



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

## Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale ( Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home
Address of centre:	Rosedale, Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0037158

## About the designated centre

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

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 13 single bedrooms with hand-wash basins and two bedrooms have en-suite shower and toilet facilities, a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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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 5 October 2022	09:10hrs to 14:30hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

The inspector observed that residents were supported to enjoy a good quality of life by a team of staff who were observed to be kind, polite and caring. There was a friendly and relaxed atmosphere throughout the centre. The overall feedback from residents who spoke with the inspector was that they enjoyed living in this centre, where they could go about their daily lives as they so wished, under the guidance and support of management and staff.

The inspector was met in the morning by the senior carer on duty, who was also deputising in the absence of the person in charge. Following an introductory meeting, the inspector walked through the centre and met with the majority of residents who described their experience of living in the centre. Residents told the inspector that life in the centre was "great, as I can do as I please". One resident told the inspector that they had lived here for many years and saw it as their home. Other residents described how the staff made them feel "comfortable and protected". Some residents told the inspector that the best part about living in the centre was that they could walk or drive into town at their leisure.

Residents described how staff provided care and support that respected their dignity and privacy. Residents told the inspector that staff encouraged them to maintain their independence with daily activities such as getting up and dressed but described how staff would always be there should they have a problem. Residents told the inspector that they never had to wait long for assistance from staff. Each resident who spoke to the inspector was forthcoming with their views on the service, and were overwhelmingly positive about their lives in Rosedale Residential. The inspector saw that residents could come and go as they pleased, and saw residents who were leaving for the day telling staff they would be back for tea. Staff told the inspector that they were aware of each resident's usual routine, and specific needs, and that residents would always tell a member of staff when they were leaving the centre.

The inspector observed that the centre was homely and nicely furnished and decorated. There were framed photographs of the founding members of the centre displayed on the walls, and one resident commented that they had brought a great service to Kilmacow, and that this centre was very important to the local community. Residents were observed independently walking around the centre, using the lift and stairs. Appropriately placed handrails were available in every corridor. Throughout the day, residents were observed spending time in their bedrooms, the sitting rooms and the garden. The centre catered for 15 residents in single bedroom accommodation, some with ensuite facilities. There were 13 residents living in the centre on the day of the inspection. There was independent access to all areas of the centre including the courtyard and the gardens to the front and rear of the centre. Residents were seen to go for a walk around the centre to "The Orchard", a large garden area planted with apple trees. There was seating areas around the gardens for residents to rest and relax. Storage areas in the centre had been improved and there was clear segregation of items for resident use, and equipment

such as cleaning supplies and personal protective equipment (PPE). The adjacent day care centre was primarily accessed through the internal courtyard. This area was described to the inspector as a place where visiting occurred and once or twice a week this was used by residents for activities. This area was not as clean as the rest of the centre, although the inspector was informed, and records confirmed, that it was part of the regular cleaning schedule.

Residents were complimentary of their accommodation and they were encouraged to personalise their bedrooms with personal items of significance. Residents were satisfied with the storage facilities provided for their personal possessions. The inspector observed that all residents had call bell access in their bedrooms. Residents' personal clothing was laundered in the centre and residents told the inspector that they were satisfied with this service. The laundry area was observed to be a large facility, however there was exposed wooden shelving which is not suitable as it cannot be effectively cleaned.

The residents' dining experience was observed to be an unhurried occasion. Most residents chose to have their meals in the dining room. Residents were complimentary of the quality and quantity of food they received. Residents told the inspector that the food was excellent and they had no complaints at all. The inspector saw, and residents confirmed, that different menu choices were provided at each meal and if they preferred, the chef could make them something else. Residents could receive visitors in the centre and could go out for extended periods of time, such as weekends at home or with family. Staff told the inspector that they supported residents and their families to continue these trips out as much as possible. Residents could attend religious services locally, and many chose to attend Mass in the centre's own oratory, which was a beautiful and serene area for residents to spend time in prayer. Mass was celebrated by a resident priest each morning, and a local priest also visited regularly.

The following sections of this report detail the findings with regard to the capacity and capability of the provider to govern and manage the centre, and how these arrangements support the quality and safety of the service provided to residents.

## Capacity and capability

This centre operated efficiently, with good systems in place ensuring that residents were supported to maintain their independence and achieve a good quality of life. The centre was adequately resourced and had a history of good compliance with the regulations. Some improvements were required in relation to the overall governance and management of the centre, specifically in relation to the oversight of key areas such as fire safety, the provision of training in the centre and the reporting of notifiable incidents.

Rosedale (Kilmacow) Voluntary Housing Association Limited is the registered provider for Rosedale Residential Centre. There are five company directors and a

voluntary board of management which oversees the operations of the centre. Under section 39 of the Health Act 2004, funding is provided through a service level agreement with the Health Service Executive (HSE). Voluntary fundraising and residents' own contributions supplement the cost of care, support and accommodation. The centre provides care for residents with low to medium dependency levels. A social model of care is promoted in the centre and there is an open-door policy. The person in charge of the centre is a qualified social care professional and has the necessary experience to manage the centre effectively. Oversight of residents' medical and nursing needs is supported by a registered nurse who works 12 hours a week.

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. The person in charge of the centre was on planned leave on the day of the inspection. The senior carer outlined that they were deputising in the absence of the person in charge, as per the arrangements outlined in the centre's statement of purpose. However, the senior carer was not rostered in a supernumerary capacity, as discussed under Regulation 23: Governance and management. On the day of inspection, the administrator, who is a member of the management team, was also off duty. This made it difficult for the inspector to access some of the centre's records. The senior carer made meeting minutes available for review, and these identified that the board of management were actively involved in the running of the centre, and were in communication with the person in charge very regularly, and attended monthly board meetings to discuss all aspects of service provision. The daily running of the centre was supported by a team of care staff, catering, domestic and maintenance workers. Staff meetings were held at regular intervals ensure lines of communication remained clear, and giving opportunities for staff to voice their feedback and opinions on the service and how it could be improved.

The centre's staffing complement was sufficient to meet the assessed needs of the residents. As the residents were a low to medium dependency, there was only one staff member on duty from 10:00pm until 07.30am. There was a policy and procedure in place for lone workers and only staff who were deemed competent to do so worked alone at night. There was an emergency on-call system in place, and staff were trained in first aid, CPR and the management of emergencies, should a serious event occur overnight. Training records were reviewed, and while there was a good level of appropriate training modules in place, for example, moving and handling, fire safety and medication management, gaps in important training such as safeguarding of vulnerable persons was identified, as discussed under Regulation 16: Training and staff development.

A review of the centre's incident and accident records identified that incidents occurring in the centre were well-managed with good analysis and identifications of areas for improvement. There was a low level of serious incidents occurring, nonetheless, records showed that some incidents which required notification to the Chief Inspector, had not been submitted as per the regulatory requirements. Complaints management was good in the centre, and a review of complaints showed that any concerns or complaints were dealt with promptly in line with the

centre's own policy.

### Regulation 16: Training and staff development

A review of the centre's training records identified that not all staff had completed training in fire safety and safeguarding, as required by the regulations. Additionally, one staff member had not completed training in infection control, and a number of staff had last completed this in 2020. It is important that staff have up to date knowledge and skills in relation to the prevention of the spread of infection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were arrangements in place for the management of the service in the absence of the person in charge. Nonetheless, the person deputising on the day of inspection was not rostered in a supernumerary capacity, and was one of the two assigned care staff on duty in the morning. Additionally, this person did not have full access to records required during the inspection, for example, audits and the statement of purpose, therefore these could not be reviewed on the day of inspection.

At the time of inspection, assurances were not provided that the systems in place to ensure oversight of fire safety procedures within the centre were safe, appropriate, consistent and effectively managed, as detailed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of the centre's incident records and fire records found that not all notifications as required under Schedule 4 of the regulations had been submitted. For example:

- Two separate incidents of injuries requiring medical attention had not been notified within the three-day time frame
- Quarterly notification of two residents who had passed away, and of the activation of the fire alarm had not been notified as required

Judgment: Not compliant

### Regulation 34: Complaints procedure

There had been no formal complaints received since the previous inspection. The inspector viewed the record of past complaints and these were seen to have been well managed and included details of the investigation into the complaint, the outcome of the complaint and the satisfaction of the complainant.

The complaints procedure was displayed prominently in the entrance hall and included details of access to independent advocacy services.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the centre was appropriate, having regard for the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

## Quality and safety

There was evidence that residents in the centre were well-supported to live a full and independent life to the best of their capabilities. Management and staff encouraged residents to maintain autonomy in relation to their day-to-day routines and supported a human-rights based approach to the care and support they provided to residents. Residents were consulted with about all aspects of the service. Residents' holistic needs were well met through opportunities for activity and spiritual. Improvements were required in relation to care planning and assessment, infection control and overall fire safety in the centre to ensure best-possible outcomes for residents.

The centre was well laid out to meet the needs of the residents, with adequate communal space and bedroom accommodation. All areas were found to be well-lit, warm and comfortably furnished for residents. The décor in the centre was well-maintained and there was a continued programme of maintenance and decorative improvements. A new passenger lift had been installed which aided residents to

move more freely between the two floors of the centre.

It was evident that staff knew the residents well, and were knowledgeable about their individual support and care requirements. Pre-admission documentation showed that evidence-based clinical and social assessments were conducted, to ensure that the centre could meet the needs of the residents. A review of residents' care plans and assessments showed that these were, for the most part, completed to a high level of personalisation and contained sufficient detail to guide the care of each resident. These were seen to be regularly updated with any changing needs. Nonetheless, there was evidence that not all residents had such plans in place following their admission, as discussed under Regulation 5: Individual care plan and assessment.

Residents continued to have good access to their General Practitioner (GP) and a range of additional services dependent on their needs, for example; ophthalmology, chiropody and dietetic services. Records showed that residents were supported to access these services via a referral system by the GP, and residents and their families were assisted in making and attending appointments as necessary. Health and well-being was promoted and residents were supported to access services such as counselling and smoking cessation if required. There was a once- weekly group exercise class on offer for all residents who chose to participate.

The provider had implemented and maintained adequate infection control procedures and protocols to minimise the spread of infection. The centre had remained free from an outbreak of COVID-19 for the duration of the pandemic. There had been one recent case of COVID-19 among residents, and this had been well-managed by management and staff to ensure no further spread throughout the centre. The centre's COVID-19 contingency plan had been implemented, and the centre liaised with the Public Health department and local infection control nurses to aid in the management of this isolated case. Some areas for further improvement are detailed under Regulation 27: Infection Control.

Some aspects of fire safety in the centre were well-managed. There was fire evacuation maps throughout, and a log of daily and weekly checks of means of escape and firefighting equipment was maintained. Each resident had a personal emergency evacuation plan and these were updated regularly, detailing the method of evacuation and the level of assistance required. Nonetheless, fire safety risks remained, and these are detailed under Regulation 28: Fire precautions.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. The person in charge met with each resident individually and sought feedback on areas of service provision including satisfaction with laundry, food and heating. Residents were encouraged to voice their opinions of the activities on offer and their level of freedom and decision making in the centre. Residents were asked if they felt safe in the centre. The review of this documentation provided evidence that residents were generally very satisfied with the overall service provided to them, and were happy and safe in the centre.

## Regulation 11: Visits

The registered provider had made appropriate arrangements for residents to receive visitors, in an unrestricted manner in line with the requirements of the regulation.

Judgment: Compliant

## Regulation 17: Premises

The overall premises met the individual and collective needs of the residents and was maintained in a satisfactory state of repair. There was adequate sitting, recreational and dining space made available for residents to use. The garden areas were well maintained and freely accessible to residents

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were provided with adequate quantities of wholesome and nutritious food and drink which were properly and safely prepared, cooked and served. Residents had a choice of menu at meal times and could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

Judgment: Compliant

## Regulation 27: Infection control

Overall, there was good oversight of infection prevention and control practices, in line with the national standards. Notwithstanding the good practices seen on the day, the inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- The provision of clinical hand washing facilities in the centre were less than optimal, and none of the hand hygiene sinks throughout the centre were compliant with current recommended specifications.

- The adjacent day care centre was untidy on the day of inspection, and the floor was dirty. This area was used for visiting, and for resident activities.
- There was exposed wooden shelving in the laundry. This surface hindered effective cleaning and decontamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28: Fire precautions. This was evidenced by a review of the fire safety systems in the centre, which found that there was not adequate arrangements in place to ensure that persons working in the centre were aware of the procedure to be followed in the event of a fire. For example:

- No simulated fire drills had been carried out since the previous inspection in July 2021. The person in charge had carried out scenario-based sessions with staff, which consisted of talking through potential fire scenarios. While this is good practice; regular, timed, evacuation drills are required to ensure all staff are competent in evacuation procedures. This is particularly important as the centre has only one staff member at night, and the centre is laid out over two floors. This was a repeat finding from the inspections in July 2021 and September 2020.

It was also found which found that there was not adequate arrangements in place for fully containing a fire in the event of an outbreak of fire in the centre. For example:

- A fire door was being propped open by a table
- There were some fire doors with large gaps between the bottom of the fire door and the floor.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of residents' documentation identified that one resident did not have a comprehensive care plan prepared on admission to the centre. There was no documented plan in place despite the resident being admitted some weeks previously.

Additionally, there was no individual risk assessment in place for a resident who smoked.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported by staff to access to their GP and a team of social and healthcare professionals, such as physiotherapist, dietitian, and community mental health services. A review of records found that treatment plans by these professionals were incorporated into resident care plans, which were seen to improve resident outcomes.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines, could communicate freely and had access to individual copies of local newspapers, radios, telephones and television.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. There was one scheduled activity each day, and residents could participate in this if they so chose, otherwise they could spend the day as they wished.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 15: Staffing	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rosedale Residential Home OSV-0000740

Inspection ID: MON-0037158

Date of inspection: 05/10/2022

## 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>Fire training for all staff is scheduled for 02/12/2022. All staff have been informed of their relevant overdue training and have been given a timescale for the completion of same. This will be monitored. A quarterly training matrix review is being carried out to ensure all staff are up to date with training and that mandatory training requirements for all staff are met and updated on an ongoing basis.</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 registered provider and PIC intend to always comply with their obligations and are fully committed to always ensure the delivery of safe and effective care to its residents. They are also fully cognizant of the necessity of providing a safe service to the residents residing in the centre. For any future planned leave of the PIC, the deputy PIC will be rostered in a supernumerary capacity and will have full access to all records required.</p>	
Regulation 31: Notification of incidents	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications will be submitted by the PIC to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident and will be followed up with further information as requested. The Chief Inspector shall be notified within 3 working days of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre and the circumstances and cause of death when established.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Alcohol hand gels are readily available throughout the centre to promote good hand hygiene. A review of clinical hand wash sinks is being done and this will inform the number and appropriate siting of clinical sinks in the centre. We aim to have this completed by February 2023 depending on availability of appropriate hardware.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire doors identified during the inspection have been reviewed with corrective actions determined. Smoking risk assessments have been completed and will be reviewed as required or every 3 months at a minimum.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents will be involved in the development of their pre-admission and comprehensive assessments and care plans in a timely manner following admissions. A review of person centred care plans will take place on a regular basis to ensure that the</p>	

provider meets the needs of the resident, in so far as reasonably practicable and that any identified specific supports necessary for the resident to maximise their quality of life are available. The provider will ensure that where a residents status changes, assessments and care plans are updated accordingly.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/12/2022
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	Substantially Compliant	Yellow	28/02/2023

	staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	02/12/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	15/11/2022
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.	Not Compliant	Orange	15/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	15/11/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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