



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Sisters of St. Joseph of Annecy
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	16 May 2023
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0040060

## About the designated centre

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

St. Joseph's Home is a purpose-built home, designed for older people who need care and help with their daily tasks and want to be supported to keep up their level of independence as long as possible. It is a vibrant place set in a desirable location, a short distance from Killorglin town, with a backdrop of the McGillicuddy Reeks, and on the banks of the River Laune. The centre provides 24-hour nursing care for up to 48 residents with varied levels of dependency, ranging from those residents requiring minimal support in their daily living such as companionship, supervision and a sense of safety and security, to those requiring maximum support in all aspects of their life. The range of nursing care provided for each resident is assessed on an individual basis and reflect the changes in level of need as time progresses right up to and including holistic end of life care. The layout of St. Joseph's Home allows ample space for mobilization, indoors and outdoors.

**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
Tuesday 16 May 2023	09:30hrs to 17:30hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This was a pleasant and welcoming centre located in Killorglan in County Kerry. The inspector found that the residents were cared for by a well established staff team, who knew them well. Overall, the feedback from residents was that staff were kind and caring, and that they were very happy living in St. Joseph's Home, which was homely and met their needs. The inspector met the majority of the residents during this one day inspection, and spoke in more detail with eight residents throughout the day. One resident told the inspector that staff "would do anything for you" and another stated they "enjoyed their days as there was always a choice of things to do".

Following an initial meeting, the person in charge accompanied the inspector on a walk around of the centre. The inspector observed the centre was very well maintained and clean throughout. There was a relaxed and friendly atmosphere in the centre, some residents were observed having their breakfast while others were seen to be mobilising around the centre and being assisted to get up by staff. St Joseph's Home provides long term care for both male and female adults with a range of dependencies and needs. It is registered to provide care for 48 residents, and there were 45 residents living in the centre on the day of this inspection. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all with en-suite facilities. The inspector saw bedrooms were clean and well maintained, each room also had a flat screen television and appropriate storage for residents belongings. Residents told the inspector they were happy with their bedroom accommodation and found the rooms very comfortable.

The inspector saw that was a sufficient amount of communal space within the centre for residents which included three sitting rooms, two dining rooms, a visiting area, a large reception/foyer and an internal courtyard. The inspector observed large murals on the courtyard walls and internally there had been upgrades to the entrances of the hairdressing salon and dining room. These rooms replicated traditional shop frontages and were named The Reeks Salon and the Laune Tea rooms, influenced by local areas. The inspector saw the chiropodist was in attendance in the centre, on the morning on the inspection.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents who spoke with the inspector confirmed that they had choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the day's activities. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed and groomed in their own personalised styles.

There was an ethos of respect for residents and the inspector saw that staff gave residents time throughout the day. Staff spoken with were knowledgeable about residents care needs and many had been working in the centre for over ten years.

They told the inspector how they enjoyed their work and getting to know residents and their families. The inspector saw a wall in the centre had been decorated with the wording "Our residents do not live in our workplace we live in their home".

Residents feedback with regards to food was mixed. Some residents reported satisfaction while others stated they would like more choice and variety. Residents meetings reviewed by the inspector evidenced that this had been brought up by residents over the past few months. The inspector spent time observing the meal time for residents in both dining rooms. From speaking to residents they were not sure what was being served and menus on display did not reflect the meals available for the day. Some further actions were required pertaining to food and nutrition, which are detailed under regulation 18.

Residents had good opportunities to partake in activities as there were two activities coordinators working in the centre on the day of this inspection as well as two volunteers. The inspector observed over 25 residents enjoying a game of bingo in the afternoon as well as an exercise class in the morning. Residents who chose to remain in their room had their choice respected and staff were observed sitting with them chatting throughout the day. There was a large church within the centre and the inspector was informed that mass was scheduled daily. However, on the day of inspection this could not take place so residents were facilitated to watch mass in the sitting rooms if they wished at 11 am. The inspector had the opportunity to meet with three visitors who were complementary about the centre and particularly the friendliness and kindness of staff. It was evident that staff knew residents family members and addressed them by name. One visitor attended with a dog to visit a resident, which was encouraged by the team working in the centre.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations and standards. The last inspection of this centre had been in July 2022. Overall, the findings were that the registered provider had effective management systems in place, which ensured a good standard of service was provided for residents. Some actions were required in relation to food and nutrition, care planning and the premises, which are detailed in the quality and safety section of this report.

The registered provider of this centre is the Sisters of St. Josephs of Annecy. The organisational structure of the provider is clearly defined, as per the centres statement of purpose. Arrangements are in place whereby management within the centre report to the Chief Executive Officer of the Sisters of Nazareth, who are also responsible for the running of number of other centres around the country. The

centre had a full time person in charge, as required by the regulations. They were supported in their role by a clinical nurse manager, who had been appointed since the previous inspection and deputised in the absence of the person in charge. There was also a team of nursing staff, care staff, housekeeping, catering and maintenance personnel. An administrator and accountant were also employed in the centre. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities.

There were good systems of communication evident. There was evidence of on site visits to the centre by the Chief Executive Officer and Chief Nursing Officer of the Sisters of Nazareth. Internally meetings took place between all departments and the management team. There was also a weekly meeting of management teams within the Nazareth group where areas such as risk, infection control, staffing and incidents were discussed. There was evidence of shared learning between all centres. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes.

A review of the rosters found that staffing was adequate to meet the day-to-day needs of residents. Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated for each staff member a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda vetting. Volunteers were recruited as per regulatory requirements. However, records pertaining to residents transfer out of the centre were not being retained, as required by the regulations and actioned under regulation 21.

From a review of the records maintained at the centre, it was evident that incidents were notified to the Chief Inspector in line with legislation. Contracts of care had been reviewed and updated following the previous inspection and met the requirements of the regulations. The provider was maintaining a directory of residents within the centre which was available for review.

### Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that there was an adequate number and skill mix of staff to

meet the assessed needs of the 45 residents living in the centre on the day of inspection. There were two nurses rostered per shift day and night in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team. The provider had good procedures in place for the recruitment and retention of suitable staff. There was a comprehensive induction programme completed for newly recruited staff, which was a noted improvement since the previous inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

### Regulation 21: Records

The inspector found that a copy of two residents records, which related to transfer to an acute hospital were not retained in the residents file, as required by the regulation.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for



improvement through the audit process were addressed in a timely manner.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract of care that included the services provided and fees to be charged, including fees for additional services. Contracts also included the room to be occupied. The contracts were seen to meet the requirements of legislation.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose contained all the required information as per Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were two volunteers who attended the centre on a weekly basis. They had their roles and responsibilities defined and set out in writings and they received appropriate supervision and support from the management team. There was also garda vetting obtained for each individual, as per regulatory requirements.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures which met the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years as required and were available to staff in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents living in St. Joseph's Home were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement. However, some action was required in relation to food and nutrition, care planning and fire precautions, as outlined under the relevant regulations

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly and some contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. However, some improvements were required in care planning to ensure all information contained was accurate to care delivery, which is further detailed under regulation 5 of this report.

There was satisfactory evidence that residents had timely access to healthcare and medical services. High standards of evidence-based health care were provided for residents which resulted in good outcomes for residents. Wound care practices evidenced assessment and treatment as per evidenced based practices. A physiotherapist was employed by the provider and attended the centre every Friday for a half a day. However, actions were required pertaining to food and nutrition to ensure that residents dietetic care plans were implemented and food was appropriately served, which is further detailed under regulation 18.

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. The risk register was a live document which was maintained up-to-date to reflect risks related to the environment and people in the designated centre. Improvements were noted in the management and oversight of restraint since the previous inspection.

Residents had access to pharmacy services and the pharmacist was facilitated to

fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspector found evidence of good medication management practices within the centre. The inspector spoke with a nurse on duty regarding medication practices. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control.

Management and staff promoted and respected the rights and choices of residents in the centre. Resident meetings took place every three months and residents had been requested to complete a survey to seek their views on the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

### Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

### Regulation 17: Premises

The inspector noted that the external smoking area did not have call bell facilities for residents use, in the event of an emergency.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Action was required to comply with regulation 18:

- although comprehensive care plans were in place to support people with their nutrition needs the inspector found that these care plans were not always implemented. Specifically, weights for some residents had not been completed, in line with the residents care plan or recommendation of dietetic staff in the previous two months. These residents were assessed as high risk of malnutrition. The management team informed the inspector this was due to faulty equipment to weigh residents, which required repair.
- the inspector observed some food was not served in an appropriate manner.

For example, residents were served three courses together and ice cream desserts had melted by the time residents were ready to consume them.

- residents requiring assistance were also observed to have to wait for staff, while their meal had been served, therefore, meals were not at an appropriate temperature when consumed.
- some residents told the inspector there was minimal choice available at dinner time. Although there were pictorial menus in the dining rooms, these did not reflect the choice of meals on the day of this inspection.

The inspector also observed that one of the residents dining rooms was only accessible by a key pad, therefore, residents could not access this area independently and had to request staff assistance to enter and exit dining facilities.

Judgment: Not compliant

### Regulation 20: Information for residents

The registered provider had prepared and made available to residents a residents guide which included all information as specified in the regulations. The inspector was informed that this was currently being revised to reflect the changes in visiting and complaints management within the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

One resident was temporarily discharged from the centre on the day of this inspection. On review of this record the inspector was assured that all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment. However, the system in place to ensure that there is a record of this transfer documentation retained required, to be addressed, as detailed under regulation 24.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the

measures to control the risk, and the person responsible for taking action.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean and there was adequate cleaning staff employed in the centre. Staff were observed to be adhering to good hand hygiene techniques and had been provided with infection control training.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning in the centre required improvement, evidenced by the following findings:

- the centre was not carrying out post fall assessments on residents who experienced falls. This information may assist nurses to identify contributory factors to falls and inform care planning.
- end of life care plans in place were generic and did not inform personal wishes and preferences of residents.
- some information contained in care plans was not longer applicable to the residents care requirements, therefore, it may be difficult to identify residents care needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site to provide assessments and treatment to residents one day a week. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of bedrails in use since the previous inspection and were focusing on moving towards a restraint free environment. Where restraint was used the inspector found residents were assessed appropriately and it was used in line with national policy. Staff were up-to-date with training in responsive behaviours.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents had good opportunities to participate in social activities in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0040060

Date of inspection: 16/05/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The Registered Provider and Person in Charge will come into compliance with Regulation 21 by ensuring that all records relating to the transfer of a resident to an acute hospital or another healthcare facility are retained in the residents file, as required by the regulation.</p> <p>The findings of the Inspector will be cascaded down to all staff along with the required actions that are to take place. An audit will be completed of records following the transfer of residents to ensure the learning from this inspection is embedded into working practices.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The Registered Provider and Person in Charge will come into compliance with Regulation 17 by ensuring that the external smoking area will have call bell facilities for residents use, in the event of an emergency or have alternative risk management measures in place. To mitigate any risks in the short term, the smoking area will be supervised by a staff member.</p>	
Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The Registered Provider and Person in Charge will come into compliance with Regulation 18 by:

Completing a review of all existing systems relating to Food, Nutrition and the Dining Experience and implementing any actions that promote best practice; Ensuring that the comprehensive care plans in place to support people with their nutrition needs are always implemented; Ensuring weights all residents are completed, in line with the residents care plan or recommendation of dietetic staff; A new set of weighing scales has been purchased; The catering team have been advised to serve foods and meals in a way that maximizes the dining experience for the resident; The scheduling of meals will be reviewed and amended in consultation with the residents to ensure that residents who require additional support have all their meals at the point of service; The menus will be reviewed and adapted to ensure that there is a wide selection of food choices available at all times; and the pictorial menus in the dining rooms will be audited each day to ensure that they reflect accurately the menu choices available. The dining room referred to in the Inspection Report will now be accessible by removing the key pad, so that residents can access and exit this area independently.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

The Registered Provider and Person in Charge will come into compliance with Regulation 5 by:

Ensuring that staff in the designated centre completes post fall assessments on residents who have experienced falls at all times; Ensuring end of life care plans in place are person centred, detailed and inform relevant persons of the personal wishes and preferences of residents; and Ensuring that information contained in care plans that is no longer applicable to the residents care requirements is removed and archived. The learning from this inspection will be cascaded down to all staff in the designated centre as well as the actions that are required to ensure the centre is compliant with Regulation 5.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/07/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/07/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/07/2023
Regulation	The person in	Not Compliant	Orange	30/07/2023

18(1)(c)(iii)	charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2023
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 consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/07/2023