw that they were warm, homely spaces, and personalized with photographs, flowers and souvenirs from resident's homes which reflected their life and interests. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in their rooms and in the communal areas of the centre. Advocacy services were available to all residents that requested them.

Residents informed the inspectors how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. Activity coordinators were on site to organize and encourage resident participation in events. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the outings, including trips to the Gaiety Theatre, Bord Gais Theatre, The 3 Arena and most recently going to a football match in United Park in Drogheda. On the day of inspection, the inspectors observed an arts and crafts class which the residents appeared to enjoy.

Residents and visitors informed the inspectors that they were happy with visiting

arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspectors that they were happy with the care provided and felt it was a good place for their loved one to live.

Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. The inspector also observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Inspectors noted that the dining experience was a calm and sociable time for residents. Residents who spoke with inspectors expressed great satisfaction with the food. Residents told the inspectors that there was always a good choice and snacks and drinks were available to them at any time. The inspectors observed the meal time service to be well-managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

Inspectors observed that, following the last inspection, the registered provider had undertaken a programme of remedial works to address issues including, works to premises for example, call bell installation in en-suites, hand wash basin in hairdressing room, fire precaution review by fire safety consultant and actions to ensure compliance with regulation 28. There has been extensive refurbishment of the courtyard areas and purchase of furniture and raised planters with the project entering its final phase of completion.

Laundry facilities were provided on site. Some residents and visitors raised concerns to the inspectors on the day of inspection regarding laundry going missing or items of clothing not belonging to them found in their storage spaces. Most did not wish to raise their concerns directly to staff 'as they were so good', however others said they did 'but nothing was done'. Inspectors raised said concerns with centre management on the day of inspection and this will be discussed further in the report.

Inspectors observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

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

Capacity and capability

This was a well-managed centre where residents were supported and enabled to live a good quality of life. Overall, this inspection found that there was a clearly defined

management structure in place. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. The centre has a strong history of compliance with the regulations and on this inspection areas that were identified as requiring some minor improvement, included governance and management and notification of incidents. These areas are detailed in the report under the relevant regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

Sunhill Nursing Home is operated by LSJ Care Ltd. The senior management team included the provider representative, the person in charge and the assistant director of nursing. The person in charge demonstrated a good attitude to regulation, good knowledge of the legislation and a commitment to providing a good quality service and enhancing the quality of life for the residents.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys and quality improvement plans were put in place to address issues.

There were management systems in place to oversee the service, however further improvements were required, for example in the management of personal possessions and will be discussed further in the report.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them. The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. A sample of staff records were reviewed by the inspectors and each staff had completed An Garda Síochána vetting requests prior to commencing employment.

The centre had a directory of residents in accordance with Schedule 3, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in electronic format and was appropriately maintained, safe and accessible.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Inspectors reviewed three contracts for the provision of services and found that they were in line with the regulations and clearly specified the terms and conditions of the residents' residency in the centre.

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector of Social Services. However, inspectors learned on the day of inspection that not all notifications were communicated in line with the requirements and will be discussed further in Regulation 31.

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- Notifiable incidents as required under the regulation were not all submitted to the Chief Inspector including, an incident of alleged abuse to a resident and quarterly notification of any restrictions to residents.

- The restrictive practice register require review to ensure it included all restraints, including sensor motion alarms or holding lighter and cigarettes for residents
- The policy and management of residents' valuables/property required review. While a record of personal belongings was documented on admission to the centre there was little follow up information in respect of personal possessions. Missing items of clothing, hearing aids, dentures, phones, or money going missing required greater oversight and robust accountability. In addition, some gaps were identified in the management of petty cash, which were not in line with local policy.
- Care plans required overview to ensure they meet the needs of each resident as outlined under regulation 5. Specifically, management systems to oversee residents' weights required full review, as significant variations in weight identified on a number of residents had not triggered an appropriate response or review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any charges incurred.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the following notifications as required under the regulation:

- The three-day notification required informing the Chief Inspector of an incident of alleged abuse to a resident.
- The quarterly notification required informing the Chief Inspector of any restrictions to residents.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. Staff worked tirelessly to provide care to residents. Notwithstanding the positive findings, further review and development were required in some areas, including care plans, and personal possessions and will be discussed further under the relevant regulations.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and there was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. However, inspectors identified some gaps reflecting the assessed needs of residents that would allow staff to provide appropriate care for residents; for example no restraint care plan in place for a resident where restraint was used, a malnutrition universal screening tool (MUST) score of 2 did not trigger a referral to dietitian and gaps identified in resident repositioning charts.

It was observed by inspectors that through ongoing comprehensive assessment resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, by phone and visits in person as required. Out of hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Some residents living with dementia or other conditions may be periodically predisposed to episodes of responsive behaviours in an attempt to communicate or express their physical discomfort or discomfort with their social or physical environment. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well managed.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for 18 residents and a separate client account was in place to safeguard residents' finances.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and

maintain personal possessions. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and receipts issued. Residents and visitors reported that regularly items go missing including clothes, hearing aids, money and phones. Inspectors found that the system of possession management was not sufficiently robust including record log of missing items, actions and outcomes of investigations.

Residents expressed overall satisfaction with food, snacks and drinks. They had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. Inspectors observed that there were adequate staff to meet the individual needs of residents at meal times. Food and snacks were available at all times, including out-of hours.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

Suitable fire systems and fire safety equipment were provided throughout the centre. Staff received annual training in fire safety. There was evidence of fire drills taking place in the centre and records were available for review. Staff who spoke with inspectors appeared knowledgeable on what to do in the event of a fire. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs and cognitive status to inform staff of residents' needs in the event of an emergency evacuation.

Inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. The medication management policy was available, up-to-date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship. Inspectors saw a gap in the allergy status for one resident, and this was addressed promptly on the day.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

The system for management of personal possessions and petty cash was not robust. Greater oversight was required of missing laundry items, actions taken and outcomes.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre it was done in a planned and safe manner. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were assured that that the fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While, overall care plans were of a good standard, some gaps were identified which required action , for example:

- Daily records required improvement to ensure dietary and fluid intake was recorded so that nursing staff were made aware if a resident had not had sufficient diet or fluids to meet their needs.
- There were gaps in the oversight of restrictive practices. For example, a resident with motion sensor should have a care plan in place, outlining their requirement after appropriate assessment and appropriate personnel involved.
- Inspectors identified gaps in care plans including, malnutrition universal screening tool (MUST) score of 2 which did not trigger a referral to dietitian in line with policy and best practice and some gaps identified in resident repositioning charts.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sunhill Nursing Home OSV-0004450

Inspection ID: MON-0037967

Date of inspection: 26/04/2023

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 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An NF06 was submitted retrospectively on 27/4/23 to reflect the alleged missing money and follow up through the complaints procedure. • The restrictive practice register was updated to include the fobbed doors between the units, cigarettes, and all falls’ sensors. • The quarterly notifications were updated to include the fobbed doors between the units, cigarettes, and all falls’ sensors. • The policy on Residents valuables and possessions was reviewed and updated. A property review to be recorded on EpicCare has now been implemented every three months. • There was an error in the petty cash balance which was rectified on the day of the inspection. The previous audit scheduled has now been replaced with a monthly audit of balances. • All residents were reweighed. An error was noted when putting the weight from the weights sheet into EpicCare as the weight of the wheelchairs was not taken into account. The monthly weights clinic is now reviewed by a Clinical Nurse Manager to ensure all records are complete and all actions are followed up. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • An NF06 was submitted retrospectively on 27/4/23 to reflect the alleged missing money and follow up through the complaints procedure. 	

- The quarterly notifications were updated to include the fobbed doors between the units, cigarettes, and all falls' sensors.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- There was an error in one petty cash balance which was rectified on the day of the inspection. The previous audit scheduled has now been replaced with a monthly audit of balances.
- A different type of laundry bag has now been sourced for respite residents which now go into a green laundry skip which is separate to the long-term residents to ensure that laundry items do not get mixed up. The process is working well since implementation. A property review will now take place every three months for all residents.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A full audit has been completed and an education program around completion of food and fluid records on EpicCare has taken place for all Nursing and Care staff
- A care plan for the resident's motion sensor was immediately implemented on the day of the inspection.
- A full review took place of all MUST scores and were all reviewed by the dietitian on the 26/05/23.
- All repositioning charts were reviewed, and they are now completed on epic touch.

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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	12/05/2023
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.	Substantially Compliant	Yellow	12/05/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Substantially Compliant	Yellow	27/04/2023

	(a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	28/04/2023
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	12/05/2023