



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	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:	31 August 2023
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0037576

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 51 residents, comprising 35 single and eight 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

51

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
Thursday 31 August 2023	09:40hrs to 18:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were content living in Skibbereen Residential Centre, where their rights were respected and promoted by kind and competent staff. There was a warm and homely atmosphere in the centre, and the sense of well being among residents was evident. The inspector met with many of the 51 residents living in the centre on the day of inspection and spoke with seven residents in more detail to gain an insight of their lived experience. The inspector met with six visitors during the day. One resident told the inspector that staff were "great" to them and another told the inspector that there was "always something to do". Residents who spoke with the inspector were consistent in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content.

The inspector arrived to the centre unannounced, in the morning. Following an introductory meeting with the person in charge, the inspector was accompanied on a tour of the premises. It was evident to the inspector that the person in charge was knowledgeable regarding each resident's care needs and she was well known to the residents, many of whom greeted her warmly on the walk around.

Skibbereen Residential Care Centre is a purpose-built centre located on the outskirts of Skibbereen town. It is registered to accommodate 51 residents in 35 single rooms and eight twin rooms, all of which have an en-suite shower, hand-wash basin and toilet facilities. The inspector saw that many bedrooms were personalised in line with residents' preferences with displays of family photographs, and personal possessions. A number of residents' rooms had displays of the art work that they created during arts and crafts sessions in the centre. The inspector saw that many of the bedrooms had been painted since the previous inspection and new window curtains purchased for some bedrooms. The inspector saw that the hairdresser and spa bathroom had been decorated with hair salon style posters and products to make the room more welcoming. The centre was observed to be clean, tidy and well maintained on the day of the inspection. The inspector saw that a cupboard for each resident's toiletries had been installed in the shared bathrooms to ensure residents products could be stored safely without risk of cross contamination.

There was a number of communal spaces for residents' use with a dining room, television room, large lounge room, oratory and library room. These rooms were homely, nicely decorated and had plenty of comfortable seating for residents' use. A number of residents sat in the centre's reception area and chatted to staff and other residents as they passed. The inspector saw that residents and visitors used the television room to sit and chat together during their visits. Residents could access the outdoor courtyard garden from the reception area and a number of residents were using this area during the day. The raised flower and herb beds were well maintained while some of the outdoor seating required repainting. The inspector

saw this was planned as part of the ongoing refurbishment plan for the centre.

There was also a physiotherapy room with balance bars where the physiotherapist provided assessments to residents during their weekly visit. The physiotherapist was in the centre on the day of inspection reviewing residents who required it and assessing residents who were at risk or who had experienced a fall.

The inspector saw that residents were offered a choice at lunch and modified diets were seen to be well presented. During the lunchtime meal, the inspector saw that a number of residents ate food that they preferred that was not on the menu for that day and their choices were facilitated. Residents were chatting together during the meal and appeared to enjoy it. The inspector saw that care staff provided assistance to residents with their meals in a respectful and dignified manner. Residents could also choose to eat their meals in their rooms if it was their preference. Residents told the inspector that they were happy with the choice and amount of food available to them.

On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspector spoke highly of the nursing and care staff and of the care provided to their relatives in the centre.

The centre employed two activity staff to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed on a notice board in the main reception area so that residents could see it easily. During the morning of the inspection, a group of residents were participating in a lively table game with an interactive projector that had been recently purchased for the centre. The interactive projector was on a tripod stand as one of the activity co-ordinators explained that this ensured it could be used for one-to-one activities in residents' rooms as well as group activities. The inspector also saw that the activity co-ordinator did room visits and was taking a number of residents for walks during the morning. In the afternoon, the inspector saw the physiotherapist lead a group exercise session. Other activities available to residents were baking, bingo and arts and crafts. Musicians, a yoga instructor, an art therapist and the Irish therapy dogs were also regular visitors to the centre during the week. A local priest celebrated Mass in the centre every second Sunday and many residents watched mass on the TV during the week. Regular residents' meetings were held which ensured that residents were engaged in the running of the centre and residents had access to independent advocacy if they wished. From a review of these minutes, it was evident that action was taken by the provider in response to feedback from the residents. A number of residents told the inspector how they enjoyed the range of books provided through the local mobile library that visited the centre regularly. Residents were supported to go on community outings such as trips to local restaurants or shops on the local link community bus with staff.

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 inspection that took place over one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013(as amended). Overall, findings of this inspection were that Skibbereen Residential Centre was a well managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The inspector found that the findings from the previous inspection were actioned, however, some improvements were required in relation to contracts of care and care planning as outlined further in this report.

Skibbereen Residential Care Limited is the registered provider for Skibbereen Residential Care Centre and is registered to accommodate 51 residents. The registered provider comprises two company directors, who are also involved in the operation of one other designated centre. There was a clearly defined management structure in place with identified lines of accountability and responsibility. The centre had an operations manager and an administrator who were involved in the management of the centre. The centre was managed by an appropriately qualified person in charge. As the assistant director of nursing was on expected planned leave, the provider had arrangements in place for a clinical nurse manager to deputise as assistant director of nursing and a senior staff nurse was deputising as clinical nurse manager to maintain the management structure in the centre. From a review of the rosters, it was evident that these managers worked opposite each other to ensure supervision of staff over seven days of the week. The management team were supported by a full complement of nursing and care attendants, activity coordinators, housekeeping, catering, administrative and maintenance staff to provide care to residents.

Staffing and skill-mix on the day of inspection were appropriate to meet the assessed needs of the 51 residents living in the centre. The inspector examined staff training records, which confirmed that staff had up-to-date training in areas to support them in their respective roles. The person in charge and operations manager had recently completed training on complaints management to support them with the recent changes to the complaints procedure regulation. The provider supported the acting assistant director of nursing to complete a management qualification during the year. The management team provided clinical supervision. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities.

There was evidence that there was effective communication with staff in the centre via regular staff meetings and daily handovers. There were effective management systems in place to ensure the quality and safety of residents' care. The provider completed a suite of audits on a monthly basis to monitor the care and service delivered. This information was used to implement quality improvements within the centre. Key risks to residents such as falls, pressure ulcers, restraint usage, antimicrobial usage and residents' weights were closely monitored by the person in charge. There was evidence of consultation with residents through residents' meetings and surveys. The arrangements for the review of accidents and incidents within the centre were robust. Required notifications were submitted in line with statutory requirements.

The provider had a nominated complaints officer and review officer in line with regulations. Records of complaints were maintained electronically in the centre and it was evident that these were responded to and any learning put in place by the provider. The complaints procedure was under review at the time of inspection to ensure it met the updated regulatory requirements.

Each resident had a written contract of care that outlined the services provided and fees to be charged. However, action was required to ensure bedroom numbers and room occupancy were recorded on all contracts as outlined under Regulation 24; Contracts of care.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the assessed needs of the 51 residents living in the centre in accordance with the size and layout of the centre. There was a minimum of two registered nurses on duty in the centre 24 hours a day.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were appropriately supervised and had access to training appropriate to their role. The provider ensured that there was a schedule of face-to-face mandatory training available for staff in relation to safeguarding vulnerable adults, responsive behaviours and care of residents living with dementia, manual handling and fire safety training. The provider supported the person in charge and the centre's manager to attend complaints management training in July 2023. The clinical nurse manager had recently completed a management qualification. The inspector reviewed training records and the training matrix and saw that staff working in the centre were up to date with their

mandatory training.
Judgment: Compliant
Regulation 21: Records
The inspector saw that records were securely stored in the centre and requested records were made available to the inspector during the inspection.
Judgment: Compliant
Regulation 23: Governance and management
The inspector found the centre was adequately resourced to ensure residents living in the centre were provided with a high quality and safe service.
There was a clearly defined, management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to quality improvement through a system of ongoing monitoring of the services provided to residents.
The provider ensured that an annual review of the quality and safety of care provided to residents in 2022 was completed.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Action was required in relation to residents' contracts of care to ensure they reflected the requirements of regulation. The inspector reviewed a sample of contracts of care and found that the occupancy of the room, whether it was single or shared, was not always consistent with the room the resident occupied and the room number was not always documented on the contract.
Judgment: Substantially compliant
Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector of Social Services in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Both verbal and written complaints were seen to be recorded electronically and included the outcome and whether the complainant was satisfied with the outcome. The person in charge updated the complaints procedure on the day of inspection to reflect the recent changes in legislation regarding complaints.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Skibbereen Residential Centre received a good standard of care and their rights were promoted and respected by kind and competent staff. From a review of residents' records and from speaking with residents and staff, it was evident that residents' health and social care needs were met to a good standard.

The inspector was assured that residents' healthcare needs were well met. Residents had timely access to general practitioner services who attended the centre twice a week and a physiotherapist worked in the centre one day each week, providing assessments and treatment to residents. Residents also had good access to other allied health professionals such as speech and language therapists, dietitian and tissue viability expertise as required. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection. However, from a review of a sample of care plans by the inspector, it was evident that care plans were not consistently updated with residents' changing needs, and behaviour support plans were not sufficiently completed to direct care. This is outlined under Regulation 5; Individual assessment and care plan.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector saw that there was an ongoing programme of renovations in the centre.

Residents had access to a lockable space in their bedrooms and had ample storage room for their clothes and personal belongings.

The centre was cleaned to a good standard, with good routines and schedules for cleaning rooms and equipment. There was regular audit of environmental and equipment hygiene to ensure standards were maintained.

Staff working in the centre were provided with training in safeguarding of vulnerable adults and were knowledgeable in this regard. There were effective systems in place for the management and protection of residents' finances, where the provider acted as a pension agent for a number of residents.

Residents' rights were protected and promoted in the centre. Individuals' choices and preferences were seen to be respected. Regular residents' meetings were held which ensured that residents were engaged in the running of the centre and residents had access to independent advocacy if they wished. The provider invited the national advocacy service to come and speak with residents in July 2023 where they informed residents of the services they provided in relation to supporting people to make a complaint. There was a varied programme of activities provided to residents led by two activity coordinators and staff. Access to the community was encouraged such as days out with families, bus trips on the local link bus and social outings.

Regulation 10: Communication difficulties

The inspector found that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans reviewed. The inspector observed that staff communicated effectively with residents and responded to residents verbal and non-verbal cues.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in many of the communal areas. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that there were systems in place to ensure that residents' clothes were laundered on site and returned to residents in a timely fashion. Residents had adequate storage for their personal belongings and the inspector saw lockable storage in residents' bedrooms.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspector saw that a number of rooms had been renovated since the last inspection, flooring on one of the corridors had been repaired and renovations had taken place to the hair salon. The inspector saw that there was an ongoing programme of renovations in the centre with curtains in a number of bedrooms being replaced and plans to replace others in the communal rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents spoken with were complimentary regarding the quality, quantity and variety of food. This was supported by the observations of the inspector who saw that food was attractively presented, and residents requiring assistance were assisted appropriately. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

There was good oversight of infection prevention and control practices. The inspector saw that regular audits of the environment and equipment in use in the centre were completed with high levels of compliance found. There were adequate staffing resources in the centre to ensure residents' rooms were cleaned everyday and regular deep cleaning of rooms completed. The person in charge ensured that where residents had a history of infections, these were reflected in their care plans. The person in charge assured the inspector that alcohol hand rub expiry dates would be monitored closely in the centre to ensure all in use were in date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents records and found that care plans recorded did not consistently reflect the current care needs of residents. For example,

- A resident's continence assessment did not accurately reflect the resident's continence needs and was not detailed enough to direct care.
- A care plan for a resident with responsive behaviours was not detailed enough to direct care.
- While it was evident from the narrative notes and medication records that a resident was receiving nutritional supplementation and dietary advice prescribed by a dietitian, the resident's care plan did not reflect known weight loss and the most recent nutritional assessment.

This could result in errors in care provided, as care should be provided in accordance with the care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care. Residents had timely access to medical assessments and treatment by their general practitioners (GP) and the person in charge confirmed that a GP visited the centre twice a week and as required. The inspector saw that a GP from a local practice was in the centre on the morning of inspection reviewing residents. A physiotherapist attended the centre one day a week and

provided one-to-one and group sessions to residents. Residents also had access to a range of allied health care professionals such as dietitian, speech and language therapy, tissue viability nurse, optician, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). It was evident to the inspector that management and staff were working to promote a restraint-free environment and there was evidence of alternatives to restraints such as bedrails in use in the centre. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Some action was required in relation to recording of care plans for residents with responsive behaviour as outlined under regulation 5 care planning.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Residents reported that they felt safe living in the centre. The provider was a pension agent for a number of residents. There were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to independent advocacy. A varied programme of activities was co-ordinated and led by two activity co-ordinators and the schedule was over seven days of the week. Residents had access to media and aids such as newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Mass was celebrated in the centre by a local priest every second Sunday. On the day of inspection, in the

morning, residents had one-to-one activities with staff and a group of residents participated in an interactive magic table activity that they appeared to enjoy. In the afternoon, the physiotherapist led a group exercise class. Residents were encouraged to maintain close links with the community and small group outings to restaurants and shops were facilitated. The local library also attended the centre, to provide residents who enjoyed reading, with a selection of books. Residents' views on the running of the centre were sought through residents' meetings and residents' surveys.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0037576

Date of inspection: 31/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care now show room number and room occupancy.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The person in charge formally reviews each care plan at intervals not exceeding 4 months. On review, the key nurse is informed of the findings by the person in charge and requested to update the care plan accordingly as required.</p> <p>The key nurse reviews the care plan at intervals not exceeding four months and updates as required to reflect the current care needs of each resident.</p> <p>Care planning training is undertaken by all nursing staff at regular intervals.</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
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/10/2023
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	Substantially Compliant	Yellow	11/10/2023

	consultation with the resident concerned and where appropriate that resident's family.			
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