



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Hazel Hall Nursing Home
Name of provider:	Esker Property Holdings Limited
Address of centre:	Prosperous Road, Clane, Kildare
Type of inspection:	Unannounced
Date of inspection:	27 June 2019
Centre ID:	OSV-0000049
Fieldwork ID:	MON-0021559

About the designated centre

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

Hazel Hall Nursing Home can accommodate up to 46 female and male dependent adults, aged over 18. The majority of residents are aged 65 and over, and can provide for the following care needs: General (Care of the Older Person), Dementia, Physical Disability, Intellectual Disability, Acquired Brain Injury and Young Chronic Care. Hazel Hall Nursing Home is purpose built and set in its own secure grounds with car parking facilities and is monitored by CCTV. It contains 44 bedrooms (42 single and 2 shared rooms). Each room is equipped with Cable TV (Flat Screen) and call bell system.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 June 2019	08:20hrs to 17:20hrs	Michael Dunne	Lead
27 June 2019	08:20hrs to 17:20hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

The majority of residents spoken with were content with the support they received in the centre. Residents told us that staff were kind and provided care according to their wishes. Residents mentioned that there were no restrictions on when they had to get up or when to go to bed and that they liked this freedom.

Residents were observed attending individual and group activity sessions throughout the day. Overall residents were happy with the programme of activities on offer however one resident mentioned that there was not many activities for male residents to do as the activities tended to be more female specific. They indicated that they liked the quizzes but would like to see activities such as card games.

Feedback on the quality and quantity of food provided in the centre was positive. Residents said that meals were tasty and that if you wanted something different then staff would provide it for you. Many residents said were happy that they were able to receive their meals in their bedroom. Those residents spoken with stated that they preferred to have their breakfasts in their rooms.

Residents said that they felt safe in the centre where their complaints or concerns were dealt with in a timely manner. Residents indicated that staff tried their best to ensure that their lived experience was a positive one.

Capacity and capability

Inspectors found the designated centre had systems in place to ensure the health and safety of residents. There were however improvements needed with regard to fire safety, risk management, infection control. The centre had a statement of purpose in place however it did not accurately describe all of the facilities in the centre. One facility was been used as a hairdressing facility but this was not accurately described in the statement of purpose.

The centre had addressed issues raised in previous inspections such as stabilising the staff team and by increasing the number of nursing hours available to the residents. Actions to improve the overall cleanliness of the centre had not resulted in improved outcomes for the residents as inspectors found numerous examples of inadequate cleaning, storage and poor infection control practices.

The centre had a clear management structure in place where the person in charge

(PIC) was a registered nurse and had worked in the centre for some time. The registered provider representative worked full time in the centre and supported the PIC in the day to day running of the centre. There was an annual review of quality and safety in place which was developed taking into consideration the views of the residents.

Inspectors observed that there was sufficient staff numbers with the required skill mix on duty while interactions between staff and residents were found to be courteous and respectful of residents rights.

Regulation 15: Staffing

A selection of staff records were reviewed and those examined contained the required information as per regulations. The numbers of staff on duty on the day of the inspection were consistent with the numbers indicated on the staff rosters. There was sufficient staff with the required skill mix on duty to meet the needs of the residents on the day of the inspection. There was evidence of staff receiving appropriate monitoring and supervision throughout the day. Staff absences were covered within the team ensuring consistency and continuity of service.

A number of residents were in receipt of one to one staff supervision and support and good communication techniques was observed between staff supporting these residents. Interactions between staff and residents throughout the day was seen to be person centred and respectful of residents rights.

Judgment: Compliant

Regulation 16: Training and staff development

Staff employed in the centre had access to a range of training both in house and external. There was mandatory training in place for fire and safeguarding. There was also a selection of additional training available to staff which included moving and handling wound care, medication management and restrictive practice. Records were well maintained and those reviewed on the day identified which staff had attended training and which staff were allocated for future training. Staff confirmed that they had attended training and found it to be valuable in their daily interactions with residents.

Judgment: Compliant

Regulation 21: Records

A selection of staff records were reviewed and all were found to contain the required prescribed information as required in schedule 2 of the regulations. For example references and employment history. Staff records were well maintained and were available on site for the inspectors to review. The centre had systems in place for the management, update and control of documentation within the centre. Staff spoken to were also knowledgeable about the importance of accurate record keeping and their duties in keeping residents personal information secure.

Judgment: Compliant

Regulation 23: Governance and management

There was a stable management structure in place which ensured that the quality and safety of services provided were monitored on a regular basis. The centre had a person in charge who was supported by the registered provider representative who worked directly with the person in charge on a daily basis.

There was an annual review of quality and safety available to review on the day of the inspection. Inspectors reviewed resident satisfaction surveys and on the whole the majority of surveys seen were positive about the quality of care provided. The annual review of quality and safety incorporated residents comments and suggestions for improvement.

There were systems in place to ensure good communication across all disciplines within the centre. There were a range of both clinical and operational audits in place to monitor the quality of care however inspectors found that policies and procedures in Infection control, the management of fire safety, the management of risk assessment required review as inspectors were not assured as to their effectiveness in delivering good outcomes for the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and found to require an update with regard to the use of a facility for hairdressing which was not referenced in the statement of purpose. The statement of purpose was updated on a regular basis and was available for residents and relatives to review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that the centre had maintained clear and accurate records around the management of incidents. There was evidence to show that when serious incidents occurred they were robustly investigated with detailed records maintained. The inspector saw evidence that referrals to external agencies were made where necessary. Post incident findings were communicated to the staff team in order to promote team learning. Staff were able to describe their role when an incident occurred with regards to recording the incident and communicating relevant details to the management team.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy in place which met the requirements of the regulations. The policy was advertised in a prominent place and was available for residents and relatives to review. Records reviewed showed that complaints were recorded and investigated according to the centres complaints policy. Complainants received timely feedback following thorough investigation of complaints.

Those residents spoken with were able to confirm that if they had a complaint then they would inform staff or management directly.

Staff spoken with were familiar with the centres complaints policy and in the role that have in supporting a resident who wished to register a complaint.

Judgment: Compliant

Quality and safety

Residents needs were being met through planned access to health and social care services ensuring good outcomes for the residents. There were however improvements required in relation to the overall management of infection control, a review of storage, the cleaning of equipment, and the upgrade of facilities including flooring to toilets and bathrooms. There were also improvements required with regard to risk and fire management policies and procedures to ensure that they

were effective in maintaining resident safety.

Residents had access to a medical practitioner, who visited the centre four days a week, access to out-of-hours doctor services was also available to the residents. Allied health services such as dietician, speech and language therapy were available on a referral basis. There was regular access to physiotherapy as this was provided in house by a member of the staff team.

Residents were supported to access services they were entitled to in the community. Residents were referred to national screening programmes as appropriate and in accordance with their preference. Procedures were in place to support residents to make informed choices about their care needs.

Residents rights were safeguarded by effective procedures in the centre. Staff were knowledgeable of the signs of abuse and were knowledgeable and clear about their roles and responsibilities in protecting residents from abuse.

Appropriate assessment and management of residents with responsive behaviours resulted in improved outcomes for residents. Behavioural support care plans did not always guide staff to effectively care for these residents in a person centred way, and so required review.

The rationale and use of bedrails was assessed regularly in consultation with residents and medical team. Documentation to record the use of bedrails were up-to-date and available for inspectors to review.

There were facilities and opportunities for residents to engage in recreational and occupational activities in the centre. The activity coordinators offered a range of activities, informed by interests and capabilities of residents. Residents were provided with food and drink to meet their assessed needs and they were complimentary about the meals provided. Residents' religious and civil rights were upheld.

Regulation 17: Premises

Resident accommodation was provided on the ground floor with the centre divided into three different units called the Moate, Abbey and Liffey Units. There was good use of signage in the centre which was appropriate to residents capabilities. The centre was homely and residents had access to a garden at the rear of the centre. There was a large dayroom/sitting room facility where residents were seen engaging in activities throughout the day. There was also a smoking shelter available for residents who smoked. Staff informed inspectors were plans to develop a men's shed resource in the future.

Resident rooms were tastefully decorated and some contained sinks whilst others

were en-suite. There was adequate storage available for residents to use and bedrooms were arranged for residents to gain maximum use of space.

There were improvements required with regard to bathrooms and toilets as those seen during the inspection required upgrade with regard to replacement flooring and overall cleanliness.

Bathing equipment available for resident use required cleaning and it was seen that incontinence pads were being stored in most bathrooms.

Communal areas in the Abbey unit were undergoing decoration with regard to colour coding of areas to support residents with dementia orientate easily within the unit.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to drinking water and juices at all times in the centre. There was a good variety of meal choices for all residents.

Recommendations by speech and language therapists and dietitians were implemented and integrated into resident care plans. There was evidence that weights were recorded for residents that required regular weight monitoring.

There was adequate staff to discreetly assist residents at meal times and when other refreshments were served. Residents also had the choice of where they would prefer to dine and the dining experience was a relaxed one. It was observed during the day that staff also dined with residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in place and there were a range of policies and procedures to promote health and safety within the centre. The implementation and monitoring of these procedures required significant improvement as Inspectors found that existing infection control procedures were not effective in ensuring residents health and safety were promoted and maintained.

There were improvements required in maintaining the cleanliness of bathrooms and toilets ensuring that incontinence pads and urine bottles were stored in a manner

that did not allow residents access to them.

There was poor storage of oxygen cylinders as they were found not to be secured in a manner that was safe or that ensured residents could not have access to them.

The majority of these issues were addressed immediately by the provider and inspectors were informed of a programme of improvements to be instigated post inspection.

Judgment: Not compliant

Regulation 27: Infection control

Some improvements from the previous inspection were addressed. A review of infection control procedures found deficiencies in practice evidenced by the re-use of single use dressings, not all medicines were labelled, best practice was not observed to decontaminate medical equipment and hand hygiene sinks were obstructed for use by staff, this was addressed during inspection. Hand sanitising dispensers were available throughout the centre.

The household staff demonstrated good knowledge cleaning processes and the colour coding system use for cleaning equipment. They were also informed when additional infection control measures were required. However, the cleaners trolley was had high levels of dirt and assisted baths were in a poor state of repair which would not allow for adequate decontamination between uses. There was a risk of cross-contamination due to continence wear and towels being stored on open shelving in shared bathrooms.

Regular hygiene audits were carried out in the centre but these were not sufficient to identify gaps in practice. Improvement is required to monitor compliance with the centres own policy and the prevention and control standards and regulation.

Improvements were also required in the laundry procedures to ensure best practice with regards to infection control measures; for example washing of bed linen at recommended temperatures.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and the regular servicing of fire management systems. There were fire maps located in prominent locations throughout the centre. All residents had an individual evacuation plan in place and staff were aware of these plans. Records seen indicated that staff had received fire training.

The centre carried out a full evacuation of a unit and had recorded information about this evacuation.

The monitoring of fire doors needed to improve and be incorporated in the centres regular fire checks monitoring regime. Items attached to fire doors were removed immediately upon inspector instruction.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Samples of clinical documentation including nursing and medical records were reviewed. The pre-admission assessments were comprehensive and looked at both the health and social needs of the potential resident immediately before the admission and ensured that the on-going needs for care and support could be met.

Comprehensive assessments were carried out to meet the needs of the residents. The inspectors reviewed a sample of care plans. They were found to be individualised and person centred, however a number of the care plans reviewed had not been updated at four monthly intervals in line with the requirements of the regulations. In addition care plans to support residents with behaviours that challenge required more detail in order for the care plan to be more effective and easily monitored. It was observed that pressure area risk assessments were not carried out at prescribed intervals for a resident that had a low body mass index.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a medical practitioner provided by a local GP practice with access to out-of-hours doctor services. Physiotherapy was provided five days a week by the centre's physiotherapy staff. There was access to other specialists available on referral, including tissue viability, occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services.

There was appropriate referral to specialists and recommendations by specialists were implemented and integrated into residents care plans. Eligible resident had access to the national screening programs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that staff were upto date in their learning concerning behaviours that challenge and records reviewed indicated that staff had received the required training to be able to provide the required levels of support. There was evidence that residents who were at risk of displaying such behaviours had appropriate risk assessments in place to identify these behaviours. Residents who required one to one support were observed to be supported in a manner that respected their rights and care was provided in a manner that afforded residents choice and autonomy.

Inspectors found gaps in some records detailing how behaviours that challenge should be managed however this is reflected under the regulation 5.

The rationale and use of bedrails was assessed regularly, in consultation with residents and the medical team. Documentation to record regular checks to ensure safety of residents while bedrails were in use was up-to-date.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in how to recognise and respond to safeguarding concerns and elder abuse. Staff spoken with on the day were knowledgeable and clear about their roles and responsibilities. It was evident from documentation viewed, that when allegations of abuse were identified the appropriate action was taken to protect residents and where appropriate, family members were kept informed.

Bedrails risk assessments were in place and the rationale for their use and alternatives trialled were documented.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents had the opportunity to participate in activities in accordance with their interests and capacity. Residents had access to TVs and newspapers and residents had adequate space to store their personal belongings with a lockable cupboard in every bedroom. Rooms were personalised and tastefully decorated. Residents had the facility to vote at a local school and there was a chapel in the centre which was available to all residents with a weekly service provided.

Residents privacy could be upheld by privacy screening in shared rooms or closing the doors of the single bedroom, however practices observed on the day indicated that bedroom doors were often open to the corridor, as was the choice of residents.

Residents had access to advocacy services, and contact information was readily available in the centre. Residents meetings were held monthly and actions plans were drawn up with a responsible person identified on this plan. There was positive feedback from residents and family members with regards to the quality of care received.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially 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 Hazel Hall Nursing Home OSV-0000049

Inspection ID: MON-0021559

Date of inspection: 27/06/2019

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>Prior to inspection, the management team had conducted a comprehensive review of the health, safety and risk management systems in place as it was not fully assured that the auditing processes were effective in determining areas for improvement. Each area of risk was scrutinised and a revised audit in each area was compiled. The newly revised audits were in place; however they were not fully implemented at the time of inspection. The audits are now implemented and under the direct supervision of the Assistant Director of Nursing. This is enhanced by a systems audit conducted periodically by the Deputy Director of Operations. All documentation evidencing the above is available for inspection at any time.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The hair and beauty salon was relocated within the centre. The Statement of Purpose is updated and issued.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The required upgrades, including flooring and alternative storage for incontinence wear are completed. The audits as previously described are now in place to ensure enhanced infection control.</p>	

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The audits as previously described are now in place to ensure risk management procedures are followed by all staff. The implementation and monitoring of all risk management procedures will be strictly supervised by the Assistant Director of Nursing and Person in Charge.</p> <p>Oxygen cylinders are now secured out of reach of residents.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A specialist nurse was consulted and contracted to develop infection control monitoring systems, record sheets, training the management staff in auditing and train all staff in infection control. A nurse dedicated to infection control was appointed to improve compliance with policies, standards and regulations.</p> <p>Revised laundry procedures were implemented and displayed in the laundry and roles in housekeeping and laundry were reviewed and new staff recruited to ensure best practice is followed.</p> <p>Towels and incontinence wear cannot be accessed by residents using communal bathrooms.</p> <p>There is an ongoing Refurbishment Programme in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire doors were checked by a Registered Fire Engineer post inspection and cleared for use. Weekly checks of fire doors are in place.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>An Assistant Director of Nursing was recruited to the team, with duties including</p>	

supervision of the assessment and care planning process. All assessment and care plan reviews are carried out on a four-monthly basis. RGN staff received additional training on the Assessment and Care Planning process.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/07/2019
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	05/02/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	01/08/2019

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	22/07/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Yellow	14/08/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	15/08/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Not Compliant		31/08/2019

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/07/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/07/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/08/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	31/08/2019

	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.			
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