Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	20 October 2020
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0030019

About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 35 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

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
Tuesday 20 October 2020	10:00hrs to 19:00hrs	Catherine Sweeney	Lead

What residents told us and what inspectors observed

The feedback from residents spoken with on the day of inspection was overwhelmingly positive. Residents reported feeling very safe and well looked after. Residents told the inspector that the staff were attentive to their needs and that they 'never had to wait for assistance'.

The inspection took place during the COVID-19 pandemic. Residents spoken with said that they were feeling 'fed up with the restrictions' and 'concerned about their families at home'. Residents told the inspector that they were 'given regular information about COVID-19 and felt that the staff were doing their best to keep them safe'.

Residents were observed to be relaxed in the company of staff. Staff communication with residents was kind and respectful for all interactions observed by the inspector on the day of the inspection.

Residents were observed using a number of communal areas available in the centre. A schedule of activities was in place and residents were observed to be actively engage in individual and group activates. One resident told the inspector that they loved to read and that they had access to a library of accessible books. Other residents were observed socialising with staff and each other while enjoying a scheduled arts and crafts demonstration.

Residents were very complimentary about the food and the catering service. They described having 'a choice of delicious food at every meal'. One resident told the inspector that 'you wouldn't get better food in a restaurant or a hotel'.

Overall, the inspector observed a homely, and person-centred culture in the centre.

Capacity and capability

This was an unannounced inspection by the Office of the Chief Inspector to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection took place during the COVID-19 pandemic. The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time. They acknowledged that staff and management had the best interest of residents at the forefront of everything they did during the

COVID-19 period.

The person in charge was well supported by the provider. Regular management meetings were held between the provider and the person in charge. A review of the meeting notes found that issues such the contingency plan in place for COVID-19 and quality care issues were reviewed and appropriate plans had been put in place. However, the organisational structure within in the centre required review to ensure that the person in charge was supported in the oversight and monitoring of the service provided.

While staffing and skill mix in the centre on the day of inspection was adequate to meet the needs of the residents, a review of staff availability was required to ensure that the centre could be safely staffed in the event of an outbreak of COVID-19.

The person in charge was supported by two senior nurses, one of whom would deputise for the person in charge in her absence.
The provider and person in charge acknowledged that the management of COVID-19 had affected the management systems including the completion of audits and staff meetings. The provider had a text system in place to communicate policy and procedure changes to staff throughout the COVID-19 period. A record of these communications was not available for review.

A number of audits had been completed from January to March 2020. There was no schedule of audits in place and the rationale for the audits was not clear. The audits lacked analysis of the data collected and did not contain specific quality improvement actions.

There was no annual review of the quality and safety of care in the centre for 2019.

Overall, information governance was poor. For example, while an up-to-date contingency plan was in place in the centre, there was no system of document control for the Covid-19 documents resulting in out-of-date guidelines being filed with current guidelines.

Regulation 14: Persons in charge

The person in charge was a suitably qualified and experience nurse. She demonstrated a comprehensive knowledge of her obligations under the Health Act 2007. She had a strong presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. The centre had a contingency plan in place to address the risk of a COVID-19 outbreak. The plan included details of how the centre could be zoned into a positive and COVID-19 non-detected area. The plan included the allocation of care and nursing staff to specific zones. However, the centre did not have adequate nursing staff available to ensure that two zones could be staffed independently.

Furthermore, the staffing contingency plan did not include the allocation of cleaning staff. This issue is addressed under regulation 27, Infection Control.

A review of a sample of staff files found that there was a Garda (police) vetting certificate and all the information required under Schedule 2 of the regulations, in place. However, the system in place to manage the staff records was disjointed and made the file difficult to review. This issue is addressed under regulation 23.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Mandatory training including fire safety, safeguarding of vulnerable adults and manual handling had been completed by all staff. Training was facilitated during the period of COVID-19 restrictions through a system of on-line learning. All mandatory training was completed by new staff as part of the induction process.

All staff had appraisals in place. Staff reported that they were well supported in the centre by the person in charge and the senior nursing team.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre were not robust and did not to ensure the service provided could be consistently monitored for safety and efficiency. This was evidenced by;

- Inadequate information governance
- Poor quality of audits
- No annual review completed for 2019
- No documented staff meetings since February 2020
- poor management of staff records
- Inadequate review of policies and procedures
- Inadequate management of complaints

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure in place that contained the requirements under regulation 34. However, a review of the complaints register found that not all complaints were documented in line with the centre's procedure. For example, a complaint received on a feedback form was not added to the complaints register and investigated in line with the centre's policy

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre had a suite of policies in place. These included the policies required under Schedule 5 of the regulations. Some of the policies reviewed, for example, safeguarding of vulnerable adults and risk management, had been reviewed and updated to ensure they were in line with best practice guidelines. Other policies, including the End of Life care policy was not reviewed since March 2017. A review of the policy management in the centre was required to ensure compliance with Regulation 4.

Judgment: Not compliant

Quality and safety

Overall, the quality of care observed to be delivered to residents was of a high standard. However, a review of the nursing documentation was required to ensure it reflected the standard of care delivered to and reported by the residents.

The centre had a system in place to manage risk. Risks were identified and recorded in a risk register. A COVID-19 risk management plan was incorporated into the risk register.

The centre was visibly clean on the day of inspection. There was a COVID-19 contingency plan that was regularly updated to reflect the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. The centre had a plan in place to cohort residents and staff into negative and positive areas of the centre in the event of an outbreak.

Visiting was also facilitated in line with the HPSC national guidelines.

The provider had a plan in place to extend the nursing home and refurbish the original building on a phased basis. Construction had started on the new section of the centre. The inspector noted that a wall had been constructed outside a single room and a double room, which had obscured any light from entering the bedrooms of three residents. The building work was due to be completed in August 2021. Following the inspection the provider gave assurance that the bricks blocking the resident's window would be removed and that a plan was in place to ensure the resident's right to a well lit and ventilated room was upheld. The provider also consulted and agreed a plan with the residents and their families in relation to all renovation works.

The provider had adequate systems in place to protect residents including robust management of residents finances.

There was a schedule of activity in place, facilitated by an activity coordinator and an extra member of the care staff team, who was rostered to support the activities during the period when visiting was restricted. This ensured that every resident had an opportunity to socially engage in an individual or in a group context.

Regulation 11: Visits

Visiting restrictions were in place on the day of inspection due to the COVID-19 pandemic. Residents were facilitated to see their families and friends through window visits, telephone and video calls. The centre used a text messaging service to update relatives on all changes to the COVID-19 policy, including visiting.

Judgment: Compliant

Regulation 17: Premises

The premises was warm and comfortable but in need of renovation. There were a number of issues relating to the premises noted, including

- The laundry room was connected to the sluice by an open doorway which posed an infection control risk.
- Some bathroom and storage areas were cluttered.
- Support equipment such as hoists and walking frames were stored in day rooms and bedrooms due to a lack of storage space.

The provider gave an assurance that all the issues relating to the premises had been addressed within the renovation plans due for completion in August 2021.

Judgment: Substantially compliant

Regulation 20: Information for residents

The centre had a resident's guide that contained all the information required under regulation 20.

Judgment: Compliant

Regulation 26: Risk management

The centre had a comprehensive risk management policy in place. A review of the risk register found that environmental and clinical risks had been identified and controls were in place to mitigate against these risks.

Judgment: Compliant

Regulation 27: Infection control

The centre had an appropriate contingency plan in place to address the risk of an outbreak of COVID-19. A review of the cleaning staff was required to ensure that, if needed, there would be a cleaner available for each cohorted area of the centre.

The centre was visibly clean on the day of inspection. All staff had received infection control training and were observed to used personal protective equipment (PPE) appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had an up-to-date fire safety policy. All staff had received recent fire safety update training. The fire safety systems in the centre were serviced regularly.

A review of the fire drill records found that staff had participated in regular evacuation drills, reflecting night time staffing scenarios and the evacuation of a full compartment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing notes found that the quality of care observed on the day of inspection and reported to the inspector from the residents was not reflected in the nursing documentation. Nursing assessments were in place for all residents. Specific assessments for residents at high risk of falls, malnutrition and pressure area care were completed but had not been used to inform the development of the residents care plan. This was evidenced by;

- a resident who was assessed as being at high risk of developing problems relating to pressure on their skin did not have this risk referred to in their care plan.
- a resident who was at high risk of falling did not have a fall prevention plan documented

Care plans reviewed lacked the person-centred detail observed by the inspector in the actual delivery of care. This meant that there was no consistent approach to care delivery and a risk that the resident's health and social care needs may not always be met.

Judgment: Not compliant

Regulation 6: Health care

All residents had access to a general practitioner (GP) of their choice. Residents were reviewed by their GP in line with their clinical needs. Residents also had access to allied health care professional such as a dietitian, chiropodist, and physiotherapy.

Judgment: Compliant

Regulation 8: Protection

All staff members had received up-to-date training in safeguarding vulnerable adults and demonstrated an awareness of the procedures to be followed in the event of an allegation of abuse.

The centre had a protection policy in place which had been updated in line with national guidelines.

All staff had an up-to-date Garda vetting certificate on file.

Resident's finances were well managed The provider acted as a pension agent for seven residents. Resident finances are managed in line with the guidelines for the Department of social services. This is an addressed action from the last inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat the residents with kindness and respect throughout the day of the inspection. Residents told the inspector that they felt their rights were respected in the centre. Residents had access to local and national newspapers, television and radio.

Residents were facilitated to participate in opportunities for social engagement on an individual or group basis.

A record of a residents meeting found that residents were consulted in relation to the COVID-19 restrictions, visiting restrictions, staffing, the premises, fire safety and complaints.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Family Nursing Home OSV-0000349

Inspection ID: MON-0030019

Date of inspection: 20/10/2020

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

Outline how you are going to come into compliance with Regulation 15: Staffing:
Nursing Staff Contingency Plan Update
Holy Family Nursing Home has a total of 8 nurses available if required in the event of emergency staffing need
Currently we have 6 fulltime staff nurses. In addition, 2 nurses with many years' experience of nursing previously in Holy Family Nursing Home have agreed to return to duty if required in the event of an emergency situation, working 3 x 12 hour shifts total 36 hours per week each.
The roster plan has been created to allocate 4 nurses to non-Covid-19 areas and 4 nurses for a Covid-19 isolation area in the event of an outbreak. Working hours would be 2 nurses working 48 hours weekly in the non-covid area plus 2 former staff working 36 hours weekly. 4 other permanent full-time nurses are working 36- and 48-hours alternate weeks in the covid-19 area.
Note: An additional WTE Nurse has been hired and will start work on February 26tht 2021 bringing the total fulltime employed staff nurses to 7.

In the event of any nurse becoming ill, the other nurses have confirmed they are willing to work 60 hours per week for a period of time necessary. The PIC is also a qualified registered nurse and also available to provide weekend cover if required.
Additionally, the PIC and Provider discussed and agreed in advance with 3 student nurses, currently working in HCA roles in the home, their readiness to provide additional emergency support to nurses in the event of outbreak. If required on an emergency basis, their duties will include – check vital signs, administer oxygen, nebulisation, check blood sugar levels, change minor dressings according to staff nurse guidelines, administer medication and subcutaneous hydration - all under supervision of staff nurse and only as a contingency measure in the event of acute shortage of nurses. Discussed pay rate and agreed with student nurses.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Inadequate management of complaint staff files are currently stored within document wallet and place in suspension in a secure filing cabinet. Administration staff reviewed the current filing system to determine how we want to retrieve files
The Nursing Home has taken this feedback and we will adopt an improved consistent method for naming files and folders and facilitate easy retrieval i.e.
• Label each hanging folder clearly
• Divide each main folder using dividers to create subfolders
• Name each divider to identify clearly what the documents stored relate to. This will make it easier to tell them apart at first glance.
• Stick with the same labelling system
• Leave space in the drawer for new files
• We have reviewed our document control process and will ensure the current version is on file for utilization and prior versions are appropriately archived to eliminate risk of using the wrong version.
• The statement of Purpose and Function is now updated with the current WTE staff level
• The annual review of the Quality and Safety of Care 2019 delivered to the residents in the Centre has been updated as of 17th November 2020 and a review has been formally completed
• The Clinical Nurse Manager will assume specific responsibility of Clinical Audits going forward and ensure consistent and regular audits and corrective actions are correctly documented.
• The Annual Review of the Quality and Safety of Care 2020 is currently in progress by Person in Charge and Provider and will be completed by March 31st.
• A Staff meeting with all staff using a newly installed Computer Teams video call system was held on Friday 11th November 2020 @ 3pm. This will continue on a 3 monthly basis or more often if required via video calls and be appropriately documented
• The Clinical Nurse Manager will review and update Policies regularly on an ongoing basis and this will be checked by the Person in Charge.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Going forward, all complaints, concerns and information regarding dissatisfaction will be recorded in full and appropriately responded to as per Centre Policy.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Decision of Management meeting with Provider, PIC and Clinical Nurse Manager on October 22nd 2020- The Clinical Nurse Manager is formally appointed to take responsibility for the regular review of all Schedule 5 Policies- (20 Policies). These have now all been reviewed and documented as such on December 16th 2020- task completed.

The Clinical Nurse Manager will review and update Policies regularly on an ongoing basis and this will be checked by the PIC.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A tidy up exercise has been completed to de-clutter Laundry area and ensure tidy storage. Sink and worktop area have been decluttered, cupboard space utilized to store large and small bin bags, additional small storage box placed on worktop to store cleaning products. Floor area cleared, with easy access to the bedpan washer. The head of housekeeping will ensure this remains the case.
The new extension and renovations will provide for a new laundry building and will provide additional new storage area for equipment storage. The new building is on track to be completed by August 2021.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Cleaning Staff Contingency Plan
We have 1 fulltime housekeeping staff currently working 40 hours per week and
1 part-time staff currently working 24 hours per week, both of these staff have confirmed they are prepared to work 10 hours per day, 5/6 days per week if required in the event

of a covid19 related need.

4 additional staff who are currently working as HCA have confirmed they are willing to be redeployed to full housekeeping duties, these staff have full orientation completed, and mandatory training courses completed. On alternate weeks, these staff members have already been providing additional housekeeping support to enhance Infection Control in the Centre. In summary, in the event of Covid-19 outbreak, we have a total of 6 experienced housekeeping staff available.

In the event of a COVID19 outbreak and the consequent implementation of the COVID isolation/cohort area, then 3 of these 6 staff will be assigned to exclusively work in this area. The other 3 will cover the rest of the nursing home.

Please note all 6 cleaning staff have been risked assessed for suitability to work in a COVID19 isolation area.

A private contract cleaning company in Galway have agreed to supply cleaning staff and cleaning supplies as a priority to the Nursing home in the event of emergency in both areas of housekeeping.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Provider, PIC and all nursing staff convened a special working meeting on 22nd October 2020 to review the learnings related to Regulation 5 and the required action plan required from this finding.

The actions arising out of this are as follows:
• Each Nurse to complete refresher online training on person-centered care plans. This is now completed by each Nurse.
• The care plans of every resident are being reviewed to ensure they are all consistent and person centered in their content and narrative
• Each Nurse is allocated a specific set of residents and designated as the primary owner with responsibility to ensure the care plan reflects all of the care the resident receives and reflects all information relevant to the health and well being of the resident. Other nurses will also update care plans but there will be one overall responsible Nurse.
• Each Nurse will also assume responsibility to be subject matter experts in different clinical areas such as fall risk, end of life, nutrition and so on. Their responsibility will be to review all care plans to ensure a consistent reflection and advise other Nurses on best practice.
• The PIC and CNM will guide and review the quality of care plans on a regular ongoing basis

• The PIC and Provider is looking into additional practical training that can be provided to the Nursing staff to ensure best practice is maintained and internalized by all staff.

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 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	05/01/2021
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	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/03/2021

	provided is safe, appropriate, consistent and effectively monitored.			
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	05/01/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	05/01/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals	Substantially Compliant	Yellow	15/01/2021

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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 that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/03/2021