



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

## Issued by the Chief Inspector

Name of designated centre:	Blackrock Abbey Nursing Home
Name of provider:	ACH Nursing Home and Healthcare Ltd.
Address of centre:	Cockle Hill, Blackrock, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0000118
Fieldwork ID:	MON-0042880

## About the designated centre

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

Blackrock Abbey is a purpose built nursing home and care facility located in the seaside village of Blackrock, Dundalk Co Louth. The centre is registered to provide residential care to 64 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. It provides general nursing care to elderly residents, dementia, Alzheimers, a disability and those requiring palliative care. No new residents with intellectual disability will be admitted to the centre. Residents are accommodated on two floors. There are 48 single and eight twin bedrooms some with their own en-suite bathroom facility. This modern building has its own inner courtyard and roof garden. There is close access to the beach, restaurants, pubs, the local park and shops. There is an established bus service to the town nearby.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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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
Thursday 7 November 2024	08:30hrs to 16:40hrs	Geraldine Flannery	Lead
Thursday 7 November 2024	08:30hrs to 16:40hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

The inspectors observed that staff were dedicated and working really hard towards improving the quality of life and promote the rights and choices of residents living in Blackrock Abbey Nursing Home.

Residents reported that the service was good and that they were happy in the centre. All of the residents who were spoken with were complimentary of the staff, with one resident saying 'staff were kind and caring'. Another resident said 'our home is one of the best' and 'you want for nothing else here'.

The centre was seen to be bright and tastefully decorated throughout. Communal areas were seen to be well-used by residents throughout the day. Other facilities made available to residents included a bar, music room and a hair salon. Throughout the day inspectors observed residents mobilizing freely around the centre. Residents had easy access to an enclosed courtyard which was well-maintained.

This inspection found that the registered provider had made positive changes in response to the previous inspection, specifically relating to premises. For example, ceiling tiles had been replaced, interior walls in the sluice and store room was coated with polyvinyl chloride (PVC) sheets, scuffed doors had been painted and protection strips installed and the chair in hairdressing room was replaced. However, there were some other premises related issues relating to balcony safety concerns, flooring and water stained ceilings that required further review. Inspectors heard about internal refurbishment plans, including complete flooring replacement in the near future.

Action however, was required by the registered provider to ensure compliance with the regulations. For example, the statement of purpose did not accurately describe the total staffing complement in the designated centre and inspectors observed that dedicated rooms such as visitors room had been re purposed for staff use. Also, fire safety concerns were observed, including quality of fire doors and compartment boundaries and will be discussed further in the report.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspectors were happy with the size, layout and décor of their rooms. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day.

Inspectors noted that the dining experience was a calm and sociable time for residents. Residents who spoke with inspectors expressed great satisfaction with the food. Residents told the inspectors that there was always a good choice and snacks and drinks were available to them at any time. The inspectors observed the meal

time service to be well managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

Residents informed the inspectors how staff supported them to enjoy life in the centre. Activity staff were on site to organize and encourage resident participation in events. On the day of inspection, inspectors observed a lively exercise class in the morning and in the evening residents were observed partaking in a baking master class. One resident spoken with said that there was lots of activities to choose from and that in particular they enjoyed the 'chats'. Another resident said they enjoyed the outings, including the many walks in the fresh air and a recent trip to a pumpkin patch on a local farm. Other residents were looking forward to the up-coming Christmas festivities, saying they 'had made their Christmas cake already'.

Overall, residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. Advocacy services were available to all residents. Details of independent advocacy groups were on display in the centre.

Inspectors observed that the privacy and dignity of residents in their own spaces were respected. For example, staff were seen knocking on bedroom doors prior to entering and discreet material was used on some bedroom doors acting as an entry deterrent, where appropriate and in line with residents' expressed wishes.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

The following 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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. The centre had a strong history of compliance with the regulations and while the provider had sustained the good levels of care, this inspection found that areas requiring action included

governance and management, statement of purpose, premises and fire precautions. These areas are detailed in the report under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspectors reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The registered provider was ACH Nursing Home and Healthcare LTD. The senior management team included the provider representative, the person in charge and the assistant director of nursing.

The registered provider had prepared a statement of purpose (SOP) relating to the designated centre, which had been updated within the last year; however, it did not accurately describe the total staffing complement, in whole time equivalents, for the designated centre. Also, all rooms were not used as outlined in the statement of purpose.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that all staff had completed training in manual handling procedures, safeguarding and fire safety.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them. Several volunteers attended the centre, enhancing the residents' lived experience.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

## Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

### Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspectors found that there were adequate levels of staff members on duty for the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider was required to take action to comply with regulations, as evidenced by:

- Notwithstanding the good governance and management arrangements in place to oversee the service, the registered provider did not ensure that the service operated in line with its statement of purpose. A review of a sample of records over the past seven years showed that information in respect of staffing resources submitted to the Office of the Chief Inspector as part of the supportive documentation to inform registration decisions was not accurate. For example, registered nurses and health care assistant resources in the centre were not as documented in the statement of purpose. Inspectors were satisfied that staffing levels in the centre had not been reduced.
- The registered provider had failed to comply with Condition 1 of its registration certificate, by failing to inform the Chief Inspector of changes to the designated purpose of some communal areas in the designated centre, as further detailed under Regulation 17.



- Further oversight of fire precautions was required as outlined under Regulation 28: Fire Precautions. Fire Safety Risk assessment was required to provide assurances.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider did not ensure that the statement of purpose (SOP) relating to the designated centre contained all accurate information set out in Schedule 1.

- The total number of nursing and healthcare staffing resources was not accurately captured. The current registration of the centre was based on 12 whole time equivalent (WTE) staff nurses, which was not reflective of resources available in the centre on the day of inspection.
- All rooms were not used as in accordance with the stated primary function outlined in the statement of purpose. The visitors room was used as a staff office and store room.

Judgment: Not compliant

### Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. However, the inspectors also found that further action was required in respect of the management systems to oversee fire safety in the centre to provide assurance that a safe service was provided to the residents at all times.

Care planning documentation was available for each resident in the centre. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Care plans demonstrated consultation with the residents and where appropriate their family. However, staff were not always consistently documenting records contemporaneously and accurately in line with good standards of record-keeping and this required further oversight.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was well laid out to encourage and facilitate independence. However, the inspectors found that action was required by the provider to meet the conditions of the registration and to fully meet Schedule 6 requirements.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice. Hand hygiene sinks along the corridors were very small and did not meet the specifications of a clinical hand hygiene sink but were clean and in good repair.

There was evidence of staff fire training and fire drills occurring at regular intervals. Some fire doors did not have self-closing devices, however staff were aware that those doors needed to be manually closed in the event of fire. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and

these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. However, further action was required to be compliant with the regulations and will be discussed further under Regulation 28: Fire precautions.

### Regulation 17: Premises

The registered provider did not ensure all areas of the premises was used in line with the statement of purpose and the conditions of the registration.

- The visitors room in the centre was used for staff purposes and storage, resulting in residents not having access to all appropriate facilities as registered.

Overall, the premises met Schedule 6 requirements, however the following areas required action;

- The balcony on the upstairs terrace was too low to ensure resident's safety and was compounded by the fact that items including chairs and planters were located in close proximity. This posed a safety hazard.
- Flooring was damaged in corridors, some bedrooms and bathrooms. They were not identified as safety trip hazard, however the breaks in integrity of the flooring would not allow safe and effective cleaning. Inspectors acknowledge that there was a plan for replacement of flooring in the centre.
- The ceiling surface was stained in one area and showed signs of water leakage damage.

Judgment: Not compliant

### Regulation 27: Infection control

On the day of inspection, inspectors identified areas of good practice in the prevention and control of infection. Overall, procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider was required to take action to comply with Regulation 28 based on the findings:

- There was a lack of clarity whether the fire alarm system was an L1 addressable system, as the documentation available provided conflicting information on the type of detection available in the centre. There was no smoke detection in the activity store room and linen store.
- The extent of the compartment and sub-compartment boundaries used to facilitate phased evacuation was not known and required review. For example, inspectors were not assured that the fire doors to a high risk area such as the laundry were a 60 minute compartment fire door; inspectors were not assured of fire rating of doors in hoist store, that housed a battery charge area or in the the water pump room which was next to a room which was used for battery charge.
- There were concerns in respect of the fire doors that provided the compartmentation of the extension on the first floor as all three means of escape were located in this area.
- Quality of fire doors in the centre required full review. Some fire doors appeared damaged and a significant number were noted to have excessive gaps evident underneath, which would not adequately protect against the spread of fire and smoke.
- The designated smoking hut on the first floor was made of a timber structure; assurance was required as to the fire rating of this structure.
- Attic hatches were noted in several areas within the centre. Assurances via a fire safety certificate would be required as to their fire rating, including an assessment of the attic in terms of fire separation. The registered provider was required to ensure a fire safety risk assessment was carried out by a person with the appropriate expertise.
- The registered provider was required to ensure by means of fire safety management and fire drills that staff had the skills and capabilities to safely evacuate all residents in the event of fire. Fire drill records showed that improvements in practices were required in respect of timely evacuations.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Notwithstanding that care plans were person-centred and inspectors were assured that comprehensive assessments were carried out, action was needed to ensure gaps with care plan records were addressed. For example:

- Recording of information in a small number of instances in relation to specific timed supervision of residents was not completed in a consistent manner and in line with the care plan. This may result in a failing to provide a complex

overview of the resident's day spent, the current condition of the resident or the plan for care.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

### Regulation 20: Information for residents

The provider maintained a written 'Residents Guide'. It was available to all residents and contained all the requirements of the regulation.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 20: Information for residents	Compliant

# Compliance Plan for Blackrock Abbey Nursing Home OSV-0000118

Inspection ID: MON-0042880

Date of inspection: 07/11/2024

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: - Statement of Purpose to be updated with correct WTE for staff nurses and HCA managers – time frame - completed - Visitor room in Muirín unit cleared on the day of inspection, all staff informed not to use room for staff purpose or storage – time frame - completed	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: - Statement of Purpose to be updated with correct WTE for staff nurses and HCA managers – time frame - completed - Visitor room in Muirín unit cleared on the day of inspection, all staff informed not to use room for staff purpose or storage – time frame - completed	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	



- Visitor room in Muirin unit cleared on the day of inspection, all staff informed not to use room for staff purpose or storage – time frame – completed
- Balcony on the upstairs terrace – the fence to be increase on 1.8m height – time frame 30/06/2025
- Flooring:
  - To change floor on all corridors and communal areas – existing plan – time frame 31/12/2025
  - To change damaged floor in residents’ bedrooms – time frame 31/03/2025
  - To changed damaged floor in bathrooms – time frame 31/03/2025
- Ceiling surface to be repainted (water leakage damage) – time frame 31/12/2024

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire safety company (TEE) has been contacted post inspection to clarify documentation with conflicted information and issue correct certificate – time frame 31/12/2024
- Fire safety company (TEE) completed an inspection of whole building post inspection, additional smoke detector to be installed in activity store rooms and linen store room. Also, an additional smoke detector to be installed in the maintenance shed – time frame 31/03/2025
- Two sets of new compartment door to be installed on the first floor (back corridor) – time frame 30/06/2025
- Full inspection of all fire doors in the center and repair of identified damages/gaps – time frame 30/06/2025
- Designated smoking hut on the first floor to be repainted with Amotherm wood 451 SB, fire protection system for wood (reaction to fire Euroclass B-s1, d0 in accordance with EN 13501-part 1) – time frame 31/03/2025
- Attic hatch in the office on the first floor to be replaced with Manthorpe GL270F fire resistant drop-down loft door (tested by Warrington fire research, Test report 157180, BRE Air tightness report 233677)- time frame 31/03/2025.
- Fire safety risk assessment to be carried out by a competent person – time frame 30/09/2025
- Fire drills continue as per schedules, after each fire drill if the safe evacuation time was not reached the drill will be repeated straight away until the safe evacuation time is achieved -time frame – completed

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- When the resident is on 15 mins checks, staff to sign resident's checklist, CNM/Staff nurse or HC

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	16/12/2024
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	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/06/2025

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/12/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/12/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	16/12/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	16/12/2024