



**Health  
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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:	Little Flower Nursing Home
Name of provider:	Bridgelynn Limited
Address of centre:	Labane, Ardrahan, Galway
Type of inspection:	Announced
Date of inspection:	17 February 2020
Centre ID:	OSV-0000355
Fieldwork ID:	MON-0023136

## About the designated centre

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

Little Flower nursing home is two storey in design and purpose built. It can accommodate up to 50 residents. It is located in a rural area, close to the village of Labane and many local amenities. Little Flower accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with dementia and Alzheimer's disease, mild to moderate brain injuries, mild intellectual disabilities, post orthopaedic surgery and post operative care. Bedroom accommodation is provided mainly on the ground floor in 14 single and 16 twin bedrooms. There are two single and one twin bedroom located on the first floor, a chair lift is provided between floors. There is a variety of communal day spaces provided including a dining room, day room, conservatory, oratory and large seated reception area. Residents also have access to a secure enclosed garden area.

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

Number of residents on the date of inspection:	45
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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
Monday 17 February 2020	09:00hrs to 19:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

The inspector spoke with approximately 15 residents during this announced inspection. Twelve questionnaires completed by residents in advance of the inspection were also reviewed.

Resident's spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre. One resident described the quality of service as 5\*.

Residents stated that staff were very helpful, kind and caring and how important that this was to them. They stated that they felt safe in the centre and enjoyed the company of others living there.

Residents were complimentary of the quality of foods on offer, stating that there was choice available at every mealtime. Many told the inspector how they loved the bacon ribs which were now on the menu following suggestions raised by residents at the residents committee meetings. The inspector observed that the quality of service during the mealtimes had improved and staff spoken with confirmed that they had made efforts to ensure the service was relaxed, calm and person centered.

Residents confirmed that they received a choice of daily newspapers and many stated that they enjoyed reading them and doing crosswords. Some residents said that they enjoyed reading books which were delivered from the library on a monthly basis.

Others mentioned that they enjoyed the variety of activities taking place. They could choose to partake in activities or not. Many mentioned how they enjoyed playing cards, knitting, playing board games, attending regular music sessions and celebrating birthday parties. Residents told the inspector how they enjoyed being able to attend mass which was celebrated weekly in the centre and reciting the rosary each evening.

During the inspection, the inspector observed that residents were up and about and partaking in a range activities including knitting and crochet, reading newspapers, completing cross words, playing board games, attending 'Sonas' a multi-sensory therapeutic activity for people with dementia and attending a live music and song session.

The inspector observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and read newspapers in their preferred location.

Residents told the the inspector how they had recently voted in house for

the general election.

Many residents spoken with stated that they enjoyed attending the hairdresser who was available one day each week in the centre while others preferred and were supported to attend the hairdresser in the local town.

The inspector observed that residents were relaxed in the company of staff as they interacted and chatted. Many of the residents appeared to enjoy the company of staff.

## Capacity and capability

Overall, a good service was being provided to the residents; however, improvements were still required to ensure effective oversight of nursing and care planning documentation. This is discussed further under the quality and safety of care section of this report.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The person nominated to represent the provider was also the person in charge. She worked full-time and was involved in the day-to-day running of the centre. The person in charge was supported by an assistant director of nursing who deputised in her absence. There was an on call out-of-hours system in place.

The management team knew residents well and knew their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. There were no open complaints at the time of inspection. The management team were positive in attitude and demonstrated a willingness to comply with the regulations.

The management team continued to evaluate its compliance with relevant standards and regulations. There was an audit schedule in place, the results were used to bring about improvements to the service provided. Regular audits and reviews were carried out in relation to medicines management, infection control, falls, health and safety, privacy and dignity and restraints. An annual review of the quality and safety of care was completed for 2019 and an improvement plan was documented. Feedback from residents' committee meetings and resident surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services

and achieve better outcomes for residents

Nursing management were aware of the legal requirement to notify the office of the Chief Inspector regarding incidents and accidents. To date, all relevant incidents had been notified as required by the regulations.

The provider had continued to invest in the premises and staff training. The bedrooms had been redecorated with papered feature walls, coordinating bed linen and curtains. The fire alarm system had been upgraded to provided a fully addressable system.

The management team ensured that safe and effective recruitment practices were in place. Staff had the required skills, experience and competencies to fulfill their roles and responsibilities. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

#### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required qualifications and experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated good clinical knowledge. She knew the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 45 residents, two residents were in hospital at the time of inspection. On the day of inspection the dependency needs of residents were assessed as being four with maximum needs, five with high needs, 14 with medium needs and 22 with low needs. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The person in charge advised that staffing levels were regularly reviewed taking into account residents dependency levels and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed and staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an ongoing basis. Training included specialist training in relation to care of the older person in areas such as nutrition and dementia awareness, behaviour and psychological symptoms of dementia, falls prevention, catheter care, infection control and hand hygiene.

However, the findings on this inspection was that further training was required in relation to care planning and assessment.

The person in charge had completed staff appraisals which were used to inform the training needs of staff. There was a training plan in place for 2020 and further training was scheduled.

Further oversight and supervision was required to monitor nursing documentation. This is discussed further under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While the management team were involved in the day to day operation of the business and maintained oversight of the quality of care received by residents, improvements were still required to ensuring effective oversight of nursing and care planning documentation.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care. They set out the type of room occupied, the fees and additional charges. The person in charge advised that there was a contract in place for each resident.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector reviewed the updated statement of purpose on the day of inspection. It contained the information as set out in schedule 1 of the regulations. The person in charge undertook to submit the updated version to the authority following the inspection.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. There was a complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

There were no open complaints at the time of inspection.

Judgment: Compliant

## Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard.

As discussed under the capacity and capability section of the report, there was still inadequate oversight of nursing and care planning documentation.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. Residents had a choice of doctors. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were full-time activities coordinator employed who had a very good knowledge of residents' preferences and capabilities for recreation. A varied programme of appropriate recreational and stimulating activities was offered. The activities coordinator had received specific training to support the activities programme including 'Sonas' a multi-sensory therapeutic activity for people with dementia. All residents had a meaningful activities assessment completed and 'key to me' which outlined individual residents interests and hobbies.

There was a pre-assessment process for potential residents to ensure that their needs could be met. Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Nursing documentation was maintained on a computerised system. While there was a range of risk assessments and care plans documented for each resident, many inconsistencies and inaccuracies were noted which posed a risk to residents. This is discussed further under Regulation 5: Individual assessment and care plan.

The inspector noted that issues relating to medicines management practices and included in the compliance plan of the last report had largely been addressed. Nursing staff spoken with demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were completed by the pharmacist which indicated good levels of compliance.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Residents told the inspector they felt safe and well looked after living in the centre.

The person in charge advised that they continued to promote a restraint free environment, there were ten residents with bed rails in use at the time of inspection. However, improvements were required to ensuring that documentation to support the use of bed rails was in line with national policy. This is discussed under Regulation 7: Managing behaviour that is challenging.

Residents had access to support and advice from the consultant psychiatrist and community psychiatric team if required. Resident care was observed to be appropriate and well managed. All staff had completed training in dementia care and management of responsive behaviour.

The design and layout of the centre encouraged and aided residents to be independent. Appropriate signage was provided to assist residents in finding their

way around the centre. There was a good variety of communal day spaces which were bright and spacious. The building was found to be well maintained, clean, warm and odour free. Residents had access to a secure courtyard garden area.

Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed in the centre. There was an active residents association in place and they continued to hold meetings on a regular basis. There was evidence that issues raised by residents were followed up by the management staff and used to inform improvements to the service.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

**Regulation 10: Communication difficulties**

Staff were observed to communicate effectively with residents with specific communication issues, the communication needs of residents were set out in their communication care plans.

Judgment: Compliant

**Regulation 17: Premises**

The centre was found to be homely, accessible and provided adequate space to

meet residents needs. The centre was well maintained, clean and nicely decorated. There was a good variety of communal day spaces as well as additional seating provided in the hallways. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs. Residents had access to an enclosed garden patio area which was easily accessible from the day room area.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional status of residents was assessed regularly using a validated nutritional screening tool and weight changes were closely monitored. There was evidence of regular review by SALT and the dietician.

The centre was suitably supplied and equipped to provide varied and healthy meals and snacks for the number of people living there. Residents were offered choice at mealtimes and food was served promptly and hot. There was adequate staffing to ensure that residents who required assistance to have their meals were attended to. Residents spoke positively on the quality and choice offered at mealtimes. There was a variety of home baked breads, scones and cakes provided daily. Drinks were readily available in day rooms. The inspector observed that drinks and snacks were served and encouraged throughout the day.

Judgment: Compliant

### Regulation 26: Risk management

Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

There were service contracts in place for the regular testing and servicing of equipment including the fire alarm, fire equipment and hoists.

All residents had a comprehensive up to date personnel emergency evacuation plan in place.

Risks identified at the previous inspection had been addressed.

Judgment: Compliant

## Regulation 27: Infection control

Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building appeared clean and odour free. Infection prevention, control and hand hygiene training was scheduled for staff on an on-going basis. Regular infection control audits were carried out and recent audits indicated good levels of compliance..

Judgment: Compliant

## Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced in January 2020 and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place involving both staff and some residents. Fire drills included simulated full compartment evacuation involving night time staffing levels. Staff spoken with confirmed that they had been involved in fire evacuation drills.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Nursing staff spoken with demonstrated knowledge when outlining procedures and practices on medicines management. Regular medicines management audits were completed by the pharmacist which indicated good levels of compliance.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for the return of unused and out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing advice to staff.

Nursing staff had completed recent medication management training.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files. While there was a range of risk assessments and care plans documented for each resident, many inconsistencies and inaccuracies were noted. Nursing staff spoken with described the care delivered but this was not always reflected in the nursing documentation. For example :

- Risk assessments were not always accurately completed.
- People moving and handling assessments were not completed consistently.
- Care plans were not in place for all identified issues.
- Some care plans lacked information and guidance and did not guide staff in the care of the resident.
- Some care plans had not been updated to reflect the current care needs of residents.
- Some care plans had not been updated to reflect the recommendations of allied health professionals such as the dietitian.
- Some care plans contained information which contradicted the corresponding risk assessments.
- Some care plans in place were inaccurate and did not reflect the needs of resident.
- care described as delivered by nursing staff was not always reflected in the care plans.
- DNR (Do not resuscitate) orders were not clearly documented ( documentation reviewed did not indicate how the decision was made, date of decision, rationale for it and who was involved in the decision).

Judgment: Not compliant

## Regulation 6: Health care

Residents had access to their choice of general practitioner (GP). A review of a sample of resident files confirmed that residents were reviewed regularly by their GP. The residents had good access to allied health-care professionals including psychiatry of later life, palliative care team, dietitian, speech and language therapist, occupational therapist, optician and a chiropodist. A physiotherapist visited on a weekly basis. Residents were supported to avail of the national screening programme. All residents had been offered and accepted the flu vaccine.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Improvements were still required to ensuring that documentation to support the use of bed rails was in line with national policy. The inspector reviewed a sample of files and noted that the rationale for the use of bedrails, the alternatives tried or considered and care plans for their use were not always clearly documented,

There were a small number of residents prescribed psychotropic medicines on a 'PRN' as required basis. Nursing staff advised that this medicine had not been recently administered. The care plan reviewed for a resident who presented with agitation was found to be informative, individualised and person centered. Episodes of responsive behaviour were logged using an Antecedent-Behavior-Consequence (ABC) Chart as outlined in the centres own policy.

Judgment: Substantially compliant

## Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults.

The provider acted as a pension agent on behalf of three residents and small amounts of money were kept for safe keeping on behalf of some residents. Following the last inspection the provider had put additional safeguards in place to protect residents' finances in line with guidelines issued by the Department of Social Protection. The provider had supported residents to open their own individual interest bearing account. The inspector was satisfied that residents finances were managed in a clear and transparent manner.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Improvements were noted to the dining experience including choices at mealtimes and a more person centred, relaxed, calm

and quieter environment.

Residents had access to information including radio, television, the Internet and newspapers. Residents could listen in by audio link to all religious ceremonies in the local church. The daily and local regional newspapers were delivered.

Residents continued to maintain links with the local community. There was regular visits from local musicians, clergy and external therapists. One resident went on a daily trip by bus to Galway city, others were supported to attend card games in the local public house, attend their local hairdresser and shops. Many of the residents had enjoyed a day trip to 'Knock' religious shrine. Members of the local community were invited to attend coffee mornings such as daffodil fund raising day held in the centre.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Little Flower Nursing Home OSV-0000355

Inspection ID: MON-0023136

Date of inspection: 17/02/2020

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All Nurses have received one to one care plan training since the inspection.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A programme has been put in place to oversee care plans. This is being done between the P.I.C. and the Assistant P.I.C. Regular meeting relating to care plans are in place to oversee see this.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: As stated earlier all nurses have received training in care planning. All DNR's have been documented in a separate file by residents' G.P.'s. A system has been put in place to	

ensure all Allied Healthcare professionals' recommendations have been addressed in the corresponding care plans. All care plans are currently under review as well as risk assessments ensuring care needs are reflected in the care plan.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
A further review of all documentation relating to the use of bedrails has been carried out and updated.

## 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	01/03/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/03/2020
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	30/03/2020
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	Not Compliant	Orange	30/03/2020

	that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/03/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/03/2020