



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Announced
Date of inspection:	26 July 2023
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0040499

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath in County Meath. The two-storey premises was originally built in the 1820s and is located in landscaped gardens. It now provides accommodation to 60 male and female residents over 18 years of age. Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for. Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have en-suite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including sitting, dining and recreational facilities and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor. The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity coordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 July 2023	09:20hrs to 16:45hrs	Sheila McKeivitt	Lead
Wednesday 26 July 2023	09:20hrs to 16:45hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Overall inspectors observed a relaxed and happy environment. Residents told inspectors they were extremely satisfied with the care they received and they felt supported to lead a good quality of life in the centre.

Inspectors walked around the centre with the person in charge and spoke with residents as they went about their daily lives. From interactions with residents and observations made on the day, it was evident that residents were happy living in Ratoath Manor and that it was a homely and comfortable place to live.

The premises was clean and tidy with corridors free from clutter. Inspectors observed that many areas of the centre had been refurbished and overall significant improvements to the environment both internally and externally for the benefit of the residents.

Residents had access to a timetable of activities which were being facilitated by a team of trained activity staff, seven days a week. Inspectors observed residents engaged in a number of activities including the screening of old movies, ball games and live music. Residents said the choice of activities was really good and they enjoyed the variety of activities provided. Inspectors noted a great buzz especially during the live music, residents were engaged, appeared to be having fun and were being facilitated to dance to the beat with the assistance of staff. Residents confirmed they had access to communal daily and weekly newspapers, which some residents were seen reading throughout the inspection.

Residents stated that they loved the garden and getting out of the centre. One resident said they really enjoyed the recent outing to the cinema and another said they enjoyed their trip to Dáil Éireann. Residents told inspectors they were looking forward to the planned summer party and said they loved the barbecues they had when the weather was good. They said they were grateful to have such a large accessible and practically located garden, which they were facilitated to enjoy as they pleased. Inspectors observed that preparations were underway for the Candy themed summer party and residents were baking cakes in preparation for it.

Residents spoken with were positive about the way they were looked after and the efforts that staff made to ensure that they had everything they needed. A comfortable familiarity was seen to exist between residents and members of staff.

Those residents with higher dependency needs and who could not talk with inspectors, appeared comfortable and did not show any signs of anxiety or distress. Inspectors spoke with numerous visitors and relatives, including some relatives visiting residents who were at the end of their lives; they said they were extremely satisfied with the standard of care delivered to their loved ones and said that staff kept them informed of their progress. They also said they were facilitated to stay

with the resident which they were grateful for.

There were no restrictions on visitors, which visitors were happy about. They said they signed the visitors book on entry into the centre and explained how they could visit their loved one in the privacy of their bedroom, the sitting room or in the visitors room. The inspectors spoke with visitors, who all praised the care, services and staff that supported their relatives to enjoy a good quality of life in the centre. None of the visitors spoken expressed any concerns and were very complimentary about the service.

Residents and their relatives said the laundry service was excellent. They said their clothes were always returned clean and fresh and in a prompt manner. They confirmed they had adequate storage for their personal belongings including a lockable storage area within their personal private space. The inspectors viewed the laundry and reviewed the processes in place and noted the improvements made including the additional wash hand sink and sealed floor.

Residents had access to independent advocacy services and the inspectors observed the advocate facilitating a residents' meeting on the day of inspection. Inspectors observed that residents were empowered to raise any concerns they might have and residents who communicated with inspectors confirmed that their feedback was appropriately responded to. Feedback from residents was documented and records from previous meetings showed that follow up actions were implemented that addressed residents' issues.

Inspectors observed that the service of food had also improved, each dining table was laid in a homely manner with condiments accessible to residents. Inspectors observed that residents' independence could be promoted further by some subtle changes, such as access to sauce bowls on each table.

Residents reported that they currently had no complaints and that when they had, they reported them and they got dealt with promptly to their satisfaction.

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

This was an announced inspection. It was planned following the receipt of representation from the registered provider in relation to restrictive conditions which the Chief Inspector of Social Services had attached to the notice of proposed decision to renew the registration of Rathoath Manor Nursing Home. The centre did not have a good history of regulatory compliance and therefore the inspectors focused on the governance and management arrangements and the systems in

place to oversee the service.

Overall inspectors found improvements in all areas and that the governance and management arrangements in place had been strengthened and were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. The services were delivered by a well-organised team of trained competent staff.

The inspectors found that the provider had been responsive to the findings of the last inspection and had addressed many of the non-compliances found on the previous four inspections. However, this inspection identified that some further improvements were required under four regulations these included infection prevention and control, premises, individualised assessment and care plan and medicines and pharmaceutical services.

Ratoath Manor Nursing Home Limited is the registered provider of Ratoath Manor Nursing Home. The senior management structure consisted of the registered provider representative (RPR) and person in charge (PIC). A number of other management supports were available within the centre and also as part of the wider group structure Silver Stream Healthcare Group, including human resources, health and finance management supports. At operational level, within the centre there were clinical and administrative supports to the person in charge including an assistant director of nursing, a clinical nurse manager and administration personnel.

A continuous monitoring system to review the delivery of services provided had been established. This included regular reviews of clinical care and risk indicators such as accidents or incidents, use of restrictive practices, skin integrity, nutritional status, and rates of infection. It also included oversight of infection prevention and control practices, the environment and areas within the human resources departments. Inspectors found that some improvements were required to the audit tools used within this system to ensure it captured every aspect of care been delivered.

In summary, although inspectors were assured that the governance in the centre was good, some further improvements to the level of oversight were required in order to ensure more robust processes were implemented, to manage and evaluate both clinical and non-clinical risks.

Staffing was adequate to meet the needs of residents. There was evidence of contingency measures to meet planned and unplanned absences and that where these occurred staff were usually replaced.

Staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety. Training records showed good levels of staff compliance with mandatory training requirements and also included training to enable staff deliver person-centred care such as safeguarding adults at risk, wound care and dementia care.

A review of a sample staff records showed that recruitment procedures were in line

with employment and equality legislation including appropriate An Garda Síochána (police) vetting disclosures prior to commencing employment.

An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2021 and 2022. The report contained evidence of consultation with residents and their families.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management.

There was good supervision of staff.

Judgment: Compliant

Regulation 21: Records

Records requested for review were provided to the inspectors. All care documents were accessible and stored securely. The inspectors saw from the sample of staff files reviewed contained all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The oversight of practice in a small number of areas required to be strengthened,

including medication administration and storage practices, maintenance of the interior of the building and provision of facilities for effective hand-washing. The requirement for clinical hand washing sinks of appropriate specifications had been an outstanding action over the last four inspections.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service that was provided in the centre. This was made available for the inspectors to review.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had given written notice to the Chief Inspector of the planned absence of the person in charge for a period of more than 28 days. This notice included the expected length of the absence and the expected dates of departure and return of the person in charge.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The register provider had given notice of the absence of the person in charge, the notice included the procedures and arrangements put in place for the management of the centre during the planned absence of the person in charge.

Judgment: Compliant

Quality and safety

Significant improvements to the quality and safety of care provided to residents were found on this inspection. Inspectors found that residents' health, social care

and spiritual needs were well catered for. Although a lot of improvements had been made in relation to premises, infection control practices, and meeting the health and social care needs of residents, further improvements actions were required in relation to infection control practices, premises, residents' care plans and medication management.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. There was an independent advocate accessible to residents.

Inspectors reviewed a sample of resident's records and saw that residents were assessed using a variety of validated tools. This was completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required. However, improvements in the level of detail in some care plans was required to ensure they were detailed enough to guide staff and reflected the care provided. There was evidence that residents were consulted with in respect of their care planning reviews.

End of life care plans were completed for those at this stage of their life and these plans were implemented in practice. There was evidence of resident and family involvement.

Improvements in infection control practices were implemented further to the last inspection. The inspectors observed good hand hygiene practices using hand sanitisers. However, these processes did not go far enough to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Inspectors observed that clinical wash hand sinks were not accessible to staff. They had not been installed since the last inspection.

The premises were appropriate to the number and needs of the residents and were in accordance with the centre's statement of purpose. It was well laid out to enable orientation and independence, such as space for residents to walk around freely, good lighting, safe floor coverings and handrails along both sides of the corridors. The centre was well lit, heated and ventilated throughout. Windows were fitted with restrictors. Overall, the centre was maintained in a good state of repair, with a small number of issues identified under Regulation 17; Premises which were identified as requiring further attention.

Residents had access to an adequate amount of storage for their personal belongings including a lockable storage area for personal items.

Lots of improvements had been made in relation to medication management, in particular around the safe storage and administration of medication. Inspectors also noted that the oversight of medication management had been strengthened. However, further strengthening of these processes was required to facilitate full compliance with Regulation 29; Medicines and pharmaceutical services.

Regulation 12: Personal possessions

Residents had access to facilities to enable them to maintain control of their personal possessions in a safe and secure place. They had access to a laundry service which provided a service that met their needs. They had adequate space to store their clothes in their personal private space.

Judgment: Compliant

Regulation 13: End of life

Residents received a good standard of end of life care. They had access to the local palliative care team and those receiving palliative care had the required medication prescribed to ensure their pain was kept under control and all comfort measures were in place. Residents had access to religious and social services to meet their needs when progressing to the end of their life.

There was evidence that the residents' families were kept informed of their condition.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified that required further action to ensure the premises conformed to Schedule 6 requirements:

Ensuring the premises were in a good state of repair and up-keep internally. For example;

- The wall of the ensuite in bedroom 11 required repair.
- The wall of bedroom 1 required further upgrading.
- The installation of screening in twin bedroom 21 needed to be completed to ensure the privacy of residents was facilitated.
- The bathroom on the ground floor remained out of order, this issue had not been resolved since the last inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they want. The service of food was good, residents had a choice at each mealtime. The food served was found to be in accordance with the residents assessed needs.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in the following areas:

There were no clinical hand wash sinks installed in the centre, therefore, staff did not have access to clinical hand wash sinks in line with best practice and national guidelines, to facilitate them to perform hand hygiene effectively.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The following gaps were identified in respect of storage, prescribing and administration of medicines:

- One resident was receiving oxygen, however, this had not been prescribed by their general practitioner.
- Inspectors observed one incident where medications had been signed as administered prior to the resident taking the medications.
- One scheduled medication was not stored in accordance with the centres medication management policy or best best practice guidelines.
- One medication was not stored in accordance to the pharmacist instructions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Gaps were identified in some communication and food and nutritional care plans, from the sample of care plans reviewed. For example the assessed needs of one resident were not reflected in the personalised updated communication care plan and did not reflect the care being provided to this resident. Another resident who had been assessed as in need for a fluid restriction diet, was not being appropriately monitored to ensure adherence to the regimen. Although staff were aware of the requirement for reduced fluid intake, the systems to monitor this were ineffective and a care plan was not in place for this identified need. Fluid monitoring records were poor and did not provide a clear picture of the full amount of liquids taken by the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and allied health care services. Residents' general practitioners (GPs) made site visits on a regular basis and each resident had a medical review completed within a four month time period, or sooner, if required. Residents also had their medications reviewed within a four month time-frame.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and residents were protected from abuse. Staff spoken with were clear about their role to report any concerns as per the policy. Those spoken with confirmed they had completed mandatory safeguarding training and records reviewed assured inspectors that all staff had completed this training.

There was a rigorous recruitment procedure in place. Staff had An Garda Siochana (police) vetting prior to starting work in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as

outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0040499

Date of inspection: 26/07/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full medication review has now been completed, and medication administration coaching and support provided to staff nurse. This was overseen by the PIC and Clinical Support Nurse from RPR team. • A full review of storage completed and will be reviewed on an ongoing basis during the regulatory reviews that take place monthly to ensure compliance. The PIC and their management team complete daily checks to ensure adherence. • The monthly Estates and Facilities review together with the weekly home review will ensure the maintenance of the interior of the building on an ongoing basis. • The Deputy Chief Inspector was informed on the 2nd August that additional handwashing sinks will be installed, at least 1 to every 10 residents, 6 sinks in total, by the 31st December 2023. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The wall of the ensuite in the identified bedroom will be repaired by end of September 2023. • The wall in the identified bedroom will be repaired by the end of September 2023. • The installation screen in the twin room is now in place. 	

- The bathroom on the ground floor will be put back in use following completion of works.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The Deputy Chief Inspector was informed on the 2nd August that additional handwashing sinks will be installed, at least 1 to every 10 residents, 6 sinks in total, by the 31st December 2023.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:

- A full review of all medication kardex's and prescriptions has taken place and any resident requiring oxygen is charted for same.
- A full medication review has now been completed and medication administration coaching and support provided to staff nurses. This was overseen by the PIC and Clinical Support Nurse from RPR team. This is to ensure that no medications are signed prior to a resident taking the medication.
- All medications are now stored in accordance with the homes policy and in accordance with best practice. Verified in completed audits.
- All medications are now stored in accordance with the pharmacist instructions.

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

assessment and care plan:

To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:

- To ensure all care needs are identified and a care plan to guide and support care delivery is in place the PIC/Adon will complete an admission checklist audit is ensuring that all residents admitted into the centre have their comprehensive assessment and care plans are in place. This is being verified by the group clinical governance and compliance team when in the centre and through the ViClarity Care plan audits completed monthly. Thus, ensuring the gaps identified during inspection, including communication, food and nutrition. The recording of the fluid intake of the identified residents is reviewed 4 times daily by nursing staff to ensure correct and guiding information is recorded.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	30/11/2023
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	31/12/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	29/08/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	29/08/2023
Regulation 5(3)	The person in 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.	Substantially Compliant	Yellow	29/08/2023