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:	Ashbury Nursing Home
Name of provider:	Ashbury Nursing Home Ltd.
Address of centre:	1A Kill Lane, Kill O'The Grange, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000007
Fieldwork ID:	MON-0043320

About the designated centre

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

Ashbury Private Nursing Home is located in Blackrock, Co Dublin. The nursing home is serviced by nearby restaurants, public houses, libraries and community centres. The nursing home comprises of the main house and an extension called the grange wing. The nursing home is registered to provide 91 bed spaces. There is a range of communal areas inside for residents to enjoy and two gardens for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84

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
Wednesday 29 January 2025	10:00hrs to 17:40hrs	Fiona Cawley	Lead
Wednesday 29 January 2025	10:00hrs to 17:40hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

Inspectors observed that residents living in this centre received a good standard of care and support. Residents told inspectors that they were satisfied with life in the centre. Residents reported feeling safe and comfortable in the care of staff, who they described as kind and caring. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

Ashbury Nursing Home is situated in Blackrock, Co. Dublin. The designated centre is registered for 91 residents. The facility has two units, the Main House and the Grange Wing, joined together by a link corridor. The Main House is a two-storey building and has accommodation for 45 residents. The Grange wing is a three-storey building and has accommodation for 46 residents. This unannounced inspection took place over one day. There were 84 residents accommodated in the centre on the day of the inspection and seven vacancies.

Following an introductory meeting, inspectors spent time walking through the centre, reviewing the premises and meeting with residents and staff. Residents were observed spending their day in the various areas of the centre. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs from staff. Staff were observed assisting residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats were overheard between residents and staff.

The premises was laid out to meet the needs of residents. Residents' living and bedroom areas were located on all floors, which were serviced by accessible lifts. There was a sufficient choice of suitable communal areas available for residents throughout the centre, including day rooms and dining rooms.Bedroom accommodation comprised of single and multi-occupancy rooms, a number of which had ensuite facilities. Many bedrooms were personalised and decorated according to each resident's individual preference. However, inspectors observed that a number of rooms in the Main House were not decorated or maintained to the same standard as the rest of the centre.

There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Call bells were available in all areas and answered in a timely manner. The building was warm and well-lit throughout.

In the main, the centre was well-ventilated, however, inspectors observed that the management of waste throughout the morning adversely impacted the air quality in some areas of the centre. In addition, inspectors found a number of maintenance issues, including visibly damaged flooring, walls, doors, and items of furniture that had been identified on a previous inspection of the centre.

Residents had unrestricted access to safe, secure outdoor spaces. These areas

contained a variety of suitable garden furnishings and seasonal plants.

As the day progressed, residents were observed to be content as they went about their daily lives in the various areas of the centre. Some residents sat together in the communal rooms watching television, listening to music, reading, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. A small number of residents were observed enjoying quiet time in their bedrooms. Communal areas were appropriated supervised and those residents who chose to remain in their rooms were supported by staff. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. Personal care needs were met to a good standard.

A range of recreational activities were available to residents, seven days a week, which included exercise, music, flower arranging, and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. On the day of the inspection, inspectors observed some residents enjoying storytelling and a sing-along in the communal areas, while other residents sat reading quietly or watching TV in their bedrooms. Staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. The daily menu was displayed in each dining room. Residents were supported during mealtimes and residents who required help were provided with assistance in a respectful and dignified manner. Residents were very complimentary about the quality of the food provided in the centre.

Visitors were observed coming and going throughout the day. Inspectors spoke with a number of visitors who were very satisfied with the care provided to their loved ones. One visitor told inspectors that their loved one was 'very well minded', and that they were very happy with everything in the centre.

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

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring inspection, carried out over one day, by

inspectors of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Inspectors followed up on the actions taken by the provider to address areas of non-compliance found on the inspection in September 2024.

This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed a number of the non-compliances found on the previous inspection in respect of governance and management, staffing, training, fire precautions, and healthcare. Inspectors found that some management systems did not ensure effective information governance and clear communication. A number of actions in respect of the premises had yet to be completed.

The registered provider of this designated centre is Ashbury Nursing Home Limited. Inspectors found that there was an established and clear management structure in place. The person in charge, who was new in post since the previous inspection, facilitated this inspection. They demonstrated a good understanding of their role and responsibility, and were a visible presence in the centre. The clinical management team consisted of the person in charge supported by an assistant director of nursing and three clinical nurse managers. The management of the centre was further supported by a full complement of staff including nursing and care staff, housekeeping, catering, administrative, and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The company has three directors, one of whom provided management support to the centre and attended the feedback meeting following the inspection.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. Staff demonstrated an understanding of their roles and responsibilities. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Inspectors found that the arrangements in place to supervise staff had improved since the previous inspection. The clinical management team provided supervision and support to all staff seven days a week. Communal areas were appropriately supervised on the day, and inspectors observed kind and considerate interactions between staff and residents. Teamwork was very evident throughout the day.

Staff had access to education and training appropriate to their role. This included fire safety, managing responsive behaviours, safeguarding vulnerable adults, and manual handling training. Inspectors were informed that a number of staff training sessions were scheduled later in the month, including safeguarding vulnerable adults.

The provider had systems in place to monitor and review the quality of the service

provided for residents. A number of clinical and environmental audits had been completed including medication management, food and nutrition, wound management, and premises. Where areas for improvement were identified, action plans were developed and completed. In addition, key aspects of the quality of the service were reviewed by the management team on a regular basis. This included information in relation to occupancy, care issues, hospital admissions, staffing, training, incidents, audits, and other significant events.

Minutes of team meetings reviewed by inspectors showed that a range of topics were discussed such as clinical issues, care planning, training, activities, and other relevant management issues. While there were effective channels of communication between management and staff in the centre, inspectors found that systems in place to communicate clinical information amongst nursing and care staff on a daily basis was not fully effective. Inspectors noted that some key information relating to clinical care was recorded in communication folders and desk diaries but not always in resident care plans. This posed a risk in relation to effective information management, to ensure that clinical information was available to staff when needed. In addition, staff were consistently allocated to either the Grange Wing or the Main House This meant that staff working in one wing did not have information about residents in the other wing. This posed a risk if staff were required to respond and provide support to residents in the other wing in emergency situations such as fire or resident injury.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated, and the outcome communicated to the complainant.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector as required.

Regulation 14: Persons in charge

There was a newly recruited person in charge of the centre since the last inspection. They were a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had responsibility for the clinical oversight of the delivery of health and social care to the residents, and displayed good knowledge of

the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that, overall, governance arrangements in the centre had significantly improved. However, some management systems in place were not fully effective. For example,

- The information management systems in place were disorganised and did not ensure that all clinical information was easily accessible and maintained in line with the requirements of the regulations.
- There was poor oversight of the effectiveness of staff training, particularly in relation to safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in Ashbury Nursing Home received a good standard of care and support, which ensured that they were safe, and that they could enjoy a good quality of life. Inspectors noted significant improvements in the oversight and management of residents' care and wellbeing. Inspectors observed staff interacting with residents in a kind and respectful manner. Residents reported feeling safe and content living in the centre.

The design and layout of the centre was appropriate for the number and needs of the residents. However, a number of areas of the care environment were poorly maintained and in a state of disrepair. Inspectors were informed that there were a number of measures under consideration to improve the living environment. The provider had assessed the premises and had identified areas for refurbishment and

improvement. There was a quality improvement plan in progress to address these issues.

The centre had an electronic clinical documentation system. A sample of six residents' files were reviewed by inspectors. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Residents' care plans were reviewed at intervals not exceeding four months. Inspectors found that a number of care plans did not contain the required information to inform staff of the personal and social care needs of residents.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need. This was a notable improvement since the previous inspection.

A safeguarding policy provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Staff were facilitated to attend safeguarding training. However, the oversight of staff knowledge was poor as the provider did not monitor the effectiveness of safeguarding training received by staff. Inspectors found that staff were not always clear and consistent in describing how to respond to potential safeguarding allegations.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and resident concerned.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had appropriate assessments completed. Person-centred care plans were developed detailing the supports and the interventions to be implemented by staff, to support a consistent approach to the care of the residents. Care plans included details of interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

Inspectors observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. There was a residents' council which provided residents the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff. Staff were knowledgeable about what to do in the event

of a fire. Inspectors found that some fire doors were in a poor state of repair. A review of a recent fire door audit in the centre found that there was a plan in place to address this issue and that this plan was in progress.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their bedrooms, or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Systems were in place for residents to retain access and control over their belongings. Residents were supported to bring items from their homes to the centre and there was enough space for each resident to store their items safely.

Judgment: Compliant

Regulation 17: Premises

While an assessment of the work required to bring the centre into compliance with Regulation 17 had been carried out, minimal action had been taken since the last inspection in September 2024. The registered provider was required to address the outstanding matters in order to ensure that the premises promoted a safe and comfortable environment for all residents. For example;

Some areas were not kept in a good state of repair, for example;

- There was a large hole in the wall of the medicines room in the Grange Wing
- Carpet on stairs and corridors in the main house was worn and could not ensure effective cleaning for infection prevention and control
- There was ineffective management of waste which resulted in strong odours on some corridors
- There were a number of maintenance issues, including visibly damaged flooring, walls, doors, and items of furniture.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors found that a number of care plans were not always developed following clinical assessment. For example, one resident had a wound mentioned in their care plan but did not have a skin assessment completed or the identified wound care required included in the care plan.

A number of care plans were not updated to reflect the assessed needs of the residents. For example;

- One resident who was reviewed by a physiotherapist did not have the care recommendations recorded in the care plan
- Two residents did not have their care plans reviewed and updated following alleged safeguarding incidents, to identify the measures put in place to protect each resident from the risk of abuse.

Judgment: Not compliant

Regulation 6: Health care

The registered provider ensured that all residents had appropriate access to medical and health care. Residents' had timely referrals sent to health care professionals for further assessment and expertise when clinically indicated, for example; psychiatry, tissue viability nurse, dietitian and geriatrician.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The registered provider did not ensure that all appropriate and effective safeguarding measures were in place. For example;

- Not all staff were up-to-date with safeguarding training
- Two peer to peer incidents were not recognised as potential safeguarding incidents and as a result, were not responded to in line with the centre's own safeguarding policy/national guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider was found to promote independence and choice in residents' daily lives and routines. Residents' were facilitated to participate in the organisation of the service and provide feedback on the quality and safety of the service provided through the residents' meetings with the management team.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashbury Nursing Home OSV-0000007

Inspection ID: MON-0043320

Date of inspection: 29/01/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The management of Ashbury Nursing Home are committed to continuing improving. A review of data collection and recording will be undertaken to ensure that systems are utilized which will ensure that clinical information is recorded in an effective and appropriate manner. This will include the removal of paper records where the subject of what is being recorded can be done so electronically. In addition to this the reviewing of kept records will commence to ensure that what is available to staff is relevant, person-centred and up to date. The staff training matrix is now reviewed monthly to ensure that all training about to expire is booked in for completion. In addition to this, more in-person training will be utilized to ensure effectiveness of training. In addition to this the management of the home are conducting more frequent ad-hoc spot checks of care delivery. Formal audit will also be enhanced and is underway. Audit and findings of spot checks have been added to the standing agenda of the clinical management meetings. The DON, ADON, CNMs and Care Managers provide staff supervision throughout the home. Any findings are addressed in the moment and also brought to clinical management meetings for knowledge sharing. A staff training needs analysis will also be completed as part of the annual review of the home.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Regular walkabouts with the PIC, head of household and maintenance team have commenced to ensure the environment of the nursing home is maintained and improved. These walkabouts focus on ensuring the environment for residents is pleasant as well as safe. It includes looking at aesthetics, the condition of fittings and furniture and health and safety aspects of the premises including ability to clean from an IPC perspective.

A new waste management process has commenced to ensure that odours during times of personal care are managed more effectively.

A renovation project has commenced to improve the condition of the nursing home. Planning permission is needed for the main house due to the listed status of the building. Once planning permission is received we will be able to replace the carpets of the Main House. However, improvements that can be made to the parts of the home that are not listed will commence sooner than the below completion date. To date, four bedrooms have been renovated in the Grange Wing.
As part of the home improvement programme, furniture will be replaced over time. To date, 4 beds, resident armchairs, visitor chairs, lockers and overbed tables have been replaced since the inspection.

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:
Nursing staff have been met with regarding care planning. Care planning focused meetings have been organized to ensure that residents' care plans are updated in a timely manner and that any ad-hoc changes outside of scheduled reviews are captured and accounted for.

Care planning software is being utilized to flag care plans that are coming up for review.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In person safeguarding training is booked for staff to attend. There has also been ongoing themed safety huddles about safeguarding, using real life examples to highlight safeguarding issues that previously may have gone unnoticed.

In addition to this the management team are now being included in the reporting of

safeguarding incidents. This involves the identification, internal reporting and regulatory reporting of safeguarding incidents. The nursing and management team are now included in safeguarding care planning to reduce the risk of reoccurrence of safeguarding incidents.

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(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.	Not Compliant	Orange	30/09/2026
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	30/04/2025
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	Not Compliant	Orange	31/03/2025

	that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/04/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/04/2025