



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

## Issued by the Chief Inspector

Name of designated centre:	Our Lady's Manor Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Dublin Road, Edgeworthstown, Longford
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0004632
Fieldwork ID:	MON-0035197

## About the designated centre

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

Our Lady's Manor Nursing Home can accommodate up to 61 residents of all dependency levels. It provides 24 hour nursing care for older persons with physical or intellectual disabilities, dementia, acquired brain injury and palliative care on long-term, short-term, convalescence and respite basis. Residents are accommodated over three floor levels in 34 single bedrooms, 12 double room and one triple room, some of which have en suite facilities. The main reception, a variety of communal areas and a large oratory are located on the ground floor. The grounds are landscaped and include a garden for residents and a large private vegetable garden. The building, which was originally a convent, had been converted and undergone extension and modification over the years to improve facilities for residents. The designated centre is situated in Edgeworthstown, 12 km away from Longford, and is conveniently serviced by nearby restaurants, public houses, libraries and community halls. Free parking facilities are available on site.

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

Number of residents on the date of inspection:	60
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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 12 April 2022	09:55hrs to 17:45hrs	Leanne Crowe	Lead
Wednesday 13 April 2022	09:40hrs to 15:45hrs	Leanne Crowe	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre.

This was an unannounced inspection carried out over two days to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. On arrival, the inspector was guided through the centre's infection control procedures by a staff member who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an introductory meeting, the inspector accompanied the person in charge on a walk around the centre. During the walk around the inspector saw that staff were attending to residents' personal care and a number of residents were up and ready for the day's activities. Residents had access to participate in activities outside the centre and some residents were seen going out of the nursing home to participate in their individual pursuits. Arrangements were in place for these residents to be collected and brought to their destination and then returned home later in the day.

The residents were observed to pass time in their bedrooms or in a variety of communal areas that were located on the ground floor of the building. The staff appeared to be familiar with the residents and were friendly and respectful when interacting with them. Staff were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed.

The inspector observed that the residents' bedrooms were nicely decorated. Many bedrooms were personalised with pictures, furniture or other items. Some residents also had additional storage for their items if needed.

Visitors were observed being welcomed into the centre throughout the inspection. The inspector spoke with a small number of these visitors, who were overwhelmingly positive about the visiting processes in place. Visitors also confirmed that they were kept up-to-date about their loved one's condition while any visiting restrictions were in place in response to a suspected or confirmed outbreak of COVID-19.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on the actions taken to address non-compliance found on the previous inspection in April 2021. The inspector also assessed the provider's progress in terms of achieving compliance with Regulation 28, fire precautions. Following the previous inspection, a restrictive condition was attached to the designated centre's registration due to the provider's failure to comply with Regulation 28. This condition required the provider to take all necessary actions to achieve compliance by 31 December 2021, so that the safety of residents could be ensured. On this inspection, while the provider had not met the requirements of the restrictive condition, the majority of works had been completed. This is discussed in further detail under Quality and Safety.

Overall, this was a well-managed centre where residents received a good standard of care. The registered provider had addressed most of the outstanding actions from the previous inspection and ensured the centre was appropriately resourced to ensure residents' needs were met. However, improved focus and oversight were now required to achieve regulatory compliance in relation to safeguarding of residents, complaints management, contracts of care, premises, infection prevention and control, notification of incidents and fire safety.

The centre is owned and operated by the registered provider, Newbrook Nursing Home Unlimited Company. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge was supported in their role by the CEO, an operations manager, a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable of their roles and responsibilities.

The provider had effective management systems to monitor the clinical oversight of the service through a weekly report of key performance indicators. Audits on areas of clinical practice and operations were frequently carried out also. Action plans were developed and completed in response to any identified area of improvement. Management meetings took place on a monthly basis and records of these were available for review during the inspection. Staff meetings for all other roles took place regularly and were also documented.

While an annual report on the service for 2021 had been completed, this had not been carried out in consultation with residents. The person in charge advised that this was due to it being developed during a COVID-19 outbreak.

Staffing over the course of the two day inspection was consistent and in line with the proposed whole time equivalents. While some recruitment or induction of new staff was ongoing, there were no significant deficits reported in terms of the overall staffing complement for the designated centre. For the most part, the number and skill mix of staff on duty met the needs of residents. However, the inspector did note some delays in responding to call bells, particularly during periods where residents were most active. This was echoed by some residents, who were very complimentary of the service but felt that their call bells were not always answered in a timely manner. A review of monthly call bell audits indicated that average

response times were between one and three minutes, so the person in charge was asked to conduct further audits in light of feedback from residents.

While there was a complaints process in place, improvement was required to ensure that all expressions of dissatisfaction by residents were appropriately dealt with through the designated centre's complaints process.

### Regulation 15: Staffing

Over both days of the inspection, the centre had an adequate number and skill-mix of staff to meet the assessed needs of residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the nursing and operational management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents, with regular audits being carried out and actions developed as required. However, the inspector's observations, as well as feedback from residents, indicated that staff couldn't always respond to call bell alarms or requests for assistance in a timely manner. Therefore, additional supervision was required to ensure that call bells were responded to appropriately throughout the day.

While an annual review of the quality of the service had been developed for 2021, it had not been completed in consultation with residents or their families.

Judgment: Substantially compliant

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

A sample of contracts reviewed had set out the terms and conditions of the service, but did not always state the fees to be paid by residents. They contained details of the accommodation provided and were signed by the resident and/or their

representative.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a policy and procedure for the management of complaints. However, it required review in order to clearly outline the procedure in place to manage verbal complaints.

The inspector viewed a sample of complaints, the majority of which had been managed in accordance with the centre's policy and documented the satisfaction of the complainant with the outcome of the complaint investigation and actions taken. However, a dissatisfaction previously expressed by a resident in relation to the service had not been documented as required. This was addressed during the course of the inspection.

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre.

Judgment: Substantially compliant

### Quality and safety

Overall, there were good standards of care provided, and the health care needs of residents were well met. The inspector followed up on the previous compliance plan and found that the majority of actions had been addressed and the outstanding actions in relation to fire safety were ongoing and nearing completion. On this inspection, areas of non-compliance were also identified in relation to care planning, protection, premises and infection prevention and control.

Visiting arrangements in place on the day of the inspection ensured that residents could meet with their friends and loved ones in line with public health guidance. Visitors were facilitated to meet with residents in their bedrooms, or in dedicated visiting rooms near the entrance to the centre.

On the day of the inspection, the centre's restraint register indicated that 19 residents were using bed rails. The centre was making significant efforts to minimise the use of restraint, having recently purchased a number of half-length bed rails to support those who required them. According to documentation reviewed on the inspection, all use of physical restraint was appropriately assessed prior to implementation and regularly reviewed.



A number of actions had been identified in relation to fire safety at the previous inspection in July 2021. Following that inspection, the provider had arranged for a comprehensive risk assessment to be completed by an external fire safety consultant and the subsequent report was submitted to the Chief Inspector. An action plan that had been developed in response to that report was in the process of being completed by the provider at the time of this inspection, with clear time lines provided. A repeater fire panel had been installed, and other upgrades had been made to various aspects of the premises. Actions that were outstanding at the time of this inspection are described under Regulation 28, Fire Precautions.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up-to-date. The fire register for the centre included in-house maintenance checks. These checks were completed and up-to-date. Records showed that simulated evacuation practice drills took place regularly using a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. Residents had regular medical reviews and were referred to allied health professionals if required. There was evidence of visits from allied health professionals and their recommended interventions were recorded and implemented.

The sample of care plans assessed on the day of the inspection had been recently reviewed and were informed by up-to-date assessments of residents' needs. However, improvement was required to ensure that outdated information was removed from care plans, in order to ensure that they accurately reflected the current or changing needs of residents and provided clear guidance for nursing and care staff.

A programme of activities were in place in the centre, which was facilitated by an activity co-ordinator and other members of staff. There were appropriate facilities for activities, with a number of communal rooms situated throughout the centre, as well as an outdoor area. The provider owned an accessible bus, that was used by the centre on a weekly basis for resident outings. Recent or planned trips included visits to Knock, a pet farm, a train museum and to a nearby town for some shopping. The activity co-ordinator also printed a monthly newsletter which contained a summary of recent events and accompanying photographs.

Residents were consulted with in the day-to-day running of the centre. Residents' meetings took place regularly, with the most recent meetings occurring in January and February 2022. Records of these indicated that there were attended by a large proportion of residents and that residents discussed a variety of topics relating to the service. Any issues raised by residents in these meetings were promptly addressed.

## Regulation 11: Visits

The inspector was satisfied that visiting arrangements were in line with current guidelines set out by the HPSC (Health Protection and Surveillance Centre).

Judgment: Compliant

## Regulation 17: Premises

Overall, the layout and configuration of the centre met the requirements of the regulations. Some improvement was required in relation to the maintenance of the building, for example:

- Grab rails were missing in one communal shower. The management team provided assurances that this would be addressed promptly
- Skirting boards were missing from a wall following the removal of furniture from that area after the previous inspection
- Many walls were stained by alcohol hand gel and required repainting.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk policy contained all of the requirements set out under this regulation. A risk register in the centre covered a range of risks and appropriate controls for these risks were in place.

Judgment: Compliant

## Regulation 27: Infection control

The inspector observed that the following areas required the provider's action to ensure that infection prevention and control procedures in the centre were consistent with the standards for the prevention and control of health care associated infections:

- Rust or evidence of wear and tear was visible on some aspects of the centre, such as handrails and wooden surfaces. This posed a risk of cross contamination as staff could not effectively clean these surfaces

- The layout of one sluice room required configuration to ensure staff could access the bed pan washer
- The inspector observed some poor practice in relation to the wearing of personal protective equipment (PPE) during the course of the inspection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had carried out significant fire safety improvements following the last inspection however some areas remained outstanding at the time of this inspection. These included:

- The installation of two fire doors in bedrooms on the ground floor
- The installation of self-closing devices on doors on the lower ground floor
- The reconfiguration of access to a bedroom
- A review of the centre's fire policy.

Completion dates for these items were available at the time of the inspection.

While fire drills had been completed on a regular basis, they did not provide sufficient assurances that residents could be safely evacuated in a timely manner. For example, a drill simulating the horizontal evacuation of the centre's largest fire compartment using night duty staffing levels had not been completed with the maximum number of people accommodated in that compartment.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

While care planning documentation demonstrated comprehensive knowledge of residents' individualised needs, the inspector identified that some care plans contained information that was outdated and no longer reflected the residents' needs. For example, one care plan referred to planning a trip for 2018 and another referred to a resident's 'current weight' as being recorded in 2019. This suggested that while care plans were being reviewed, further scrutiny was required to ensure that following the review care plans were appropriately revised to accurately represent residents' current needs or goals.

Care plans in relation to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were also in place for a number of residents. While these had been recently reviewed, one was not sufficiently detailed to guide staff in providing care to this resident in a safe manner. In addition care plan

records showed that the care plan for another resident who displayed responsive behaviours had only been developed in April 2022, despite records indicating that the resident had exhibited this type of behaviour on a number of occasions since September 2021. As a result staff did not have a clear plan of care for supporting this resident until the care plan was developed in April 2022.

Judgment: Substantially compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents' health care was being delivered appropriately. Residents had good access to general practitioner (GP) services as well as other allied health professionals such as tissue viability nurse, dietitian, occupational therapy, palliative care, speech and language therapy and psychiatry of old age.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A small number of residents exhibited responsive behaviours. While records were maintained describing episodes of responsive behaviour to assist with identifying triggers to the behaviours, the inspector found that in relation to one resident, these had not informed the development of a care plan until the first day of the inspection. Care plans for other residents in relation to responsive behaviours also required improvement and these non-compliances are discussed under Regulation 5, individual assessment and care plan.

There was good evidence that the designated centre was making efforts to reduce the use of restraints including full-length bed rails in use. All instances of restraint in the centre were implemented in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to investigate any suspicions or allegations of abuse.

Residents' finances were managed appropriately, with all records maintained as required.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and residents were encouraged to make choices regarding their daily lives. There was a range of activities available to residents to ensure that all residents had access to enough opportunities to participate in activities in accordance with their interests and capacities. Residents had access to advocacy services as required.

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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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 Our Lady's Manor Nursing Home OSV-0004632

Inspection ID: MON-0035197

Date of inspection: 13/04/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Centre will continue to staff in line with occupancy, dependency and take into consideration skill mix.</p> <p>Detailed Call bell audits will be conducted monthly.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The CNM/Nurses/Team Leaders will supervise the call bells during busy periods and report any trends.</p> <p>The annual review will be discussed at the Residents' meetings to which families are invited. The Annual Review is available at reception in the Information Folder for all residents, visitors and staff at all times to read.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant



Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
 All Contracts of Care have been reviewed and updated where necessary with individual fees clearly stated, this will be ongoing.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 The Complaints Procedure is displayed throughout the Centre.  
 All staff have been updated on the procedure to record and manage verbal complaints.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 -The Grab rails have been fitted in the communal shower.  
 -The Skirting boards have been ordered.  
 -The Centre is being painted and decorated throughout.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 -The centre is being refurbished and handrails painted.  
 -The Sluice room is tidy and fit for purpose.  
 -All staff have been updated with Infection control training and this is ongoing  
 -Infection control training completed on 09/03/2022 and planned for July 2022

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>-The Fire Doors are ordered and due for delivery/installation this month July 2022</li> <li>-The self-closing devices are complete-June 2022</li> <li>-Fire Drills will include horizontal evacuation of the largest compartment using night duty staffing levels.</li> <li>-The Fire Policy has been reviewed</li> </ul>	
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> <ul style="list-style-type: none"> <li>-All Residents have a Holistic Care plan which is further supported by additional Care Plans as required</li> <li>-All Named Nurses will review and update all residents care plans.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	18/07/2022
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	31/08/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with	Not Compliant	Yellow	31/07/2022

	residents and their families.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	18/07/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Not Compliant	Orange	18/07/2022

	persons in the designated centre and safe placement of residents.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	09/06/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	09/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Substantially Compliant	Yellow	31/07/2022

	that resident's admission to the designated centre concerned.			
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