



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Unannounced
Date of inspection:	24 March 2021
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0032437

About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 50 residents, comprising 34 single and 8 twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space. Residents are provided with relevant information about the provision of service at the centre, and regular meetings and satisfaction surveys take place for feedback. Information on how to raise any concerns is on display for ease of reference along with contact details for independent advocacy arrangements.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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How we inspect

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 24 March 2021	10:00hrs to 18:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents and from relatives is that this is a nice place to live. Residents reported that they had choice in their daily lives and that staff promoted a person-centred approach to care. Residents also commented that staff were kind and caring. The inspector met with a number of residents present on the day of the inspection and spoke in more detail with approximately five residents. The inspector also spoke with a small number of visitors.

The inspector arrived to the centre unannounced in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. These procedures were comprehensive and included the completion of a questionnaire, a signing in process, hand hygiene, face covering, and temperature checks.

Following an opening meeting the inspector was accompanied on a tour of the premises, where the inspector also met and spoke with residents in their bedrooms and in communal areas. It was evident that the centre was purpose built and was designed and laid out to a high standard. It is a single storey facility and comprises one building. The centre is registered to accommodate fifty residents in thirty four single and eight twin bedrooms. All of the bedrooms are en suite with shower, toilet, and wash hand basin. The inspector noted that the premises was nicely decorated. All parts of the centre were seen to be clean throughout. Many of the resident's bedrooms were personalised with memorabilia, photographs, pictures and ornaments.

There is a door leading to an enclosed outdoor space from the main reception area. The area is inviting with raised plant beds and lots of garden furniture and is readily accessible by residents. A family visit was underway in the outdoor area shortly after the inspector arrived.

The inspector was informed that residents are being encouraged to leave their bedrooms but that some feel safer in their rooms and are reluctant to come to communal sitting and dining areas. The inspector observed group activities taking place in one of the communal rooms on the morning of the inspection. A number of residents were participating in yoga in a socially distanced manner. Staff told the inspector how they facilitated residents to stay in contact with their families. The centre had WiFi throughout and there were electronic tablets available for residents to make video calls in addition to their own personal mobile phones. A resident told the inspector how they regularly received window visits from the family and so looked forward to these visits. The inspector saw one such window visit taking place during the inspection.

On advice of Public Health and to ensure the continued safety of residents, the centre remained split into two zones, with limited interaction of residents and staff, where possible, between the two zones. The inspector noted, however, on his

walkaround that a small block of timber had been put in place to prevent a cross-corridor fire door from opening in the direction of travel from one zone to the other. This was done to prevent residents that may have a cognitive impairment from wandering between zones. The inspector pointed out the fire safety risk that this posed in relation to evacuating residents in the event of a fire and this was rectified immediately.

Some residents were seen to have their meals in the dining room. The dining room was set in a manner so as to allow residents dine their while maintaining social distance. Residents spoken with were complimentary of the food, including menu options and the the quality and quantity of the food served.

The inspector was shown to the clinical room. It was noted on entering the room that a key was in the cupboard storing medicines requiring special control measures. Guidance indicates that this key should be in the possession of a registered nurse at all times. It was also noted when the cupboard was unlocked that these medicines were not in a locked cupboard within a locked cupboard as required. There was a fridge for storing medicines in this room. The inspector was informed that there were no medicines in the fridge currently. While the room temperature was recorded on a daily basis the temperature of the fridge was not recorded. Even without medicines in the fridge it would be important to continue to monitor the fridge temperature to ensure that it was functioning appropriately when there was a need to store medicines that required refrigeration.

All residents that spoke with the inspector were complimentary about staff, saying that staff are friendly and courteous. Staff were observed assisting the residents in an attentive manner throughout the inspection. Residents were complimentary about the food and they said there was choice at all meal times.

There was a laundry room that was adequate in size for segregating clean and dirty linen. However, linen skips containing soiled linen were stored under a counter top where clean linen was sorted. There were two separate entrances to the laundry, which would facilitate a system whereby soiled linen was brought to the laundry through one door and clean linen could be taken out through another door. The provider was requested to make use of both doors in a manner that minimised the risk of cross contamination between clean and soiled linen. There was a labelling system in place for ensuring that clothes were returned to residents following laundering.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations. Overall, the inspector found that residents received a good standard of care that met their assessed needs. The systems in place ensured that residents' well-being was promoted. There were effective governance and management arrangements in place to support the provision of a safe service. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs.

Skibbereen Residential Care Ltd is the registered provider of Skibbereen Residential Care Centre. There are two directors and both directors are involved in the management of another designated centre for older persons. There was a clearly defined management structure in the centre. Lines of authority and accountability, and roles and responsibilities were understood by all staff. The person in charge has been in post for a number of years and meets the requirements of regulations. The person in charge is supported by three clinical nurse managers.

An auditing schedule was in place. The inspector reviewed the audits completed in 2019 and in 2021, however, the audits for 2020 were not available in the centre as the director had taken them off-site to review. Some improvements were required in the audit system to ensure that all areas of risk are included. A new established quality improvement committee had recently been established and their initial meeting was held in February 2021. A second meeting was scheduled to take place on the day of the inspection but was postponed to facilitate the inspection. Members of the committee include the person in charge and clinical nurse managers. An annual review of the quality and safety of care was completed for 2020 that included action plans for identified required improvements.

Training records were made available to the inspector. There was a comprehensive programme of training that included infection prevention and control with specific reference to COVID-19. While most staff had attended mandatory training in some areas, a significant number of staff were overdue attendance at fire safety training. While there was an adequate system in place for the supervision of staff on an on-going basis, some improvements were required in relation to recruitment and induction practices. This included maintaining records of induction for all staff and ensuring that the requirements of the regulations were met in relation to employment references and employment histories. A sample of records reviewed indicated that all staff were Garda vetted prior to commencing employment.

Residents were satisfied with the level of communication from the management team. Residents told the inspector that they would not hesitate to make a complaint. Complaints logged in the centre were minimal. A review of the system is required to ensure that all complaints are recorded and that the satisfaction level of the complainant is recorded as is required by the regulations.

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, day-to-day operational management, and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

A review of staff rosters and discussions with staff indicated there were adequate levels of nursing and care staff on duty to meet the assessed needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Required improvements in relation to training and development included:

- not all staff had up-to-date training in mandatory areas such as fire safety, responsive behaviour and safeguarding residents from abuse
- induction records were available for some but not all staff demonstrating that they had demonstrated competency in the area for which they were employed

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of personnel records indicated that:

- there were not two written reference for all employees
- there was not always a reference from the person's last employer

Judgment: Substantially compliant

Regulation 23: Governance and management

Some improvements were required in relation to the programme of audits. These

included:

- a finding of the last inspection was that the audit programme could be enhanced through the addition of audits of high risk areas such as accidents and incidents, however, this had not been addressed
- not all audits were audits of actual practice and were not completed in accordance with the guidance for each audit
- audits of medication management could be enhanced by the inclusion of audits of medication administration practice
- audits completed in 2020 were not available in the centre on the day of the inspection

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the required information specified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the accident and incident records indicated that notifications were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place in the centre and was on display in the centre. All documented complaints had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A hairdressers room was converted to a bedroom for the purpose of providing an isolation room should a resident in a twin bedrooms become symptomatic or test positive for COVID-19. An application for the variation of the conditions of registration was not submitted as required.

Judgment: Not compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of effective consultation with residents and their needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that some improvements were required in the conduction of fire drills and medication management.

The provider had effective infection control procedures and protocols in place and a preparedness plan to mitigate the effects of the outbreak in the centre. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used in line with the national guidance.

The inspector saw that residents appeared to be well cared for and residents gave positive feedback regarding life and care in the centre. There were adequate arrangements in place for consultation with relatives and families. There was evidence that ongoing communication had taken place with families during the COVID-19 pandemic.

The requirement to maintain a social distance impacted on social activities in the centre. Although larger group activities and gatherings were discontinued due to COVID-19, there was an ongoing programme of smaller group and one-to-one recreational activities for residents to partake in. These were carried out in accordance with public health advice and the inspector observed that there was space to facilitate social distancing.

Systems were in place to promote safety and effectively manage risks. Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. While regular fire drills had been undertaken improvements were required in relation to the simulation of a variety of high risk scenarios.

Written operational policies supported the ordering, prescribing, storing and administration of medicines to residents. However, medication practices observed by the inspector during the inspection required review to ensure the safety of the

residents.

Staff were found by the inspector to be knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and training for new staff was ongoing.

Regulation 11: Visits

There were adequate arrangements for residents to receive visitors in accordance with current recommendations from the Health Protection and Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 13: End of life

There were no residents on the end of life pathway on the day of the inspection. A review of residents records indicated that discussions had taken place with residents and their families in relation to end of life preferences.

Judgment: Compliant

Regulation 17: Premises

This is a purpose built centre comprising thirty four single bedrooms and eight twin bedrooms. The centre was clean and in a good state of repair throughout. There was adequate communal space for residents and also access to outdoor space. Bedrooms are personalised with residents' memorabilia and photographs.

Judgment: Compliant

Regulation 26: Risk management

There were adequate risk management practices supported by a risk management policy and risk register.

Judgment: Compliant

Regulation 27: Infection control

The system for segregating clean and dirty linen in the laundry room could be enhanced through the development of a one way system for soiled laundry to enter the laundry room and clean linen to be taken out of the room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required in relation to fire safety. These included:

- records were not available to verify that emergency lighting was serviced quarterly
- while fire drills had been conducted frequently up to August 2020, none had been conducted since that date
- there was a need to incorporate night time scenarios in the fire drills
- fire drill records did not contain adequate detail of the scenario simulated
- while the inspector was informed that the fire alarm was tested weekly this was not reflected in the fire safety record for a number of weeks prior to this inspection

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Significant improvements were required in relation to medication management. These included:

- medications were being transcribed onto a nursing kardex by nursing management but were not being signed by a GP. Therefore nursing staff were not administering medications using a valid prescription
- the key to the cupboard storing drugs requiring special control measures was found to be in the lock when the inspector entered the clinical room
- the cupboard for storing medications requiring special control medicines did not meet the requirements of legislation in that it was not a cupboard within another cupboard
- while there were no medicines within the medication fridge the temperature

was not recorded daily

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Inspectors reviewed a sample of care plans for issues such as wound care, responsive behaviour and end of life care. Some improvements were required, for example:

- the care plan for a resident receiving intermittent artificial nutrition did not adequately reflect the residents current dietary regimen or reflect in adequate detail the dietary preferences of the resident
- the care plan for a resident that had communication difficulties did not reflect the communication needs of that resident
- care plans did not always detail the personal hygiene needs of residents

Judgment: Substantially compliant

Regulation 6: Health care

Residents were predominantly under the care of one GP practice. This service was currently being provided remotely.

Judgment: Compliant

Regulation 8: Protection

Adequate arrangements were in place to protect residents from abuse. Staff were kind and caring and all interactions by staff with residents were seen to be respectful in nature. The provider was pension agent for four residents and there were adequate banking arrangements and financial records in place.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of resident were supported and protected. Residents had control over their daily lives and could decide how to spend their day. There was a varied programme of activities provided by two activity coordinators working part time.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not 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 Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0032437

Date of inspection: 24/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training took place on 30th March 2021</p> <p>Further training including Safeguarding and Responsive behavior is planned throughout 2021</p> <p>Staff have access to an online training platform which includes training in all mandatory courses.</p> <p>All staff receive induction training on commencement of employment. Documentation is provided and expected to be returned to be retained in the staff personnel file.</p> <p>Unfortunately, in this case the new staff member did not return the documentation on completion of induction. Going forward we will ensure these documents are returned.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>References are sought for each member of staff before employment commences. It has been increasingly difficult to gain responses from some referees as some businesses have closed due to Covid.</p> <p>We will always endeavor to obtain references from the most recent employer.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Accidents and incidents audit is now completed. Guidance for audits now completed with training of auditors arranged. Audit of Medication Management/Administration now being completed.</p>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: An application to vary was submitted on 30th March 2021</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Adjustments are being made to the laundry to facilitate a one-way system.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lighting service documentation was provided to the inspector on the day of inspection. Night time drills now planned. More details of scenario simulated on fire drill incorporated in our records. Weekly fire alarm testing recorded.</p>	

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: Kardex now signed by GP for all residents. Storage of medicines addressed, and the temperature of the fridge recorded even when empty.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All improvements recommended in this report have been fully implemented.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	30/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/03/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/03/2021
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	30/06/2021

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
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	31/05/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	31/05/2021

	precautions.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/05/2021
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.	Not Compliant	Orange	14/05/2021
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	14/05/2021
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	30/03/2021

	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.			
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