Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Brookvale Manor</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>The Brindley Manor Federation of Nursing Homes Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Hazelhill, Ballyhaunis, Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09 January 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000325</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0022248</td>
</tr>
</tbody>
</table>
About the designated centre

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

Brookvale Manor is a purpose-built single-storey premises located in a residential area a short drive from the town of Ballyhaunis. The centre is registered to provide long and short term care for 57 residents, both male and female over the age of 18 years. Twenty-four-hour nursing care is provided.

Residents’ accommodation comprises of single rooms and double rooms all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents’ privacy is provided in the shared bedrooms.

The centre has a variety of communal space and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room to the front of the building, an additional sitting/activity area that is centrally located and a foyer at the front that some residents use to read or to see their visitors. All areas were comfortably furnished and visibly clean. Other rooms include a laundry, sluice facilities, kitchen and staff areas and offices.

There is a safe secure outdoor garden for residents to use and this was accessible from several points of the building. It was well cultivated, provided with appropriate seating and had interesting features such as a summer house where residents could sit in the shade. The centre also has a pet rabbit that lives in the garden and provides additional interest for residents.
The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>21/07/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
</tbody>
</table>
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
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 January 2019</td>
<td>09:30hrs to 18:00hrs</td>
<td>Geraldine Jolley</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Residents told the inspector that they received good care and felt safe in the centre. They said that staff were kind and they had plenty of activities to keep them occupied. All residents interviewed said that the centre met their needs and once they had settled in were happy living in the centre.

Residents said that staff took time to understand their needs and routines and adhered to their choices. They said that they could get up and go to bed when they wished and were free to use whatever sitting area they preferred. Several residents said they were encouraged and helped to remain mobile and active. They described staff encouraging them to walk short distances daily and to walk outside in the garden.

Residents confirmed that they would have no hesitation in raising issues with staff if they had a concern or a complaint. They knew the person in charge, the nurse who took charge in his absence and the regional manager and said that they would discuss concerns with any of them.

Residents said staff ensured they saw doctors and specialists when they were unwell and confirmed that they were seen regularly to assess their health and to review their medicines.

Residents said that they was a good variety of activities and that staff reminded them when activities were on so they did not miss sessions they liked to attend. Some residents commented that they enjoyed the bingo sessions in particular as this gave them an opportunity to get together and enjoy an activity. Others said the enjoyed the regular prayer sessions and having Mass in the centre.
The centre was found to be well managed with evidence of good governance arrangements in place. A new person in charge and a regional manager had been appointed during 2018. Together with the provider representative they had systems in place to audit and review the service and make improvements where required. For example the inspector saw that where residents had particular needs there were staff allocated to support them appropriately and ensure that activities were organised that met their needs. The person in charge was familiar with the inspection process and provided information and documents readily. The inspector noted that the administration systems were well organised and documents were stored securely. The actions outlined for attention following the last inspection had been addressed. Contracts of care now included the type of room to be occupied, wound care records were now more detailed and staff had training on this topic and policies that required improvement had been revised. There was a clear management structure in place and staff and residents knew who was in charge and the senior managers for the company.

The inspector found that the service delivered to residents was in keeping with the centre's objectives as described in the statement of purpose. There were appropriate resources allocated to the upkeep of the premises, the delivery of the care and to staff training. The views of residents are sought regularly and taken into account when planning activities and routines such as meal times.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was given by the regional manager and person in charge that Garda Síochána (police) vetting was in place for all staff and volunteers.

Each resident had a contract for care in place which outlined the fees and charges in respect of their care and services.

There was a comprehensive complaints process in place should residents, relatives or visitors wish to raise any issues. This was displayed and described the appeals process and the contact details for the manager responsible for appeals if they were not satisfied with how a complaint was addressed.

Regulation 14: Persons in charge

A new person in charge had been appointed. Documentation provided confirmed that he had the required three years’ experience.
caring for older people and in management and had an appropriate management qualification. He had a full time role in the centre until the end of December 2018. At the time of the inspection he had been appointed to the person in charge role in another designated centre operated by the company following the resignation of the person in charge there. The staff rota indicated the time spent in each setting. This arrangement is temporary as the requirement is to have a full time person in charge to ensure the effective governance, operational management and administration of the designated centre. The arrangement was supported by the regular presence of the regional manager in both centres.

The inspector found that he was familiar with the care needs of residents in the centre and ensured that systems were in place to meet his regulatory requirements. His training on moving and handling, fire safety and adult protection was up to date and there was further training scheduled on end of life care and dementia to support him in his role. The person in charge conveyed a positive and enthusiastic approach to his role. He had a system in place for staff meetings and a staff deployment model that ensured an appropriate skill mix of staff across the day and night.

**Judgment:** Substantially compliant

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### Regulation 15: Staffing

The inspector found that there were appropriate staff numbers and a varied skill-mix of staff to meet the assessed needs of residents and ensure the safe delivery of the service.

The inspector reviewed the staff roster which reflected the staff on duty. Staff were observed to react promptly to residents' requests for assistance and were diligent about reminding residents of the times that activities were due to start so they could attend if they wished. There were adequate staff deployed to social care and to support residents at meal times.

The inspector saw that the established staffing model included a social care facilitator whose role was to link in with care staff and nurses to ensure that personal routines and choices were adhered to and activities were undertaken as planned.

**Judgment:** Compliant
### Regulation 16: Training and staff development

There was a comprehensive training schedule available for all grades of staff. This included the three statutory training topics—moving and handling, fire safety and adult protection and other topics relevant to the care and support needs of residents including dementia care and care model adopted by the centre. Refresher training was provided at regular intervals to ensure staff knowledge remained up to date.

**Judgment:** Compliant

### Regulation 19: Directory of residents

The directory of residents was up to date and contained the required information.

**Judgment:** Compliant

### Regulation 21: Records

The records inspected were maintained and stored in line with best practice and legislative requirements. Residents' records viewed complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector reviewed a sample of staff files and found that there were fully complete. There was a system in place to ensure that all the required records were obtained and available for all staff.

The inspector found that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.
Regulation 23: Governance and management

The management systems were effective and ensured the service was reviewed and monitored regularly. The regional manager had a key role in supporting the person in charge and was present during the inspection. An induction programme is provided for all staff and there were established recruitment procedures that reflected good practice for staff working with vulnerable people.

The management structure was known to staff who could describe the personnel in varied roles. There was an audit programme in place and aspects of the service were reviewed at regular intervals. Staff and resident meetings took place and records of these were kept and issues raised addressed.

Regulation 24: Contract for the provision of services

All residents had a contact that described the fee to be charged and the services and facilities provided. An action plan from the last inspection had been addressed. The inspector saw that contracts now described the room to be occupied.

Regulation 3: Statement of purpose

The statement of purpose had been updated to reflect the changes to the organisational structure and personnel. It met the requirements of the
Regulation 31: Notification of incidents

The required notifications are supplied and where follow up information is requested this has been provided in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which met the regulatory requirements. A copy was on display and residents said that they knew how to raise an issue of concern. A record of all complaints and the outcome of investigations was maintained.

Judgment: Compliant

Quality and safety

Residents’ health and social care needs were met through appropriate staff deployment, good access to doctors and the availability of a varied social activity programme. The environment was well organised and used well to ensure residents’ specific needs were met. There were improvements required to some care plans as it was not always evident how residents participated in social care activities and the impact this had on their quality of life.

There were care plans for all residents and these were based on a range of assessments that identified residents’ health and social care needs. There were good descriptions of residents’ backgrounds and lifestyles recorded to inform how care was delivered. Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. Residents told the inspector that staff frequently enquired about their well-being and called doctors to see them if they were unwell.
There were varied assessments completed to assess risk, general health needs and social interests. If a risk was evident for example a falls risk or vulnerability to pressure area problems there were care plans that described the measures to be taken by staff to promote health and prevent deterioration. Residents said they were informed about the admission procedure and the services in the centre before admission. The records viewed indicated that residents were involved and consulted about their care. The inspector saw that a range of suggestions had been made to some residents regarding opportunities available in the community. These were being followed up and staff had put measures in place to support residents who wished to attend services in the community.

The daily life patterns and interests of residents were recorded to inform care practice. There were details on lifestyle, occupation, hobbies and interests available to enable staff plan care in a person centred way. Residents said that they enjoyed taking part in activities particularly the prayer group, bingo, music sessions and going out to the garden.

The building is a modern bungalow style design, with plenty of natural light throughout and is maintained to a good decorative standard. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were wide and unobstructed and there was meaningful signage to guide residents to the main facilities. There were several communal rooms that residents could use during the day. There was an oratory that residents used for prayer and to spend time quietly. There was access to a safe outdoor garden and this was noted to be used by several residents during the day. Other residents went out to check on the pet rabbit. Residents’ rooms are single or double occupancy. Rooms viewed were organised according to residents’ preferences and were personalised with furniture, books, plants and ornaments belonging to residents.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed regularly and call bells were accessible to residents in all areas. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for all new staff and fire training was scheduled regularly.

There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Staff could describe the actions they would take if they suspected abuse or if an incident took place and all had received training and information on this topic during the last three years. Any allegations or incidents of abuse were reported appropriately and investigated.

The inspector found that the non-compliances identified at the last inspection had now been addressed. Wound care problems were described well and the condition and progress of wounds was evident in care records viewed. Clothing was noted to be labelled to prevent loss and policies and procedures on safeguarding and risk
provided appropriate guidance to staff.

Fire safety procedures, service records and fire drill exercises were up to date. All new staff completed an orientation to the fire safety procedures as part of their induction. Fire drills are completed regularly and where issues are identified these are remedied to prevent problems in a real emergency.

Residents had access to a varied and nutritious diet. The inspector was satisfied that residents with special dietary requirements were provided with appropriate food and drinks. There was adequate staff deployed at meal-times to ensure residents who needed support had adequate attention and sufficient time to have their meals.

**Regulation 10: Communication difficulties**

Staff were aware of communication problems that presented and how difficulty with communication could lead to frustration and behaviour changes. Care plans described communication problems that were due to medical problems or dementia. The inspector was told that the dementia care model in use and the associated assessments alerted staff to residents' communication problems and helped them develop ways of communicating meaningfully with residents. A resident told the inspector that staff took their time when giving her information and their efforts were much appreciated.

**Judgment:** Compliant

**Regulation 11: Visits**

Residents said that they did not experience any restrictions in relation to having visitors. Three residents said they usually saw their visitors in their rooms but could also use the foyer and visitors' room if they wished.

**Judgment:** Compliant

**Regulation 12: Personal possessions**

Bedrooms were well furnished and had adequate storage for clothing and personal items. Many rooms were observed to have a good range of residents' personal
There were care plans completed by nurses that described residents' end of life care wishes. In the sample viewed residents' own specific choices in relation to resuscitation and transfer to hospital in the event of a medical problem were clearly described for staff.

**Regulation 17: Premises**

The centre was clean, appropriately furnished and had good natural light and ventilation when inspected. residents' rooms are single or double occupancy. The latter have screens that enclose the bed areas to ensure privacy.

There are varied communal areas where residents can sit and spend time during the day. The inspector saw that all areas were used well and residents said they liked being able to move around and meet with different people.

**Regulation 18: Food and nutrition**

Resident interviewed said they liked the food provided and said that staff made alternative meals if they did not like what was on offer at main meal times or if they preferred a snack. The dining room is a spacious light area with good space between tables to allow residents with walking aids, wheelchairs or specialist chairs access ding tables readily.
### Regulation 26: Risk management

There were risk management procedures in place and staff were observed to manage day to day risk factors well. Hallways were kept free of obstacles and clutter, residents were well supervised and staff followed good practice guidance for cleaning and hygiene.

**Judgment:** Compliant

### Regulation 27: Infection control

Staff the inspector spoke with were aware of the cleaning procedures that ensured good infection control management. They described how rooms were cleaned, how soiled linen was managed and the importance of hand washing and the use of personal protective equipment to eliminate the risk of infection transfer.

**Judgment:** Compliant

### Regulation 28: Fire precautions

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. All staff had been informed about the fire safety and fire alert procedures. Training sessions and fire drills were carried out on a regular basis. The reports of fire evacuation drills indicated that a compartment was evacuated and fire drills with the minimum number of staff on duty were completed.

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

The arrangements for medicines management was found to be safe and met good practice standards. There is a check of the system completed monthly by a pharmacist. There was a secure area for nurses to store and check medicines.
Regulation 5: Individual assessment and care plan

Care plans described residents' health and social care needs well and provided good guidance for staff on how to provide care effectively and in a person-centred way. Care plans were updated at the required intervals and residents' contributions and views on their care and preferred routines were included in care records.

The inspector found that some care plans required improvement. Care plans and evaluations particularly in relation to social activity and positive behaviour interventions did not convey the positive outcomes interventions had had on residents' well-being for example.

Regulation 6: Health care

Residents had good access to doctors and to other professionals such as tissue viability specialist, dieticians and speech and language therapists. The inspector found that referrals were made promptly to specialist services to ensure that appropriate measures were put in place to prevent deterioration.

Regulation 7: Managing behaviour that is challenging

The inspector noted that residents were provided with support that promoted a positive approach 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).

Assessments and care plans were in place to guide staff where residents displayed responsive behaviours. Staff maintained records of the times behaviours needed attention and they had adjusted and altered routines to suit residents' lifestyle.
patterns which had reduced the incidence of responsive behaviours.

Judgment: Compliant

**Regulation 8: Protection**

The inspector found that measures were in place that protected residents from harm or abuse and there were procedures in place to respond to allegations, disclosures and suspicions of abuse.

Staff spoken with confirmed that they had received training on recognising abuse and were familiar with how to report a suspicion or incident of abuse. The inspector was told that refresher training was scheduled.

The registered provider representative acted as a pension agent for some residents. The administration of this was managed centrally by the organisation and the system was in accordance with the guidance issued by the Department of Social Protection.

The inspector found that the centre's practices relating to residents' personal requirements were managed appropriately. Invoices are issued for any extra items that residents require that are purchased on their behalf.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents' rights were respected and staff were well informed on how to promote the values of choice, privacy, dignity, rights and fulfillment. Residents said they were listened to and that their views were respected. Changes were made as a result of their comments. An advocate from SAGE is present at some residents' meetings and the record of meetings conveyed that residents were told she was independent of the centre's staff.
Residents conveyed positive views of living in the centre and felt there were no obstacles to expressing their views or making choices.

Judgment: Compliant
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
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<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
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<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 20: Facilities</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Environmental safety</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 14: Persons in charge:
- **S** – A suitable Person In Charge has successfully been recruited for the designated centre as referred. Support to ensure the effective governance, management and administration of the centre is provided by the group governance structure.
- **M** – Through robust procedures.
- **A** – Support from the H.R. department.
- **R** – Realistic.
- **T** – 16th April 2019
Section 2:

Regulations to be complying 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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
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</thead>
<tbody>
<tr>
<td>Regulation 14(4)</td>
<td>The person in charge may be a person in charge of more than one designated centre if the Chief Inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the designated centres concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/04/2019</td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>08/02/2019</td>
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<tr>
<td>that resident's family.</td>
<td></td>
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