



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

Issued by the Chief Inspector

Name of designated centre:	Orwell Queen of Peace
Name of provider:	MCGA Limited
Address of centre:	Garville Avenue, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0005506
Fieldwork ID:	MON-0033966

About the designated centre

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

The centre is located in Rathgar, Dublin 6 and is close to local amenities such as bus routes, restaurants, and convenience stores. Orwell Queen of Peace was built in the 1970's. The premises consists of three floors with accommodation provided on the first and second floors. The centre is registered to provide accommodation to 46 residents. Currently the Nursing Home provides care and support to residents with long term care needs, including those with a dementia illness and those who require palliative care input. All bedrooms are of single capacity with 14 providing en-suite facilities. Both floors provide a communal area with a domestic scale kitchen, dining area and home-style living space. Residents can access a secure garden area with suitable seating which also contains facilities for those residents who wish to smoke.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 25 August 2021	09:00hrs to 17:55hrs	Michael Dunne	Lead
Wednesday 25 August 2021	09:00hrs to 17:55hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

Residents appeared to be content living in the centre and the majority of residents who spoke with the inspectors were satisfied with the quality of their lives. There was a calm relaxed atmosphere in the centre with residents seen moving about the centre attending to their routines. Overall residents' wellbeing and welfare was being maintained to a high standard, although some improvements were required to the oversight of care planning, the provision of accessible toilet facilities and use of information collated to enhance the service.

Inspectors began this unannounced inspection in the morning and were met by the person in charge who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out prior to entering the designated centre.

Inspectors did a walk of the centre and found it to be well maintained and clean. There was signage available to remind residents, staff and visitors of the correct procedure to follow in maintaining effective infection prevention and control measures. There was access to alcohol hand rub and PPE to support these measures located throughout the designated centre. Inspectors noted the provider had installed hand hygiene sinks on both floors to further enhance their infection prevention programme.

Resident accommodation was provided on the first and second floors which was served by a lift. All rooms were single occupied with a small number having their own ensuite facilities. There was a limited amount of accessible toilets and bathing/showering facilities for residents on both the first and second floors.

While all residents who met with the inspectors said they were happy with their room one said that they didn't like their room because there was not enough room to turn their wheelchairs. The person in charge assured inspectors that they would address this. Resident rooms were seen to be personalised with many containing family photos and personal items.

Family who spoke with inspectors said that they were happy with care being given and that staff were very attentive, kind and caring. They said that their relative felt very safe and that there was good communication with them from the staff about any changes in the running of the centre or a change in their relatives' condition.

Residents said they loved getting back into the community and particularly enjoyed a bus outing a few weeks previously. Inspectors attended a resident meeting where residents were encouraged to give their views on the service provided. It was clear that the registered provider was committed in supporting residents to comment on the services provided.

Inspectors observed staff and resident interactions throughout the day and found them to be based on respect and it was clear that staff were aware of resident's

needs. Residents were called by their name and staff were observed to announce their arrival at residents rooms before entering and explained the purpose of their visit.

Overall residents were happy with the kind care received from the staff team. The next two sections of this report present the findings of the inspection in relation to governance and management arrangements in the designated centre and on how these arrangements impacted on the quality and safety of the service provided to the residents.

Capacity and capability

There was a strong commitment evident among the managers and staff to provide a quality service in order to achieve positive health and social care outcomes for the residents. There was evidence of proactive communication between the registered provider and residents to ensure residents voices were heard and that their contributions influenced and shaped the service provided. Inspectors noted that the registered provider had made a number of improvements since the last inspection to improve the service which included the addition of staff to the roster at night time, painting and decoration to enhance the environment, and improvements to the overall dining experience for residents.

Orwell Queen of peace is a 46 bedded nursing home located in the Rathgar area of Dublin. Accommodation was provided in single rooms of which 14 had en-suite facilities. The designated centre was operated by MCGA Limited who is the registered provider. The registered provider was actively involved in the running of the service and were knowledgeable about the needs of the residents.

There was a clearly defined management structure in place with identified lines of accountability and responsibility for the centre ensuring good quality care was delivered to the residents. The person in charge was well established in their role and was also supported by a clinical nurse manager, staff nurses, healthcare assistants, activity staff, housekeeping, maintenance and catering staff.

The inspection was carried out to assess compliance with the Health Act 2007 and to follow up on the receipt of unsolicited information which raised concerns around visiting, suitability of garden area and food and nutrition. Although Inspectors found good compliance in relation to visiting and the provision of food and nutrition to residents there were concerns regarding the safety of the garden and storage of furniture located on the ground floor. These concerns are discussed further under regulation 17 premises.

There were however some other areas that required improvement to enhance and improve the service. The provider needed to improve management oversight of care plan reviews, risk assessments update and submission of notifications. While there were systems in place for the audit and monitoring of care plans a number were

found not to have been reviewed within a specified period. This meant that there was a risk of residents changing needs not been met or of the resident not been consulted about the suitability of care interventions in a timely manner.

While there was a comprehensive risk schedule in place for both clinical and operational risks, controls and mitigation's described to lessen risk were not always in place. For example there was a garden risk assessment in place but it did not capture all of the risks that were present in this area.

Inspectors identified that there were restrictive practices in place which were not notified to the Chief Inspector during quarterly submissions of NF39A notifications. This omission did not allow inspectors to have a clear overview of the level of restrictive practices current in place in the centre. The registered provider did have an auditing system in place to identify and monitor restrictive practices within the centre such as bed rails, sensor alarms, lap belt use.

There was an improvement noted from the last inspection where there was an additional staff member allocated to cover the night time hours to support care delivery. There was an appropriate allocation of nursing, carers and ancillary staff available to meet the assessed needs of residents. The inspector observed that residents had their personal care and requests attended to promptly during the inspection. Rosters showed that there was at two nurses on duty in the centre at all times.

Inspectors found that all the staff records required in Schedule 2 of the regulations were safely stored and accessible. However, some improvement was required in Schedule 4 records to ensure that there was a record of worked rosters, for example the director of clinical care, allied health and social care professionals and the gardener.

Staff were supervised in their roles by the clinical nurse managers and the services manager. Records viewed by the inspectors confirmed that there was a good level of training provided in the centre. A detailed training matrix was available for review. Records showed that all staff had attended regular mandatory training in infection prevention and control, safeguarding vulnerable adults from abuse, fire safety and people moving and handling. Other examples of training available to staff were safe food handling, falls prevention, medication management, restrictive practice, basic life support and nutrition and hydration. Staff appraisals were seen to be scheduled to take place six weeks after initial induction and regularly thereafter.

There was an annual review of quality and safety in place which incorporated the views of residents using the service and which assisted the registered provider to identify and enhance service delivery.

Regulation 15: Staffing

There were ample staff resources to meet the assessed clinical needs of residents,

having regard to the size and layout of the centre. Inspectors observed that registered nurses were on site during the day and the night to oversee and ensure the clinical needs of the residents were met.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Records confirmed that all staff had completed all mandatory training and refresher training was scheduled for staff the day after this inspection. All staff had received training on topics related to infection control. Staff received supervision in their roles. There was a comprehensive approach in place to manage induction of new staff. Staff were supervised to ensure that they completed their duties to the standards expected.

Judgment: Compliant

Regulation 21: Records

While there were staff assigned or allocated to provide support to the residents in the centre, worked rosters did not indicate when management such as the director of clinical services and allied health, social care professionals and gardener attended and worked the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems which monitored risk assessment, notifications and care plan reviews required strengthening to ensure that they met the requirements of the regulations on a consistent basis, for example

- Systems and oversight arrangements in place to monitor care plan audits did not identify that a significant number of care plans required review.
- There was ineffective identification and management of risks regarding the storage of oxygen, storage of furniture on the ground floor and in ensuring the garden area was a safe and secure environment for resident usage.
- The strengthening of oversight systems to ensure that all restrictive practices current in use in the designated centre are accurately submitted to the office of the Chief Inspector.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all restrictive practices were been submitted to the Chief Inspector, as set out in schedule 4 of the regulations. While NF39A notifications submitted contained details around the use of bed rails, other restrictive practices including sensor alarms, lap belts and posey alarms were not included on these notifications.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy displayed in the designated centre which met the requirements of the regulations. Several residents confirmed that they were aware of this policy and felt that they could register a complaint should they wish to.

Staff confirmed that they could support residents register a complaint if they were unable to do so on their own. The complaints register indicated that 12 complaints received in 2021 were dealt with according to the procedure in place and closed out, one complaint was still open on the register.

Judgment: Compliant

Quality and safety

Overall residents wellbeing and welfare was maintained by a good standard of evidence-based care and support. While many residents were content living in the centre and felt safe there improvements were required to ensure all residents care needs were assessed and provided for.

While there were improvements made to the lived environment and described elsewhere in this report there remained a lack of accessible toilets and bathrooms to meet the needs of all the residents. This meant that residents who required staff support or residents who were using mobility equipment could not use these toilets and relied on staff to assist them to use commodes or to travel to other parts of the centre to access facilities. This practice had a negative impact on their privacy and dignity.

In the sample of care plans reviewed, inspectors found that residents' choices, care

needs and health problems were set out clearly and the care interventions were clear and sufficiently detailed to provide good guidance for staff caring for them. Residents were comprehensively assessed before admission and at regular intervals thereafter. Their care needs were described in person-centred care plans, however a number of care plans were overdue review within the required time frame and a wound care plan for one resident and visiting care plans for residents needed to be updated. If their needs changed, there was evidence they were assessed by specialists and care plans were subsequently changed. There was also evidence that residents and their relatives, where appropriate, were consulted in the development of the care plans.

Residents had access to medical officers and access to geriatric services from a nearby hospital. There was evidence of access to allied health and social care professionals to assess, recommend supports and meet the care needs of residents. Assessments by dietitians and speech and language professional were by email and phone. Recommendations made by specialists were provided to reflect the current needs of residents, and guided staff in care delivery. Residents had access to palliative care specialist services for end of life care.

The provider facilitated visits in a safe manner for both residents and their visitors. The inspectors viewed a schedule of visits which was being managed by dedicated staff. Face-to-face indoor visits were seen to take place on the inspection day. Staff were seen to organise residents to be ready for their scheduled visits. Visitors and residents commented that they were delighted with the lifting of restrictions on visits which were returning to near normal. While the centre facilitated safe visiting in line with HPSC guidelines, the visiting policy for the centre was outdated and was updated on the inspection day.

There was improvement seen from the last inspection in a reduction of noise levels at mealtimes. Lunchtime was observed by inspectors found this to be a pleasant, calm and comfortable experience for people dining alone or with assistance from staff. Residents were supported to eat and drink at their own pace, in an unhurried and patient manner, and residents were offered choices of meals, drinks and snacks throughout the day. The inspectors reviewed a sample of support plans for residents who were at risk of losing weight or who had specific dietary requirements, and found them to be clear and detailed on required supplements and food types, as well as on personal preferences of residents for their favourite food and sizes of portions.

There was a proactive approach to ensuring the centre remained infection free, staff displayed good knowledge regarding the risks associated with COVID-19. All staff were supported to attend Infection prevention and control training, in addition there were checks and oversights in place to ensure the lived environment was kept clean and tidy.

The registered provider had responded in a positive manner to fire safety concerns raised at a previous inspection and at the time of the inspection an application to remove a condition relating to fire safety imposed at a previous inspection was being processed. Staff were knowledgeable about their role in maintaining a safe

environment and were able to describe the fire safety measures currently in place in the designated centre.

Regulation 11: Visits

Visiting was facilitated in many areas in the centre and was well managed in line with national guidelines.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that there were insufficient numbers of accessible toilets available for resident use on both the first and second floors which was also identified in previous inspections. Residents who required staff support or residents with mobility equipment were unable to access a number of toilets on both the first and second floors safely due to the size and layout of these facilities.

A restrictive condition applied to the current registration required the registered provider to reconfigure the designated centre to provide sufficient numbers of accessible toilets, bathrooms, storage facilities and rooms of a suitable size and layout to meet the needs of the residents by 31 May 2021.

The registered provider had made arrangements to address the issues identified in the above condition and had commenced preparatory building works however the onset of COVID-19 meant that arrangements for redevelopment of the designated centre were delayed and eventually postponed. The registered provider has subsequently submitted an application to vary the restrictive condition with a view to upgrading facilities at a later date.

On the day of the inspection a number of other improvements were identified with regard to the safe use of the garden and ground floor, these improvements related to,

- Prevention of access to building site from the garden area used by residents to protect and promote resident safety, (this area was secured by the registered provider during the inspection).
- Upgrading of storage facilities for oxygen cylinders.
- Securing an exit point to ensure that the garden area was a secure enclosed area.
- Risk assessment required for the ground floor communal room regarding the temporary storage of furniture.

Judgment: Not compliant

Regulation 18: Food and nutrition

Meals, snacks and drinks were seen to meet dietary and preference requirements of residents. They were well presented with a choice at mealtimes according to resident wishes.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which included a process for hazard identification and assessment of risks throughout the designated centre. Staff were aware of risks that could impact on resident safety and there was a good appreciation among the team for both clinical and operational risks.

There was a comprehensive risk register in place which was well maintained however some actions to mitigate identified risks required improvement such as the garden risk assessment which is discussed in more detail under premises regulation 17.

Judgment: Compliant

Regulation 27: Infection control

Inspectors observed staff adhering to effective infection prevention and control measures. This included regular hand washing, effective use of PPE (Personal Protective Equipment), access to alcohol hand rub and the maintenance of social distancing. The premises were clean, odour free and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had made a number of improvements to the management of fire safety in the centre which included improvements to fire doors, emergency

lighting and evacuation procedures.

At the time of the inspection the registered provider had applied to remove a restrictive condition regarding non-compliance with regulation 28 which was applied on a previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were person-centred the following required improvement;

- Resident visiting care plans to be updated to reflect national guidelines.
- A wound care plan for one resident to show the current treatment being given.
- Fifteen residents care plans were overdue review within the specified four month time frame.

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's health, well-being and welfare was maintained by a high standard of nursing, medical and health and social care.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed positive interaction between residents and staff throughout the inspection. The registered provider was keen to ensure that resident's views were obtained concerning the quality of the service provided. This was achieved through resident meetings which were observed to be held on a regular basis. Inspectors attended a resident meeting which was scheduled on the day of the inspection and found that there was meaningful discussion and consultation between staff and residents.

Inspectors observed many examples where resident's choices and rights were respected and promoted however findings discussed under regulation 17 premises indicate that there were concerns regarding privacy and dignity of residents and in

particular for residents accessing toilet facilities.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Orwell Queen of Peace OSV-0005506

Inspection ID: MON-0033966

Date of inspection: 25/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A Management roster in place with allocation of days and hours for the Director of Care, Director of Services, Accommodation manager and Duty Manager to ensure clinical and non-clinical oversight in the Centre.</p> <p>A maintenance roster is completed fortnightly with hours allocated for maintenance staff and a gardener to be on site once every week.</p> <p>The physiotherapist hours have been added to the nurse's roster with an allocation of 1 day per week.</p> <p>There is a separate roster for activities staff which is completed fortnightly.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider is embarking on a major refurbishment of the building. In the interim and as described in the response to Regulation 17 –there will be an upgrade to two existing bathrooms to make them fully accessible by the addition of a toilet in each bathroom by October 15th.</p> <p>Fifteen care plans which were overdue on the day of the inspection have been reviewed by the named nurses and updated in consultation with residents/resident representative as per their current care needs and likes and dislikes.</p>	

This is been discussed at daily huddles with the nurses who have been made aware of the importance of a timely review and update of the care plans.
 The PIC or the nurse manager on duty prints off the care plan review reports from care monitor every Friday and distributes to the nurses to review and update the assessments and care plans within the set time frames:

Date of completion:04/10/21

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Quarterly notifications for the 3rd quarter which is due on 30th of October will include the use of all restrictive practices and use of enablers which are in use in the Centre.

Date of completion:30/10/21

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A toilet is to be added into the bathroom on the first floor and on the second floor for residents requiring staff support and/or mobility aids to allow the required access. The addition of the two toilets will be completed by 15th October 2021. Upon completion the bathrooms will provide the sufficient number of accessible toilets to meet the needs of residents.

On the day of the inspection a number of other improvements were identified with regard to the safe use of the garden and ground floor, these improvements related to,

- Prevention of access to building site from the garden area used by residents to protect and promote resident safety, (this area was secured by the registered provider during the inspection).

Noted – actioned immediately

- Upgrading of storage facilities for oxygen cylinders.

Racking and signage added – completed

- Securing an exit point to ensure that the garden area was a secure enclosed area.

Noted – actioned immediately

- Risk assessment required for the ground floor communal room regarding the temporary storage of furniture-Completed

Regarding temporary furniture storage, we noted to the inspectors at the time, that we are currently undertaking a clearance the ground floor area in preparation for forthcoming construction works – this area has been cleared to hold only the appropriate levels of furniture again.

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:

Fifteen care plans which were overdue on the day of the inspection have been reviewed by the named nurses and updated in consultation with residents/resident representative as per their current care needs and likes and dislikes.

This is been discussed at daily huddles with the nurses who have been made aware of the importance of a timely review and update of the care plans.

The PIC or the nurse manager on duty prints off the care plan review reports from care monitor every Friday and distributes to the nurses to review and update the assessments and care plans within the set time frames:

Date of completion:04/10/21

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	15/10/2021
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.	Not Compliant	Orange	15/10/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	04/10/2021

	designated centre and are available for inspection by the Chief Inspector.			
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	04/10/2021
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	30/10/2021
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	04/10/2021