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:	TLC Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2020
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0030293

About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 163 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor. TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton. A commitment to promoting the independence of residents, personally, medically, psychologically, socially, spiritually, active and fulfilling a life is set out as the objectives within the centre's statement of purpose. Residents and families will be encouraged and supported at all times to participate in decision making regarding care, where appropriate, and residents will be supported to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120

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 2 September 2020	09:00hrs to 15:40hrs	Gearoid Harrahill	Lead
Wednesday 2 September 2020	09:00hrs to 15:40hrs	Naomi Lyng	Support
Wednesday 2 September 2020	09:00hrs to 15:40hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

Residents spoken with said they felt safe living in the centre, but said that if they needed to, they knew how to raise a complaint of concern. They told inspectors their needs were met and inspectors observed staff attending to residents needs in a kind and gentle manner. Where personal support was being carried out, such as during transport and intimate assistance, this was done in a discreet and respectful manner.

Residents told the inspectors that they always had a choice at meal time and inspectors saw residents enjoying their lunch in a comfortable setting. Staff were observed providing assistance to residents in the main dining rooms and in resident bedrooms, at the resident's own personal pace with patience and dignity.

There was a relaxed atmosphere in the centre with residents going about their day alone or with support and were being facilitated to socially distance while being able to socialise and chat with each other and with staff. Inspectors observed staff encouraging residents to take part in group and individual activities to keep active and occupied. Residents could come and go from their rooms without restrictions if they wished to relax alone, watch television or read the paper. One resident told inspectors how they had the daily newspaper delivered to them and how they enjoyed reading it in their own time.

Inspectors observed residents being facilitated and supported to meet with their families and loved ones in a safe way which took into consideration the size of the building and the number of people who were receiving visitors.

Inspectors reviewed evidence highlighting that the provider was ensuring that the residents' commentary, feedback and concerns contributed to the annual review and quality improvement planning for the designated centre.

Capacity and capability

This short-notice announced risk inspection had been triggered in response to the number of concerns received by the Chief Inspector during and following the COVID-19 outbreak in the designated centre in April 2020.

The provider submitted a notification of an outbreak of COVID-19 in the centre to the Chief Inspector on 03 April 2020. During the course of the outbreak 47 residents and 44 staff had a positive diagnosis of COVID-19, and 13 residents sadly died. At the time the provider had assistance from the Health Service Executive (HSE) Crisis Management Team to access appropriate quantities of personal protective

equipment and access to COVID-19 testing and results for staff and residents.

The management team had supported staff and residents and they all worked together to bring everyone through the COVID-19 outbreak in the centre which had resulted in the unfortunate loss of life.

Inspectors found there to be a stable management team and that all members of the team were competent in their respective roles. The provider representative, quality manager, person in charge and both assistant directors of nursing worked well together and were continuously striving for excellence in practice to provide the best possible outcomes for residents. There were new monitoring systems in place which ensured the residents received a high standard of care. This is reflected in the high levels of compliance found on this inspection and the positive feedback from residents and their families. Inspectors found that the action plans from the last inspection report had been or were being addressed.

Staffing levels had been reviewed in detail once all those off-duty due to COVID-19 related sick leave returned, and the induction of new staff had been completed. Although there were four vacant health care assistant posts at the time of inspection, these were in the process of being filled and the vacant posts were not having an impact on residents as the centre was not at its maximum capacity. Residents' needs were being met by the staff present on the day of this inspection. The skill-mix of staff on-duty ensured that their was good supervision of practices.

Inspectors reviewed how the provider was ensuring staff were appropriately trained considering the reduced access to formalised or externally provided training courses. The provider had ensured that staff attended suitable orientations and online courses to ensure that they were supported to carry out their role and to safely support residents. This included training on how to protect residents from situations of potential abuse, safely assist people to mobilise, and what to do in the case of fire. The provider had scheduled staff to attend the next available full training session when these recommenced in the coming months.

Inspectors reviewed a sample of induction checklists required before someone would commence their role. A sample of personnel files indicated that staff had had their references checked and their clearance report returned from An Garda Síochána before they were permitted to commence supporting residents. Inspectors also reviewed a sample of how staff were appraised on a regular basis, with notes scoring competencies, setting out goals for the coming year, and areas in need of improvement. This was accompanied with action planning on how the provider would support staff in their professional development.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Residents and their families told inspectors that they knew to whom they could complain and that they would feel comfortable doing so.

The provider had a full suite of policies and procedures guiding staff and the operation of the designed centre. However some procedures had not been updated to reflect current information, including amendments to reflect or refer the reader to

the guidance and instruction related to COVID-19 precautions, for example in the arrangements for visitors being accommodated.

Regulation 15: Staffing

There was an adequate number and skill mix in the designed centre to support the number and assessed needs of people living in the designed centre. Staff spoken with had a generally good knowledge of residents' needs, interests and personalities. While there were vacancies in the staffing complement at the time of inspection, the provider was in the process of actively recruiting personnel, and measures had been taken to ensure stability and continuity of support for residents in the meantime.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to be supported though induction, supervision and performance appraisal, and how the respective line management could support staff to achieve goals, career development and areas in need of improvement. The provider has backup arrangements to ensure that staff received essential and mandatory training where required while access to formal training sessions was limited. All active staff members had received training in mandatory subjects such as fire safety and safeguarding of vulnerable adults. Staff told inspectors they were supported in their role during the course of the pandemic.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintained a digital directory which contained the personal details of the resident, their next of kin and their doctor. This directory had been updated to reflect which residents were in hospital at the time of the inspection and residents who has recently passed away.

There was some clarity required in this directory to ensure accurate and consistent recording of when residents had been discharged and to where, as some entries stated they were still in this designed centre.

Judgment: Substantially compliant

Regulation 21: Records

Records set out under Schedule 2, 3 and 4 of the regulations which were required by inspectors during this visit were kept in the designated centre and readily accessible and available for review.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well governed. There was a management structure in place with clear lines of authority and responsibility for all areas of the service. The management team worked well together.

There was a good oversight of services. Since the last inspection the management team had developed and implemented processes to ensure the quality of care provided to residents was closely monitored. The senior management team met on a monthly basis where all areas of management of the centre were discussed and any areas for improvement were agreed and the relevant staff informed about the changes that were required.

An annual review for 2019 had been completed, it included residents' feedback and a quality improvement plan for 2020.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place.

There were four open complaints on the day of inspection. The management of these was observed to be consistent with the designated centre's complaints policy.

Records showed that complaints and concerns were acknowledged by the person in charge, and investigated in a timely manner. Quality improvement measures identified in response to complaints were observed to be put in to practice. Efforts were made by the person in charge to identify whether the complainant was satisfied with the outcome of their complaint before concluding the

matter.

Residents and visitors spoken with on inspection were aware of the complaints procedure, and felt comfortable in reporting any issues of concerns.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures required under Schedule 5 of the regulations. Some of the policies required review to ensure they relayed up-to-date information. For example, the personnel involved in complaints management had not been updated. Some other policies had not been amended to reflect the national guidance on COVID-19 precautions where relevant.

Judgment: Substantially compliant

Quality and safety

Residents had a care plan based on ongoing assessment of their health and social support needs. Assessments were carried out on a regular basis or as required following incidents or changes in physical and mental health. Inspectors reviewed a sample of care intervention plans for residents on each unit of the designed centre, both for general review and for specific identified support requirements. Plans were reviewed for residents with particular supports including wound care, weight management, mobility assistance, behavioural support and support for end of life. Overall, inspectors found these plans to be detailed, person-centred and specific, and reflective of clinical advice and changing support requirements. In instances in which staff were directed to monitor weights or nutritional intake, this was clearly recorded and trended. There was evidence that alternative care and support measures, allowing for less restrictive measures or promoting resident independence, were trialled and where these proved more effective in supporting the resident, contributed to changes in their plans.

However, some improvement was required in the clarity of information in these plans. Examples were reviewed of care and support plans which contained information which was no longer required, or which appeared in plans before the most recent instruction. For example, some plans had not been reviewed completely to reflect changing needs of residents, such as increased assistance required when mobilising. Some plans included information which may be more appropriate for daily notes, resulting in the most important support instructions being obscured by additional text.

Staff knowledge of residents' care and support requirements was strong and staff spoken with were familiar with residents' needs and how to most effectively support them. There was evidence of ongoing input and review from the resident's doctor and health professionals where relevant.

Inspectors reviewed the support plans for residents who were approaching the end of their life, and found these plans to be very clear regarding instruction on transfer or resuscitation. Plans were detailed and it was evident that residents' wishes took the lead in the creation of these plans. Cultural, family, religious and personal preferences were discussed with each person and laid out in a respectful and dignified manner. Specific visitation and contact arrangements had been facilitated for residents' loved ones.

Risk management procedures and a register of current and ongoing risks was being maintained in the designed centre. The risk register laid out control measures in effect to manage the spread of COVID-19. It also analysed the secondary impact of the pandemic and subsequent restrictions, including the increased likelihood of staff absence and frustration and upset caused by reduced access to visitors and social engagements. Among the measures taken to mitigate the impact on the effective operation of the services, the provider was slowing the frequency of new admissions to a maximum of four per week so that they could be done safely, with the advised isolation periods, and without additional pressure on staff in the service. Risk management procedures were kept under review and incidents, accidents and building-specific risks were reflected in the risk rating.

The building was clean and household staff who spoke with inspectors were clear on the most effective procedures to prevent and control infection risk. There was a robust cleaning schedule in operation and for each section of the living areas, three bedrooms per day were scheduled for deep cleaning so that all bedrooms would receive a deep clean each week. There was a clear separation of cleaning material and equipment based on the location being cleaned, and cleaning equipment and trolleys were properly stored when not in use. There was a suitable quantity and availability of personal protective equipment for all staff. Inspectors observed some care staff walking or standing in resident communal areas together without wearing face coverings, though there were no instances observed of this happening while directly supporting residents. Staff were observed following good hand hygiene practices.

There were areas designed for use by residents who were isolating due to COVID-19 risk, as well as residents who were isolating as a precaution upon return from hospital. Residents who were isolating were being supported by designed staff and it was clearly displayed which bedrooms and unit sections were to be attended to separately or required additional precautions or personal equipment. Inspectors found some examples of inappropriate storage of resident assistance equipment such as hoists, walking frames and wheelchairs being stored in toilets and shower rooms when not in use, creating a potential contamination risk.

Inspectors found evidence that the provider had engaged on a regular basis with the appropriate external bodies and had furnished themselves with the most recent

public health guidance. This was disseminated to staff to support them on staying safe and on monitoring their own symptoms. Routine temperature checks were conducted for all people entering the building. Safe and effective procedures around facilitating residents to receive visits from their friends and family was arranged, with appropriate locations and precautions being used to reduce to risk to all persons involved.

Regulation 11: Visits

There was a safe and accessible visiting procedure in place which reflected the most recent public health guidelines. Residents were observed receiving visitors in a clean and comfortable environment, with the support of care and housekeeping staff. Two large visitor rooms had been made available with external access to the car park.

Flexible arrangements were observed on inspection for those residents that had more complex needs. Some residents were observed to be going out for short visits with family. Visitors spoken with complimented staff and the facilities available for visiting.

Judgment: Compliant

Regulation 13: End of life

Care and support planning for residents at the end of their life were organised in a respectful, dignified and person-centred manner. Information was clear on the residents resuscitation and transfer status. A number of support plans reviewed by inspectors indicated that the residents' wishes regarding family attendance, relaxed environment, religious and funeral arrangements and other decisions about them took the lead in the creation of plans and ensured that their choices were respected.

Judgment: Compliant

Regulation 26: Risk management

The risk register was specific to this designed centre, and had been updated to reflect the impact of COVID-19. In addition to comprehensive control measures set out to reduce the spread of the illness itself, risk had also been identified and analysed related to secondary effects such as resident boredom and frustration, likelihood of unplanned absence of regular, and reduced visitor access.

Judgment: Compliant

Regulation 27: Infection control

There were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There was an outbreak control team in place and a contingency plan in place in the event of a second outbreak. Regular communication was seen in documentation between the centre and public health. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. Training records showed that a number of staff had attended training in the management of a COVID-19 outbreak.

Inspectors observed some areas for improvement in practice on the floor, including inappropriate storage of resident mobility equipment items in toilet areas, and some staff together in residential zones without face coverings.

On the ground floor, a fridge used for storing prescribed nutritional supplement drinks was not clean although it was on a weekly cleaning schedule checklist. On the first floor one of two medication trolleys viewed were not clean although they too were on a weekly cleaning schedule.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the inspectors were satisfied that the medication management systems in the centre were of a good standard and that residents were protected by safe medicine practices. The medication management policy was available, up to date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines. Nursing staff had completed training in medication management, and demonstrated safe administration practices during the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a care plan based on ongoing assessment of their health and social support needs. Assessments were carried out on a regular basis or as required following incidents or changes in physical and mental health. Overall, inspectors found these plans to be detailed, person-centred and specific, and reflective of clinical advice and changing support requirements. There was evidence that alternative care and support measures, allowing for less restrictive measures or promoting resident independence, were trialled and contributed to changes in their plans.

However, some improvement was required in the clarity of information in these plans. Examples were reviewed of care and support plans which contained information which was no longer required, or which appeared in plans before the most recent instruction. For example, medication being noted as prescribed for certain uses, which are also noted much further down the same plan as being discontinued and no longer to be used. In other examples reviewed, where general mobility plans had been reviewed and updated to reflect changes in residents needs, other support plans affected by the change had not been updated as well. This meant that plans which also involved the resident's mobility such as hygiene assistance did not provide accurate instruction. Some plans included information which may be more appropriate for daily notes, resulting in the most important support instructions being obscured by additional text.

Judgment: Substantially compliant

Regulation 6: Health care

Residents could access and receive input on their health and social care needs from their doctor as well as relevant allied health professionals. Clinical advice was clearly documented in residents' support plans, contributed to its review, and where staff were required to record weights or nutritional intake, this was being done.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. The person in charge monitored the systems in place and ensured that there were no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. There was evidence that any allegations of abuse reported were fully investigated. The PIC confirmed that one incident of alleged abuse was currently under investigation in line with the centres policy.

It was confirmed that all staff had a An Garda Síochána vetting disclosure in place prior to commencing their posts. A review of a sample of staff files confirmed this.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for TLC Carton OSV-0005800

Inspection ID: MON-0030293

Date of inspection: 02/09/2020

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: A guidance document has been put in place for the management of the Directory of residents. This guidance addresses the procedure for Reception staff to follow when updating the directory on Epicare in relation to the admission of Residents, discharge of residents, temporary transfers to/ discharges from hospital, and inputting information on deceased residents. All staff who manage the directory have had education on and access to this guidance. This action is complete.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The personnel currently involved in complaints management is reflected on all notices for public attention in the center. The standard operating procedures in place for visiting have been incorporated into the overall visiting policy and will be amended accordingly to reflect the most up to date guidance. This action is complete.	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: All drug trolleys have a daily cleaning schedule and a deep cleaning weekly schedule. All schedules are signed and dated. All drug/supplement fridges have a daily cleaning schedule, signed, and dated. All cleaning schedules are subject to weekly audit to monitor compliance. The weekly audit time frame will be reviewed in December 2020. A schedule of infection prevention and control training is in place, with a dedicated training day each week. The wearing of masks for all staff in accordance with up to date public health guidance will be addressed at these trainings, together with local discussions at floor level through handovers and 3pm daily meetings. Weekly audits will be carried out to monitor compliance of staff wearing face masks. A designated space for the storage of resident mobility equipment has been identified on the ground floor of the center, and plans are in place for conversion, this will be completed by 31st December 2020.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: By 31st December 2020, all CNMs will have received training on auditing so that they are aware of the need to highlight and feedback to staff the results of audits to ensure quality improvement. By 31st January 2021, all nurses will have received refresher training on care planning to ensure that they are aware of the need for up to date relevant person centered care plans to guide high quality care delivery.	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	08/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2020
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 not exceeding 3	Substantially Compliant	Yellow	08/10/2020

	years and, where necessary, review and update them in accordance with best practice.			
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.	Substantially Compliant	Yellow	31/01/2021