



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

Issued by the Chief Inspector

Name of designated centre:	Sally Park Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Sally Park Close, Firhouse, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	02 September 2021
Centre ID:	OSV-0005565
Fieldwork ID:	MON-0034113

About the designated centre

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

Sally Park is a Georgian building with two modern extensions set in extensive mature gardens with views over the local area. There is parking at the front of the premises, and the centre is close to public transport routes and local shops and facilities in the area.

The designated centre is provided over three floors. There are 21 single en-suite bedrooms, 5 single rooms, four double rooms and three multi-occupancy rooms. There are a range of communal rooms and seating areas in the centre, and a large dining area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Thursday 2 September 2021	08:50hrs to 18:00hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

This was a good centre where residents were enjoying a good quality of life. From what residents told the inspector and from what they observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Care was seen to be given in a positive, respectful and warm manner.

When the inspector arrived at the centre they were guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

The centre was laid out over three levels, with lift access available to all floors. Fresh air was circulating, and windows and garden doors are opened as appropriate. Residents' bedrooms, sitting rooms and dining facilities are bright and homely. However paintwork around the centre, the flooring in a sitting room and a small number of seating required improvement. Improvement was also required in fire safety with regard to the appropriate ironmongery for doors and an additional fire compartment on the ground floor lobby at the bottom of the stairs.

Residents, if they wish to, had personalised their bedrooms. Bedrooms were of an adequate size with sufficient storage space for residents' possessions and a secure locked space available in each room. All bedrooms were either single, twin or three bedded rooms, with their own en-suite or residents had access to assisted bathrooms. The provider had reduced the occupancy in two rooms to comply with statutory requirements and the inspector was informed that arrangements had been made to dispose of additional furniture shortly after the inspection.

Residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be led by resident wishes and residents responded well to staff.

The inspector observed many positive interactions between staff and residents and were seen to assist them in activities or when residents were having meals or snacks, in a gentle and encouraging manner. Meals were seen to be well presented and residents said there was plenty of choice and discussed preferences with the chef and staff regularly.

During the day the inspector spoke with visitors who were very complimentary about the staff and the care given. They said that staff were very attentive and promptly reacted to changes in resident's conditions. Additionally, they confirmed that their loved ones had easy access to GP services and that staff kept them up-to-

date with any changes in their family member's condition. They mentioned that visiting still had to be booked due to the layout of the building and they understood and accepted this was to keep everyone safe.

Residents' religious and civil rights were upheld through regular access to religious services and arrangements made to facilitate residents to vote in the centre were in place before the COVID-19 pandemic.

Residents said they felt safe in the centre and spoke positively about the care team and management in the centre. They described them as "wonderful and very kind". They said they didn't have to wait long for staff to respond to requests for assistance. If they had any concerns or complaints they were dealt with quickly. Staff who spoke with inspectors knew residents well and were knowledgeable regarding their individual needs and preferences in how they lived their lives.

There was a selection of activities on offer for residents who preferred one to one activity such as music and chatting, with more expressive activities including singing, dancing, bingo, games and exercise groups also available. Newspapers were read and discussed most mornings and a knitting class for those who wished to attend. Residents said they particularly enjoyed music by visiting bands to the centre.

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

Capacity and capability

The inspectors found that residents received good care and support from staff that was person-centred in nature and facilitated them to enjoy activities of their choice on a daily basis. The layout of the building provided them with plenty of space and access to the outside and residents could make choices on how they spent their day. However improvement was required in governance and management, training, staff development, contracts for provision of services and records.

There were details missing in the contracts for the provision of services. They required improvement and is discussed under regulation 24. This was an outstanding action from the previous inspection.

The inspector reviewed the actions required from the previous inspection and found that substantial improvements had been made in fire precautions and medication management. There were some outstanding items with regard to fire that is discussed in detail under Regulation 28: Fire Precautions.

The centre is owned and managed by Passage Healthcare International (Ireland) limited. It had well defined management structures. The person in charge reports to the provider and was supported in their role by the assistant director of nursing

(ADoN), nursing and health care assistants and a maintenance supervisor, who also oversaw cleaning in the centre. There were sufficient staff to meet the assessed health and social care needs of the residents.

The centre had not experienced any confirmed cases of COVID-19 among residents since the start of the COVID-19 pandemic. While there were systems in place to review and monitor services and care given, there were no audits undertaken to give the provider assurances that infection control met the required standard. This was borne out in findings during the inspection and is discussed under Regulation 27: Infection Control.

Staff were supervised in their roles by the ADoN and nursing staff. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The majority of staff were due refresher training in fire safety, which was delayed due to difficulties in accessing a trainer. In response to this the provider arranged three staff to be trained sufficiently to provide this training and refresher training was scheduled for the weeks after the inspection.

Training records showed that all staff had attended regular mandatory training in infection prevention and control and safeguarding vulnerable adults from abuse, however seven staff were overdue moving and handling training. Two staff had completed a train the trainer qualification in moving and handling and two nurses were trained to take swabs for the detection of COVID-19. Other examples of training available to staff were falls prevention, medication management and nutrition and hydration. Staff appraisals were seen to be scheduled.

The COVID-19 contingency plan to guide staff, should an outbreak occur, had not been updated since April 2020. This meant that the most up-to-date information was not available to staff. The person in charge informed the inspector that it had been updated recently but it was not available on the inspection day.

The inspector found that all the staff records required in Schedule 2 of the regulations were safely stored and accessible. However, some improvement was required in the Schedule 4 records to be kept in a designated centre, to ensure that there was a record of worked rosters maintained.

The provider ensured that residents' families and relatives were consulted and updated to the greatest extent possible in relation to any operational changes they have to make, such as visiting arrangements or plans for an extension to the building.

Although residents were consulted in the running of the centre, through day to day interaction with the management and healthcare teams, no resident meetings had occurred due to the COVID-19 pandemic in an effort to keep everyone safe. The inspector was informed that these would be restarted shortly. Improvements seen, which impacted positively on the lived experience for residents, showed that there had been a visiting pod erected, where residents decided how it was decorated. They also made requests for fish and chips on Fridays and wanted to start doing more gardening on the grounds of the centre. This was seen to be honoured by the

provider.

Last year's annual review was not available for the inspector to view or available to residents. This was submitted to the regulator the day following the inspection.

Regulation 15: Staffing

There were sufficient staff on duty at all times to ensure that the assessed needs of residents were met and with regard to size and layout of the building. There were at least two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Records showed that seven staff were overdue training in moving and handling.

Judgment: Substantially 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 the correct information for when the person in charge, ADoN, physiotherapist and maintenance supervisor had attended and worked the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were systems in place to monitor the service, however infection prevention and control audits were not undertaken to give the provider assurances that best practice was in place and was effective.

The COVID-19 contingency plan presented to the inspector had not been updated since April 2020.

The latest annual review of the quality and safety of care was not available to residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There were written and signed contracts of care in place for residents. The contracts outlined the fees and costs involved in the service. However, the occupancy of the bedroom being offered to a resident was not clear in the two of three contracts seen.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services. However, some areas with regard to care planning, premises, infection control and fire precautions required improvement. These are discussed further under regulation 5, 17, 27 and 28 respectively.

The inspector was satisfied that residents' health and social care needs were met to a good standard. There were systems in place for the assessment, planning, implementation and review of health and social care needs of residents. End-of-life care was also an integral part of the service provided. A small number of inconsistencies were noted in some records and improvement was needed with regards to the development of care plans within 48 hours of admission and assessments on bed rail usage and wound care were not updated in the associated care plan records.

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 professionals 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.

There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities. On several different occasions the inspector observed residents engaged in activity groups, which were running in different parts

of the centre at the same time.

Overall there was evidence of safe medication management practices. There was a policy in place relating to medicines. Minor improvements were needed in the labelling of insulin pens and one medicine fridge was found to be leaking which was addressed on the day of inspection.

The provider was aware that the occupancy of two rooms needed to be reduced and that they had to make changes to be compliant with SI. 293 by 31 December 2021. They had put plans in place on the days prior to inspection to address this.

While the premises was well ventilated, warm with suitable lighting the following areas required improvement to ensure the environment was safe and cleaning was effective. Decoration on window frames, ceilings and door surrounds around the centre and the flooring in a communal room was seen to be heavily worn. The provision of a call bell in an assisted shower room was also needed.

Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included monitoring of visitors, residents and staff for signs of COVID-19 infection, a seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There were ample supplies of PPE.

While there was evidence of good infection prevention and control practice, staff were seen to wear hand jewellery which meant that hand hygiene may not be effective. Refresher training was required to ensure staff wore face masks appropriately. Splash backs were required behind some sinks where walls were seen to be damaged. This is further detailed under Regulation 27: Infection Control.

Staff interactions and delivery of care respected residents' privacy and dignity. Where residents didn't want to join the activities their choice was respected, and there was some one-to-one support offered for those who chose to stay in their rooms or quieter parts of the centre. Residents were consulted with and their feedback on the service they received was valued by the provider and the person in charge. There was good evidence that residents' feedback was being used to improve the service, such as the decoration of the visiting pod outside the centre and changes to menu choices.

Improvement had occurred with regard to fire safety in the centre since the last inspection. For example, all staff had received training in fire safety and a new emergency fire alarm and lighting system had been installed and were being reviewed regularly. Following conversations with staff, they were very knowledgeable with regard to their roles and responsibilities and confirmed that regular fire drills took place in the centre to ensure timely evacuation should an emergency occur. However the replacement of appropriate door ironmongery and the installation of a new fire door in the lobby remained outstanding from the last inspection. Up-to-date fire floor plans were not displayed on each floor which meant that staff may not have the appropriate information with regard to compartment layout of an entire floor in the event of an emergency.

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

The following were improvements required to ensure the needs and safety of the residents conformed to Schedule 6 of the regulations:

- There was a foul odour and with no call bell in one assisted shower room should resident need to call for assistance.
- The flooring in the main sitting room was heavily worn
- Two armchairs in a communal sitting room were damaged and could not be cleaned effectively.
- Decor in some areas around the centre was in poor condition such as bubbling paint on ceilings where there had been roof leaks, walls and around window frames and sills.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues important to good infection prevention and control practices required improvement:

- Staff hand hygiene practices required review as staff were seen to wear watches, stoned rings, and nail varnish. This meant that they could not effectively clean their hands.
- Alcohol based hand rub was required in the sluice room.
- There were ample supplies of PPE available however a number staff were seen not to use PPE in line with national guidelines. For example staff were seen to regularly touch the front of their face masks.
- There were no splash back behind the hand hygiene sink in the laundry and other sinks where walls were damaged and could not be cleaned effectively.
- Floor brushes were heavily worn and not clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following improvements were required to ensure the safety of residents, staff and visitors:

- New fire floor plans that had been drawn up by a fire specialist had not been displayed in the centre.
- A complete set of fire compartment floor plans were required on each floor to guide staff in an emergency situation.
- One bedroom fire door did not close fully.

Outstanding fire actions from the last inspection included:

- The installation of appropriate ironmongery to doors.
- The installation of additional fire door to the bottom of stairwell on the ground floor to ensure the lobby was protected.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were safe processes in place for the handling, storage administration and disposal of medicines in accordance with current professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

- A wound care plan for one resident to show the current treatment being given.
- Another residents care plan for the use of bedrails, had not been updated with current restrictive practice being used which was a bed alarm.
- Care plans for another resident were not developed within 48 hours of admission.

Judgment: Substantially compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector said they felt safe and protected while living in the centre and that their rights were respected.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sally Park Nursing Home OSV-0005565

Inspection ID: MON-0034113

Date of inspection: 02/09/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The seven staff whereby their Manual handling training was out of date has been completed and there is a program in place to ensure that staff have refresher training before the training expires.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The layout of Rota has been improved to add full names (not just Christian Names) and job role.</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>Infection control audits have been made more robust and are being undertaken monthly. The Covid 19 plan had been updated but the newer version had not been printed, the management team and staff were aware of the few changes that were made in the plan,</p>	

<p>the most up to date plan has since been printed.</p> <p>The annual review was updated and was sent to the inspector the following day. The PIC has scheduled time to ensure the annual review is updated to reflect the centre.</p>	
<p>Regulation 24: Contract for the provision of services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care have been updated to improve clarity of bed offered to the resident.</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The odour detected was from a drain, this is now flushed daily rather than just weekly (as per the little used outlet flushing regime) 2. There is a loan ready to draw down when planning is approved, to enhance and decorate the facility in totality. (the loan is linked to planning and will not be released until the planning is granted. SDCC have requested some more time to look at the application) 3. The armchairs that could not be cleaned effectively have been removed and replaced. 4. As per point 2, there have been some improvements made to same by the maintenance operative but the large scale works are linked to the planning. 	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff have been reminded to not wear stoned rings, nail polish and wrist watches. All staff have been reminded and shown the seven steps of hand hygiene.</p> <p>Additional alcohol gel has been placed in the sluice room and is checked daily.</p>	

Splashbacks have been added to the wall behind the sink in the laundry and staff area.

Floor brushes have been replaced.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The floor plans that were drawn up are now displayed in the centre.
2. Floor compartment plans are included in the floor plans above.
3. All bedroom doors are checked daily and if there is any anomaly with the doors this is repaired on the day (as on the day of the inspection).
4. Outstanding fire Actions – replace all ironmongery to all doors, the installation of an additional fire door in lobby will be undertaken when the loan is able to be drawn down as per Regulation 17.

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:

The wound plan that was noted to be non compliant has been updated.

The Care plan for the use of bed rails is reflecting current practice

One resident's new care plan was not compliant with 48 hours, all nurses have been spoken with in relation to same and are aware that initial care plans should be written up within 48 hours of admission.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	09/09/2021
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.	Substantially Compliant	Yellow	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/09/2021
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	21/09/2021

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	03/09/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	10/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	16/09/2021

	infections published by the Authority are implemented by staff.			
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.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	14/10/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	03/09/2021
Regulation 5(3)	The person in	Substantially	Yellow	10/09/2021

	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.	Compliant		
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