



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

Issued by the Chief Inspector

Name of designated centre:	TLC Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0038786

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	132
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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 29 March 2023	10:20hrs to 17:30hrs	Sheila McKeivitt	Lead
Wednesday 29 March 2023	10:20hrs to 17:30hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents on each of the three floors. The feedback received from residents and observations made varied on each floor. The feedback was mixed, some negative and some positive, a synopsis of which is reflected below.

Residents said the food was nice, however a number of residents reported that hot food was sometimes served to them cold. Inspectors observed food being served to residents from unheated trolleys. Heated food trolleys referred to in the last compliance plan report had not been sourced. Other residents told inspectors that they felt there was a long time between when they were served supper usually at 4pm and when they got cup of tea and biscuit at 8pm. One resident said that they didn't always get the cup of tea at 8pm.

A small number of residents told inspectors that the tea served after lunch was always cold when they received it. Inspectors observed staff making tea in a large plastic water jug, pouring it all out into several cups and then one by one serving it to residents, hence it was cold by the time some residents received it. Staff explained that they did not have a large teapot and therefore used the water jug. The practice was not safe.

Residents told inspectors that the staff were lovely, describing them as extremely kind but went on to say there was never enough of them on duty. Residents explained that they often had to wait for their call bell to be answered, and one resident said it could be up to an hour wait. Inspectors observed a shortage of staff on some floors of the centre.

One resident sitting in one of main sitting rooms reported to the inspectors that they felt cold, staff proceeded to get this resident a blanket. Inspectors observed that another resident was cold to touch on their upper arm. This resident had maximum dependency needs and was wearing a t-shirt which was not appropriate for the time of year or room temperature on the day of inspection. Staff were requested to review the resident's clothing and the resident was taken to their bedroom and dressed in more appropriate long sleeved warm clothing.

Inspectors noted that a large number of residents in this sitting room were assessed as of maximum dependency. These residents were not well-groomed, a lack of detailed attention to their hygiene needs and the manner in how they were dressed was evident. The inspectors observed that the supervision of staff on two floors of the centre was not adequate on the day of this inspection.

Inspectors viewed the premises and saw that residents' bedrooms were personalised and were bright and airy. The wide corridors with hand rails enabled residents to mobilise safely. However, the inspectors observed that the premises were not clean in several areas. For example, the carpet in one sitting room and furniture was

heavily stained. The floor in two of dining rooms were dirty and were not cleaned following lunch. Some furniture was identified as worn and therefore it was not possible to clean them thoroughly.

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

Capacity and capability

Overall, the management of this centre required strengthening. There was an absence of effective oversight of practices. Although, some areas of improvement were noted in regulations inspected against on the last inspection, in particular the safeguarding of residents, other regulations reviewed were found to be non-compliant.

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

The systems in place did not assure inspectors that the service provided was safe, appropriate, consistent and effectively monitored. The established management system in place was not effective in ensuring the over sight of all practices. In the absence an effective system, the areas of non-compliance found on this inspection had not been identified by the management team and had led to a less than satisfactory quality of care being delivered to residents.

The inspectors found that although the managerial resources had increased since the last inspection with an additional assistant director of nursing being employed, the supervision in some areas was not adequate to ensure clinical practices were safe. There was no clinical nurse manager available to supervise practices on the first or second floor and the qualified staff on duty were not identifying poor practices in a timely manner.

The allocation of staff, on the first floor required review to ensure adequate supervision was in place for all residents. Inspectors noted the prolonged ringing of call bells on this floor and noted this was having a negative impact on the effective delivery of high quality nursing care to residents.

A small number of staff employed in the centre did not refresher mandatory training completed. This number ranged from 6-10% of staff which was a noted improvement from the previous inspection in December 2022.

Overall, all the documents reviewed met the legislative requirements. Records such as individual investigations of each reported incident of abuse were readily available for review. In addition, an audit of these incidents was submitted post this inspection. This audit assured inspectors that the reported alleged incidents of abuse were investigated in line with the centres own policy. However, other records such as resident transfer and discharge documents did not meet the legislative requirements.

Regulation 15: Staffing

The staffing number and skill mix of staff was appropriate to meet the needs of the 131 residents living in the nursing home.

The allocation of staff require review to ensure that residents, in particular maximum dependent residents were receiving a high standard of nursing care.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A small number of staff employed in the centre required refresher mandatory training, however they were scheduled to attend this training in the near future.

The inspectors were not assured that there was an appropriate level of supervision of the delivery of care to residents. There was no clinical nurse manager available to supervise practices on the first or second floor on the day of inspection and the qualified staff on duty were not identifying poor practices in a timely manner.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure the service was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. For example, appropriate equipment such as hot boxes for food delivery were not available.

Management systems to ensure the service was safe, consistent and appropriately monitored were not effective.

The following issues were identified:

The service oversight required strengthening particularly in relation to nursing documentation. For example, the recent audits completed in relation to the nursing documentation had not picked up on the findings identified on this inspection.

Issues identified on previous inspections had not been addressed or effectively mitigated. For example recurrent non-compliance in respect infection prevention and control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their representative. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been informed of all incidents which occurred in the centre within the required time frame.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more

than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors found that policies were being implemented in practice. In particular, inspectors noted that the safeguarding policies were being implemented in practice. An audit of the policies implementation was in the process of being conducted at the time of the inspection and was due for completion within one week.

Judgment: Compliant

Quality and safety

Some improvements were observed in relation to the quality and safety of care provided in relation to protection. However, further improvements were required in relation to residents care and welfare.

The premises were found to be generally unclean. Flooring required cleaning particularly on the ground floor where stains and food debris was found. Furniture was found to be frayed or torn in particular on chairs and couches for residents use. The sinks in the sluice room required cleaning. There were two doors that led out into a safe outdoor area for residents. One door was key pad locked which restricted the residents' movement.

In relation to infection prevention and control there were on-going concerns since the previous inspection that had still not been appropriately managed. The person in charge informed that inspectors that there had been a delay in the clinical hand washing sinks being installed and that they were due to be installed the following week. There were single use dressing packs open in both treatment rooms which

posed a cross-infection risk to residents. Four staff members were seen to be wearing face masks incorrectly and this was pointed out to the person in charge on the day of the inspection.

Meal times were observed in two dining rooms by the inspectors. One staff member was seen to reheat a dinner as it was reported as 'too cold' by a resident. There was a trolley used to serve meals to residents in their bedrooms. This trolley was not one that could maintain the heat of the food and was fully open on one side. These meals could not be kept warm and were observed by the inspectors to be left in the corridor for over 10 minutes. The staff had a copy of dietary requirements for residents. These dietary requirements were not what the dietitian or speech and language had advised.

Residents' care plan and assessments did not guide practice. There was an assessment completed prior to a resident's admission which did not identify the health and social care needs of the resident. The care staff were asked by the inspectors about the residents they were caring for and the residents' needs. Although the care staff showed care and compassion in their role they were not aware of the residents' care plan and each resident's identified needs.

The inspectors requested to view a copy of three residents' transfer documents following admission to the acute hospital. This could not be located and the person in charge informed the inspectors that this was due to an issue with the computerised system in the centre.

Regulation 17: Premises

The premises were found to not conform to the matters set out in Schedule 6, for example:

- Flooring and furniture were not clean in many areas
- Restricted access to the external grounds
- Inappropriate storage in the sluice rooms
- Seating for residents required repair

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with food and drink which was not properly served, for example;

- Meals were seen to be re-heated in the microwave
- Four meals on one trolley were left on the corridor in a non-heated trolley

- before being served to residents
- The dietary needs of residents as prescribed by health care and dietetic staff were not in line with the residents care plan or the prescribed advice.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

When a resident required transfer to another facility or hospital, there was no evidence that all the relevant information about the resident was provided to the receiving hospital. Three residents had been transferred to the acute hospital and no record of the transfer letter could be found.

Judgment: Not compliant

Regulation 27: Infection control

There were repeated issues which had the potential to impact on infection prevention and control measures identified during the course of the inspection. For example:

- Clinical hand wash sinks did not comply with HBN-10 specifications as pointed out in the previous inspection.
- There were two incidents where open packets of wound dressings were observed in a treatment room.
- Storage practices were not appropriate. The general store room was found to have 14 mattresses stacked on the floor which did not provide for adequate cleaning.
- The general environmental was not clean. The sinks in the sluice rooms were not clean.
- Equipment stored in various rooms was not always clean and a number of rooms such as sluice and treatment rooms contained a mix of clean and dirty items. The sluice rooms were found to have inappropriate storage such as a suitcase, drinks bottles and cling film.
- Four staff members were observed to be wearing face masks inappropriately.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There was no evidence that a comprehensive assessment by an appropriate health care professional had been completed prior to a resident being admitted to the designated centre.

The person in charge had prepared a care plan for the resident's needs. However, these care plans were not implemented and did not guide practice. For example:

- One resident's nutritional care plan stated to give biscuits and custard as snack, although it also stated the resident was a diabetic.
- Another nutritional care plan stated the consistency of the food should be level 7, although further down the care plan it stated level 4. This conflicting information posed a risk to the resident.
- A care plan for the repositioning of a resident stated the resident should be in the Fowler's position (semi-sitting) but this maximum dependant resident was lying flat and staff were unaware of the position the resident should be.

Judgment: Not compliant

Regulation 8: Protection

The inspectors found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse and it was being implemented in practice. The inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for TLC Carton OSV-0005800

Inspection ID: MON-0038786

Date of inspection: 29/03/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection, a comprehensive review of staffing has been carried out to ensure that the number and skill mix of staff on duty is commensurate with meeting the assessed needs and dependencies of the residents, the time of day, the number of residents and the layout of the centre. Staffing is reviewed weekly by the PIC with the PPIM to ensure that staff are rostered appropriately and in accordance with the outcome of the review.</p> <p>Recruitment is ongoing by way of forward planning and in anticipation of staff attrition, a number of full and part time nurses and carers have been recruited since the date of inspection.</p>	
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: TLC Carton has a monthly training calendar that reflects the ongoing learning and training needs of all staff. Staff competency on all aspects of training is reviewed through observation of care practices, audits, and routine fire drills as applicable. Newly recruited staff complete mandatory training prior to commencing employment and all staff complete initial and updated mandatory and other training on an ongoing basis. Training needs are analysed monthly in the Clinical Governance meeting as well as locally through weekly Heads of Department meetings. A weekly overview by the PPIM of mandatory training reports by the PIC is in place to ensure compliance with mandatory training.</p> <p>Following the inspection, the Deputy Director of Nursing and Assistant Directors of</p>	

Nursing have been assigned designated units within the centre to maximise the supervision and oversight of care practices. A named CNM, allocated to each clinical unit supervises the staff nurses and each floor has a named Senior Healthcare Assistant who supervises and supports HCAs. A senior nurse-in-charge is available on night shifts.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

A review of hotboxes is currently underway and is expected to be completed by end of June 2023. In the interim, a change in practice was implemented that ensures residents meals are directly delivered to their rooms from the kitchen.

A new suite of audits has been introduced that includes person-centred care planning. The new suite of audits is overseen by the PIC and are discussed monthly at governance meetings.

Installation of hand wash sinks with HBN-10 specification was completed since 24.04.2023 and a named IPC link per clinical unit has been identified to ensure compliance with infection prevention and control. This person will also complete the new IPC Checklist daily which includes single-use dressings, incontinence wear etc.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

Steam cleaning of furniture and a deep clean of flooring was performed by the housekeeping team immediately post inspection. A refurbishment/maintenance plan has been developed in coordination with the facilities team to ensure seating is repaired/replaced as required in a timely manner. Items inappropriately stored in the sluice and other rooms have been removed. A review is ongoing (to be complete by 30 June 2023) into the access arrangements to the external grounds and immediate environs of the centre to best promote residents access.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A review of hotboxes is currently underway and is expected to be complete by end of June 2023. In the interim, a change in practice was implemented that ensures residents meals are directly delivered to their rooms from the kitchen. A review of mealtimes is also in progress to enhance the dining experience.</p> <p>Resident care plans are reviewed using the new suite of audits to ensure holistic and appropriate care is provided for each resident including their dietary needs. These audits are overseen by the PIC and reviewed monthly during governance meetings with the Regional Director. The menu has been reviewed by a dietician to ensure the food provided meets the dietary needs of residents living in the designated centre.</p>	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>A local standard operating procedure has been introduced that ensures copies of the National Transfer Documents are scanned and uploaded to the resident's electronic medical record.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All clinical staff have been directed to dispose of opened dressings pack immediately following use and ongoing training and monitoring is in place that ensures adherence with this directive.</p> <p>Immediately following the inspection, a programme of deep and steam cleaning was completed to address the issues identified on inspection and a weekly environmental audit in place ensures the centre remains clean.</p> <p>All items inappropriately stored in sluice and other rooms have been removed and the use of "I Am Clean" stickers ensures equipment is clean when ready to be used.</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care plans identified at the time of inspection as non-compliant were reviewed and revised to reflect latest MDT recommendations and to ensure that the assessed needs of each resident was reflected in the care prescribed. These residents have been re-referred to relevant health and social professionals where indicated. Scheduled and regular MDT review is also in place and recommendations are reflected in the resident's care plans.</p>	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 18(1)(c)(i)	The person in charge shall	Not Compliant	Orange	30/06/2023

	ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	30/06/2023
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2023

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	30/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2023
Regulation 5(2)	The person in	Substantially	Yellow	30/06/2023

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Compliant		
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/06/2023