



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

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0039166

About the designated centre

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

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 4 April 2023	19:20hrs to 20:20hrs	Fiona Cawley	Lead
Wednesday 5 April 2023	10:00hrs to 17:00hrs	Fiona Cawley	Lead
Tuesday 4 April 2023	19:20hrs to 20:20hrs	Catherine Sweeney	Support
Wednesday 5 April 2023	10:00hrs to 17:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one evening and one day, on consecutive days. There were 28 residents accommodated in the centre on the days of the inspection and no vacancies.

On both days of inspection, inspectors found that residents were provided with good standards of care and support by staff who were familiar with their needs. Feedback from residents was that life was good in the centre, and that staff were kind, caring and attentive to their needs. Staff were observed to deliver care and support to residents which was unhurried and respectful. There was a calm and relaxed atmosphere in the centre throughout the inspection.

Inspectors spent time on the first evening chatting with, and observing, residents in the various areas of the centre. There were a number of residents sitting in the communal areas chatting with each other and staff. Other residents were mobilising freely throughout the centre, or relaxing in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

On the second day of the inspection, inspectors completed a tour of the building with the person in charge. St. Dominic Savio Nursing Home was a single-storey building located in a rural area outside the village of Liscannor, County Clare. The centre provided accommodation for 28 residents which comprised of single and twin occupancy bedrooms. Bedrooms provided sufficient space for residents to live comfortably, which included adequate space to store personal belongings. Many residents had decorated their rooms with pictures, ornaments and other personal items. Residents had access to communal spaces which were appropriately furnished to create a homely environment, and provided pleasant views of the ocean. Walls were decorated with artwork and pictures including multiple pictures of residents participating in activities in the centre. The centre was warm and well-ventilated throughout.

The building was found to be laid out to meet the needs of residents. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. Call-bells were available in all areas and answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents.

There was safe, unrestricted access to an outdoor area for residents to use. Inspectors observed a small number of residents enjoying the outdoors on the second day of the inspection.

Throughout the inspection, residents were observed to be up and about in the various areas of the centre. Friendly, respectful conversations between residents and staff could be overheard. The majority of residents were relaxing in the day room and were observed to be socially engaged with each other and staff. Residents were watching TV, chatting to one another and staff, participating in activities or

enjoying quiet time. Residents who chose to remain in their rooms, or who were unable to join the communal areas, were monitored by staff. Communal areas were supervised by staff at all times. While staff were seen to be busy assisting residents with their care needs, inspectors observed that care and support was delivered in a relaxed manner, and that personal care was delivered to a good standard.

Inspectors interacted with a number of residents throughout the inspection and spoke in detail with a total of six residents. The residents who spoke with inspectors were happy to chat about life in the centre. One resident told inspectors that 'the place is beautiful' and that staff were 'so kind' to them. Another resident described how they liked to spend their day and told inspectors that staff were 'very good to them'. Other residents told inspectors that there was plenty to do every day, that the food was good, and that they got all the help they needed. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak to the inspectors. These residents were observed to be comfortable and content.

Friends and families were facilitated to visit residents, and inspectors observed many visitors in the centre throughout the inspection. One visitor told inspectors that they were very impressed with the kindness shown by all staff to their loved one. Another visitor told inspectors that their children loved coming to the centre to visit their grandparent.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. A full schedule of the activities was on display in the communal areas and residents told inspectors that they were free to choose whether or not they participated. Residents also had access to television, radio, newspapers and books. On the second day of the inspection, inspectors observed the activity co-ordinator provide residents with a range of activities including an exercise class and a throwing game which they appeared to enjoy. The atmosphere was energetic and sociable, with residents laughing and cheering each other on. Staff were available to support those who required assistance to participate in activities to ensure all residents were included. In the afternoon, residents held a tea party they had organised for a staff member who was leaving. Inspectors observed residents, visitors and staff enjoying a lively sing-along together.

The dining experience was observed to be a social, relaxed occasion, and inspectors saw that the food was appetising and well-presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being

delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection, carried out by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in November 2022.

The findings of this inspection were that significant action had been taken by the provider to address the issues of non-compliance found on the previous inspection in November 2022. The provider had reviewed and strengthened the governance arrangements, the overall staffing levels, and the provision of activities for residents.

Further improvement was now required in relation to the management systems in the centre. For example, oversight of the risk management systems and care documentation was required to ensure full compliance with the regulations.

Smith Hall Limited was the registered provider of this designated centre. The company had one director who was involved in the day-to-day operation of the centre. There was a person in charge who was supported in this role by a full complement of staff including an assistant director of nursing, nursing and care staff, housekeeping, activity and catering staff. The company director also provided management support to the person in charge.

Inspectors were informed of a number of recent changes to the management arrangements since the last inspection. The recent appointment of an assistant director of nursing had facilitated improved supervision and oversight of care delivery. All staff were aware of the lines of authority and accountability within the centre.

A review of the staffing roster found that there were improvements in the staffing levels, with particular regard to the level of staff supporting activities. However, the provider did not have sufficient resources in place to ensure that the centre had appropriate staffing levels required to cover all nursing shifts, taking into account planned and unplanned leave. A review of the roster found that on a number of occasions over the past month the person in charge was required to complete nursing duties. This impacted in the time available to the person in charge to provide oversight and supervision of the service delivery. In addition, the care staff were required to carry out laundry duties within their allocated direct care hours, and therefore reduced the time available to provide care and support to residents. As identified on previous inspections, the staffing levels between 10pm and 8am remained low, with one nurse and one care assistant on duty. Inspectors were

informed that the provider had a plan in place to address this issue to increase the staffing levels to three, with the recruitment of a second care assistant for night duty.

Management systems, and oversight of the service had improved in the centre since the previous inspection. There was a schedule of audits in place for 2023, and a selection of these scheduled audits had been completed. These clinical and environmental audits reviewed practices such as falls management, medication management, infection prevention and control, and care planning. Action plans were developed from audits findings. Notwithstanding the improvements found, continued improvement was required in relation to the monitoring of nursing documentation which was found to be not compliant with Regulation 5; Individual assessments and care plans. In addition, a review of the systems of risk management found that risks were poorly documented and did not reflect the centre's own risk management policy.

Throughout the inspection, communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

The provider had reviewed and updated the policies and procedures available to guide and support staff in the safe delivery of care. A fire safety policy was now in place. This was a completed action from the last inspection

Staff had access to education and training, appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

The provider had revised the contracts for the provision of services in place for the majority of residents, which detailed the terms on which they resided in the centre. This was a completed action from the last inspection.

There was evidence that there were effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, health and safety, infection prevention and control, staffing issues and other relevant topics. Where areas for improvement were identified, action plans were developed and completed.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, appropriate to their role.

Staff were appropriately supervised by a revised nurse management structure.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the centre was adequately resourced to ensure the effective delivery of care in line with the statement of purpose. A review of the staff available to work in the centre found that the number of staff nurses was not adequate to ensure that all nursing shifts could be rostered, or that planned and unplanned leave could be safely facilitated. In addition, staffing numbers were not adequate to ensure appropriate staffing levels between 10pm and 8am.

The management systems in place did not ensure that the service was effectively monitored. This was evidence by;

- the supervision and oversight of the nursing documentation systems. For example, the inspector found that nursing documentation was not reviewed by the nursing management to ensure that it accurately reflected the residents' needs.
- ineffective risk management. For example, a risk assessment in relation to falls was not signed or dated by the assessor. The controls in place to manage the risk had not been reviewed and therefore, the effectiveness of the measures could not be established.
- the system in place to manage resident medical and nursing notes was poorly organised and did not facilitate effective record-keeping. A paper-based system was in place. Some records reviewed were found to be incomplete and duplicated. An electronic documentation system was also available to use, however, there was no plan in place to transfer from a paper-based system to the electronic system.
- notifications of incidents were not submitted to the Chief Inspector, in line with regulatory requirements

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that all residents who were in the centre had a contract of care in place.

The provider has addressed the issues identified on the last inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the required monitoring notifications for notifiable events in the centre, in line with Regulation 31. For example, the Chief Inspector was not notified of an incident of serious injury to a resident that required immediate medical and/or hospital treatment.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Inspectors found that all policies, as required by Schedule 5 of the regulations were reviewed and up-to-date. Policies were made available to staff.

The provider had addressed the issues identified on the last inspection.

Judgment: Compliant

Quality and safety

This inspection found that the quality of the service provided had improved since the last inspection. From what inspectors observed, there was evidence that the care and support provided to the residents was of a good standard. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents in the centre were satisfied with the quality of the service they received. Notwithstanding this positive feedback, findings from the inspection found that further action was required to ensure compliance with Regulation 5: Individual assessment and care plan.

Nursing staff were knowledgeable regarding the care needs of the residents. However, this was not consistently reflected in the nursing documentation reviewed during the inspection. Inspectors reviewed a sample of four residents' files as part of the inspection process. Inspectors found that assessment of residents needs and care planning was poorly documented and did not reflect the standard of care observed to be delivered to residents. This was particularly evident in relation to the social care of residents. This is discussed further under Regulation 5: Individual assessment and care plan.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GP) providing on-site reviews. Residents were also facilitated to access to other health care professionals, in line with their assessed need.

The provider had made improvements to address deficits with the premises since the last inspection. For example, storage of resident equipment was well-managed, and additional showering facilities had been provided for resident use.

A programme of redecoration had been completed since the previous inspection. The centre was very clean, tidy and generally well-maintained. Cleaning schedules were in place and equipment was cleaned after each use. Cleaning staff demonstrated a good awareness of the cleaning systems in place.

There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate assessments had been carried out. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Inspectors looked at minutes of recent residents' meetings which showed that a range of issues were discussed including fire safety, activities and nutrition. Residents had access to an independent advocacy service.

Inspectors found that the residents were provided with opportunities to participate in recreational activities of their choice and abilities. There were staff available to support residents in their recreation of choice.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. The provider has addressed the issues identified on the last inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

The provider has addressed the issues identified on the last inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

The provider has addressed the issues identified on the last inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents did not have a comprehensive assessment of their health and social care needs completed. For example, residents did not have a social care plan in place.

Residents did not have their assessments and care plans reviewed when required. A review of the resident care documentation found that a care plan was not reviewed following a fall in the centre. In addition, a resident with significant weight loss did not have their care plan updated to reflect the plan of care in place to address this risk.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local

and national policy. The provider had regularly reviewed the use of restrictive practices to ensure appropriate usage.

The provider has addressed the issues identified on the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

The provider has addressed the issues identified on the last inspection.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0039166

Date of inspection: 05/04/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider will ensure that the centre has sufficient resources to ensure the effective delivery of care in accordance with the Statement of Purpose.</p> <p>6 additional staff have been recruited, including 4 nurses to ensure that all nursing shifts can be rostered and, planned and unplanned, leave can be safely facilitated. In addition to this. 2 Health Care Assistants have also been recruited.</p> <p>From the 3rd July 2023, we will have an additional Health Care Assistant rostered on at night bringing the staffing members up to 3 and ensuring appropriate staffing levels between 10pm and 8am.</p> <p>Supervision and oversight of nursing documentation</p> <p>In order that nursing documentation accurately reflects our residents’ needs, the nurse management team are currently reviewing each resident’s care plan and introducing new assessments to ensure that they are current. This will be completed by 24 June 2023. Nursing assessments are reviewed every 3 months and care plans are updated every 3 months or as appropriate with the changing needs of the resident.</p> <p>Social care needs are currently being reviewed for each resident and a detailed person-centered social care plan will be available for the social care activities providers in the designated social care folder. This will be completed by 24 June 2023.</p> <p>Risk management</p>	

All risk managements will be signed and dated by the assessor. This has been reviewed and completed on 29.05.23.

All controls in place to manage risks will be reviewed every 3 months and adjusted where needed to ensure the effectiveness of the measures put in place.

System in place to manage resident medical and nursing notes

Context: Following feedback from staff that the electronic system currently in place is not user friendly, we have explored new systems looking for an easier to access platform. A possible solution has been found and arrangements have been made to trial the system.

Plan to transfer:

New system will be introduced on 12.06.23.

Implementation of the agreed system will start immediately with new residents with existing resident's information to be uploaded progressively.

Training to staff and feedback will follow and the agreed system will be up and running by 31.07.23.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

In her absence, in future, the Person in Charge will ensure that the persons participating in management are fully aware of the mechanism for submitting notification. All incidents that occur will be checked to ensure that this does not occur again

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A bio/psycho/social model of assessment had been implemented in relation to Care Planning and all residents will have full and comprehensive reviews to reflect the depth of knowledge of nursing and care staff.

The Person in Charge shall ensure greater oversight of Care Planning and will ensure that

plans are formally reviewed every 3 months. All revisions will be made in consultation with the resident and where appropriate the resident's family.

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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	24/05/2023
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	24/06/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Substantially Compliant	Yellow	24/05/2023

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	24/06/2023
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.	Not Compliant	Orange	24/06/2023