



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

## Issued by the Chief Inspector

Name of designated centre:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Unlimited Company
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Unannounced
Date of inspection:	08 July 2020
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0029913

## About the designated centre

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

Beaumont Residential Care is a family run designated centre and is located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lift and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed from many aspects of the centre. Beaumont Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	73
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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 8 July 2020	10:00hrs to 16:30hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

The inspector observed interactions of staff and residents and saw that residents were treated with kindness and respect. It was evident that they were familiar and comfortable in each others' presence. Observations demonstrated that staff knew residents' preferences and routines and these were facilitated in a caring manner. Residents were well dressed and appeared comfortable and relaxed in their setting.

Visiting restrictions had lifted in accordance with national policy. Visitors were seen adhering to infection control measures put in place to safeguard people in the centre. For example, there was a large tray at the front door to sanitise footwear prior upon entering the building; temperature checks were completed; there was a large covered container by the front door where couriers could deposit orders and so reduce the necessity for entry into the centre.

The inspector spoke with several residents during the inspection and people were very complimentary regarding the service, staffing and care received. While residents said they were 'tired' of the COVID-19 precautions, they understood the necessity for the restrictions. One resident informed the inspector that she had her first visit from one of her daughter's, and while it was wonderful to see her and looked forward to seeing another daughter next week, she found it heart-wrenching. The last time she saw her family was in March and as this visit was so short, she said she cried all night following the visit. Nonetheless, staff were seen to be attentive to residents' sorrow and needs, and engaged with residents in an empathetic manner.

The main dining room was downstairs. Dining in the dining room had recommenced and residents were observed enjoying their meals there, while some resident chose to remain in their bedrooms. The dining room was segregated to facilitate residents from upstairs and downstairs minimising the possibility of interaction between floors, in line with Health Protection Surveillance Centre (HPSC) guidelines. Healthcare assistants served snacks during the day and provided assistance in a discrete manner. Activities were facilitated in the large day room; one-to-one stimulation was provided in residents' bedrooms. Four residents liked to retire to library after their dinner to read the paper and relax and said they loved that room. Five gentlemen like to retreat to the TV room after dinner to watch sport and they said they enjoyed it there. Another lady liked to sit in one of the smaller sitting rooms by main reception; she said it was a lovely relaxing room and she enjoyed looking out at the garden.

## Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents and provide a service that was resident led. Care was delivered in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service.

The registered provider representative was on site on a daily basis as part of effective governance. The person in charge was supported in her role with clinical nurse managers (CNMs) on day and night duty. The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to deliver care that was resident-led. The administrator supported the services regarding non clinical matters.

Issues identified on the previous inspection had been addressed, for example, an over-arching annual audit schedule was put in place to enable consistent and effective monitoring of the service. While this had commenced, the person in charge highlighted that this was on hold for the last few months to enable and ensure HPSC COVID-19 precautions were established and updated as the HPSC guidance changed. A review of residents' meetings had occurred and these were now being facilitated by the activities co-ordinator; the person in charge reported that they were working well.

A 'COVID' folder was in place which included up-to-date information from Health Services Executive and Health Protection Surveillance Centre (HSE/HPSC). The contingency plan was available with identified roles and responsibilities. This was updated 5 June 2020 and it advised staff that it was a 'working document with information and advice updated almost on a daily basis'. The contingency plan had detailed information relating to staffing, catering and laundry. Four staff had additional training as part of catering contingency planning. External providers were identified for laundry services if the need arose. Outbreak management details including cohorting and isolation protocols. An Ozone generator was available for decontaminating rooms. Four staff had completed training for COVID-19 swabbing. Three staff had training in pronouncement of death in line with the coroners'/HSE guidance. Information such as contact names and details were easily accessible such as the HSE Clinical Support team and Public Health. World Health Organisation (WHO) algorithms associated with hand hygiene, protecting yourself at work and an information sheet regarding safe visiting were available to staff. There was a robust strategy to communicate with families. The Nursing Homes Ireland (NHI) COVID-19 guidance document provided valuable practical information regarding COVID-19 such as suggestions on how to enable communication between families and residents during this difficult time. The NHI COVID-19 preparedness self-assessment was comprehensively completed.

Policies were updated to reflect the impact of COVID 19 such as medication management, admissions, risk management, nutrition, infection control, cleaning and visiting. A risk assessment was undertaken identifying additional risks associated with a possible outbreak and additional control measures required, to mitigate the risks identified.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Training records were maintained to enable ease of access and retrieval, and training for staff was up-to-date. Additional COVID-19 training completed by all staff included good hygiene practices, hand hygiene, signs and symptoms associated with the virus, cough etiquette, donning and doffing personal protective equipment (PPE), and clinical waste. One healthcare assistant was enrolled to undertake train-the-trainer course for infection prevention and control (IP&C) and when that is completed he will be the IP&C lead in the centre.

Daily temperature checks were introduced for staff on 2 April 2020; these records were maintained at main reception where staff recorded their information coming on duty and when leaving. Staff hand-over meetings at change of shift provided a forum for staff to discuss HPSC guidance updates along with discussion on residents' care needs.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

#### Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. As the centre had not experienced an outbreak, there were no staff shortages experienced to date, due to the COVID-19 pandemic.

Judgment: Compliant

#### Regulation 16: Training and staff development

COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, respiratory hygiene and cough etiquette. Additional training was given to household staff regarding COVID-19

related cleaning.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that effective governance and management ensured that proactive action was taken by the registered provider representative and person in charge to minimise the risk of the introduction of and transmission of infection. The inspector found that the provider had a contingency plan and appropriate systems were in place and established, to support staff to respond to an outbreak of COVID-19 and ensure the ongoing care and welfare of the residents. Additional equipment such as oxygen and PPE had been sourced. Contact had been established with the statutory body, public health and clinical support team as part of COVID-19 preparedness strategy. Daily monitoring and oversight was maintained and the inspector found the clinical management team to be informed in an evidence-based way and vigilant in their efforts to protect residents and staff.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notification as required by the regulations were timely submitted to the Office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

Unsolicited information was received by the Authority highlighting poor communication and an ineffective complaints procedure. This was followed up at the time and on inspection. The person in charge demonstrated a robust complaints system with ongoing engagement with families, offering solutions to issues identified.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Staff had access to up-to-date guidance issued by the HPSC and the HSE. Policies were updated to reflect the impact of COVID-19 in areas such as medication management, admissions, risk management, nutrition, infection control, cleaning and visiting.

Judgment: Compliant

## Quality and safety

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. As the pandemic precautions significantly curtailed residents ability to socialise, they had set up whatsapp groups and face-time and an area outdoors and indoors for relatives to safely visit, and see and speak with their relatives. These visits were scheduled to ensure social distancing in line with HPSC guidance.

The minutes of the last residents' meeting was in March where information regarding COVID was relayed to residents. Documentary evidence showed that residents and their families were communicated with very regularly to ensure they were kept abreast of the activities and precautions, and general information about the service and life in the centre during lock-down. The activities programme was reviewed at the start of the pandemic lock-down and again following easing of restrictions. The activities co-ordinator continued to facilitate the one-to-one sessions in residents' bedrooms while other activities were facilitated in the large day room downstairs. The art teacher and external activities group had returned the previous week; the physiotherapist and hairdresser returned this week.

Advance care directives were in place and updated with COVID-19 related decisions and wishes. Consent was sought and signed by residents where possible. Residents had the new adapted COVID 19 care plan in place which provided information and direction to staff regarding care of residents suspected or confirmed COVID 19 and additional information to support safe care for residents with a cognitive impairment. The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure and skin integrity. However, the assessment tool to support restrictive practice did not consider the risk to the resident so decisions made regarding whether to apply restraint sails were subjective. While discussions with staff reflected a holistic approach to care with in-depth knowledge of residents, and care plans reviewed were person-centred, associated risk assessments were either not in place or not comprehensively completed. Care documentation relating to two recent admissions showed that some base-line assessment were not completed to inform or support care planning. In the sample reviewed, care plan documentation was not updated in accordance with the regulations. While advanced care directives were in place for

residents, some residents did not have end-of-life care plans to ensure residents' wishes and preferences.

Residents notes showed that people had timely access to allied health professionals such as speech and language therapy and occupational therapy. Performance-oriented mobility formed part of the fit for life assessment.

While residents had access to specialist services that provided current prescriptions, medication management practice were not in compliance with a high standard of evidence-based nursing care regarding records to be maintained.

Residents had access to the specialist services of a consultant geriatrician. The person charge reported that this was invaluable during the initial stages of COVID-19 lock-down, where advice, recommendations and support were provided regarding medication management which resulted in a much better quality of life for residents.

Residents had menu choice with all meals and the menu changed in accordance with residents' feedback and seasons. Residents had access to speech and language and dietician services. All meals and snacks were now provided by healthcare assistants to ensure residents received food and fluids in accordance with their assessed needs. The risk register in place had been updated with COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned. Prior to the pandemic outbreak, risk management meeting minutes showed that these minutes were convened on a quarterly basis. Since the pandemic outbreak, meetings were held most days with the RPR to discuss on-going updates issued by the HPSC and their application in the centre. Minutes of staff meeting provided updates relating to COVID-19; staff were continually informed of the HPSC guidance updates, as part of outbreak management. These minutes included 'points agreed in addition to previous meetings actions'. The person in charge and the clinical nurse manager (CNM) worked opposite each other to ensure there was management cover over seven days. As part of the staff handover reports, they provided daily updates on HPSC guidance information to staff. At these hand-overs, there was a full debriefing where residents' care and social needs were discussed with specific attention to the impact COVID-19 was having on individual residents psychological well-being.

The premises was homely, warm, comfortable, and communal rooms were beautifully decorated. All areas were easily accessible with two lifts (one on either side of the building) and five stairways. There was piped music in communal rooms for residents enjoyment and this could be controlled in each room in accordance with people's preferences. The large retractable movie screen in the main day room provided a great asset for movie nights. All bedrooms were single rooms with full en suite facilities. Bedrooms had adequate space to accommodate furniture and seating and were decorated in accordance with people's preferences. Most bedrooms also had window seating for residents to relax and enjoy the views.

## Regulation 10: Communication difficulties

The inspector observed that the person in charge was very familiar with residents and they with her; interactions seen demonstrated that staff provided assurances to allay fears and anxieties; distraction techniques observed showed kindness and understanding by staff. Changes in routines and why they were necessary were explained to residents and the person in charge said that the many of residents had a good understanding of the COVID-19 precautions.

Judgment: Compliant

## Regulation 11: Visits

Measures were taken in line with HPSC guidance to protect residents and staff regarding visitors to the centre. Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. Infection control precautions were in place should a visitor enter the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature. The questionnaire included a contact number for the visitor should contact tracing be required. Scheduled 15-minute visits were in place in line with national guidance. A marquee was newly erected with comfortable seating and tables for family members to visit outside and enjoy the fresh air. They had adopted a reasoned and empathetic approach and essential visiting was facilitated including when a resident was at end of life.

Judgment: Compliant

## Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions, including lockable storage space.

Contingency planning for laundry services were included in the COVID-19 planning seen to ensure laundry services continued should an outbreak occur.

Judgment: Compliant

## Regulation 17: Premises

The centre was homely and provided adequate space to meet residents needs. There was a relaxed atmosphere and residents were observed to walk about freely and appeared comfortable in their surroundings. The centre was clean and bright and easily accessible. Residents had access to an enclosed garden patio areas which were easily accessible.

Judgment: Compliant

### Regulation 26: Risk management

The Safety Statement and Risk policy were updated to reflect the COVID-19 pandemic. The risk register in place had COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors.

Judgment: Compliant

### Regulation 27: Infection control

It was evident on arrival at the centre that infection prevention and control measures were in place and the inspector was requested to adhere to these. 'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities and similar units of June 2020' was available for referencing. Ongoing pandemic precautions were discussed and HPSC precautions for suspect or confirmed cases were in place. There were adequate PPE, hand sanitisers and clinical waste bins available.

Viral testing on staff was facilitated and completed on the day of inspection.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The GP attended the centre on a weekly basis to review residents and was contactable by phone as well which provided ongoing medical care support to the centre. While there were prescriptions in place to support medication management, all syringe-driver medicinal products were not dispensed in accordance with the directions of the prescriber. Records relating to syringe-driver administration were not maintained in line with evidence-based best practice.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure and skin integrity. However, the assessment tool to support restrictive practice did not consider the risk to the resident so decisions made regarding whether to apply restraint sails were subjective.

While discussions with staff reflected a holistic approach to care with in-depth knowledge of residents, and care plans reviewed were person-centred, associated risk assessments were either not in place or not comprehensively completed. Care documentation relating to two recent admissions showed that some base-line assessment were not completed to inform or support care planning. In the sample reviewed, care plan documentation was not updated in accordance with the regulations. While advanced care directives were in place for residents, some residents did not have end-of-life care plans to ensure residents' wishes and preferences.

Judgment: Not compliant

### Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that fit-for-life classes, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed.

Judgment: Compliant

### Regulation 8: Protection

The person in charge assured that all appropriate documentation including vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Staff had received specific training in the protection of vulnerable adults and this was up-to-date for all staff.

The inspector observed that residents were relaxed, well dressed and had freedom

of movement

Judgment: Compliant

### Regulation 9: Residents' rights

Copies of letters to families showed that the service was in very regular contact with next-of-kin keeping them updated with all the news and ongoing precautions in place in Beaumont Residential Care. One of the most recent letters had a photograph included of the new marquee erected to facilitate visiting upon the lifting of restrictions.

The activities programme was reviewed when social isolating was introduced and the activities programme changed to facilitate one-to-one socialisation. Following the lifting of visiting restrictions, activities had re-commenced in the main day room, which was set out to ensure social distancing.

Residents meetings were now facilitated by the activities co-ordinator and the person in charge reported that these were working well.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0029913

Date of inspection: 08/07/2020

## 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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:            Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:            We intend to adapt the Kardex currently used by Marymount home care team to record syringe driver medications. This will capture the prescription of driver medication including duration of medication and GPs signature, also Nurse recording record which will include date, time commenced, volume to be infused, and volume infused. It will record syringe driver checks, pump delivery, line undamped, battery level, locked box, time. This document will also include the prescription for all prn syringe driver medication to be signed by GP and record administration of medication by Nursing staff.            This is timetabled for the end of August.            Meantime our existing Kardex will be used to record all administration of medication. Nursing staff have all been advised to document all syringe driver medication methodically with additional description of syringe size and diluent solution. This will now be checked by DON or CNM2 and recorded.</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:            Assessments found not to be completed on the day of inspection for two new residents are now completed. All Nurses have been advised regarding the importance of having up to date care plans including end of life. In order to effectively oversee this, auditing of</p>	

assessment and care plans is timetabled for the beginning of August.  
We are currently sourcing a new assessment tool for restrictive practice which captures the risk to residents. This should be in place no later than August.

## 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 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.	Not Compliant	Orange	14/08/2020
Regulation 5(2)	The person in 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	Not Compliant	Orange	14/08/2020

	immediately before or on the person's admission to a designated centre.			
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.	Not Compliant	Orange	14/08/2020
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	14/08/2020