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:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinasole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 June 2023
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0039522

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.
It provides twenty-four hour nursing care to 48 residents both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents.
The centre is a single storey building comprising of 40 single en suite bedrooms and four twin bedrooms located in a rural area with local amenities close by. There is a specialist dementia unit Murvagh Suite accommodating 14 residents in single en suite bedrooms and Warren and Rosnowlagh suites are for the remaining residents.
The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 7 June 2023	10:30hrs to 17:30hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that the residents enjoyed a good quality of life in the centre, and the feedback from the residents was positive about the care they received. The residents were supported with a wide range of activities, and they were involved in the organisation of the centre.

Some of the residents' comments were that, "this is a nice place to live, and staff are excellent ", "I like the music sessions", "the food is nice here", "staff help me at all times, and they are great".

The designated centre is located in Laghey, a rural location in County Donegal and consists of a single-storey building that can accommodate 48 residents in a mix of single and twin-bedded rooms. There is a dementia-specific unit, which has separate dining and living room facilities for the residents accommodated in this unit.

Following an introductory meeting with the person in charge, the inspector went for a walk around the centre.

The corridors of the centre were bright, well ventilated and clutter-free, and residents were able to walk around the centre independently. However although the storage of equipment in the centre had generally improved since the previous inspection, the inspector found equipment such as wheelchairs, mattresses, and walking frames were being stored in the chapel, which meant that this area was not easily accessible for residents' use. Furthermore the storage of equipment in the chapel area posed a trip hazard for residents.

The centre appeared to be visibly clean, and the inspector noted the centre's flooring had been upgraded since the last inspection. The provider has installed three new clinical wash hand basin since the previous inspection. This improved staff access to appropriate hand washing facilities outside of resident's bedrooms and bathrooms.Overall, there was some good infection prevention and control practice observed; however, some items of assistive equipment such as wheelchairs and transport wheelchairs, were dusty and visibly unclean.

The centre has an indoor courtyard garden with sun shades and seating arrangements for residents. Residents were able to access this indoor courtyard, and the inspector saw many residents, including the residents from the dementia-specific unit, spending their time in this area.

The dementia-specific unit of the centre was well laid out for the residents. The walls were beautifully decorated with mural art depicting the streetscape of a town and blue stack mountains of nearby Barnes More Gap. These were familiar scenes for some of the residents who were from the local area.The entrance to the dementia-specific unit was through a cross-corridor fire door, and the interior of the cross-corridor fire door had a continuation of the wall art however this cross-corridor

fire door did not support effective containment of fire and smoke in the event of a fire emergency.

The inspector spent time in the dementia-specific unit and found that the residents were well-supported in this unit. The inspector observed the residents from the dementia-specific unit accessing the indoor garden throughout the day of the inspection. While some residents spent time in day room areas, they were found to be supported by the company of staff. The inspector observed staff providing hand massages and nail care for the residents in this unit.

The day rooms of the centre have a relaxing ambiance, and residents were sufficiently supervised when they were using the communal day rooms. Residents were provided with light refreshments, and there was a choice of drinks available in the centre. A schedule of activities was displayed in the day rooms, and the residents who spoke with the inspectors said they enjoyed the activities in the centre. The inspectors observed that a member of the activities team was encouraging residents to participate in activities such as puzzles, word scramble, and bingo. Other staff were observed spending time with residents and chatting with them. Residents who spoke with the inspector reported that they enjoyed the company of the staff and other residents.

Visitors were coming and going on the day of the inspection, and some residents told the inspectors that there was no restriction on visiting and that they were happy with the current visiting arrangements in the centre.

The residents' rooms the inspector visited were appropriately decorated and well presented, and some rooms were person-centred and had a homely feel. Residents had access to a wardrobe to store their clothes and sufficient space to store their personal belongings. Residents told the inspector that they liked their room and they were comfortable in their new home.

The dining area of the centre had a relaxing ambiance and there were menu choices available for residents. Sufficient staff were available in the dining room to assist residents during their meal times. Staff interactions with residents in the dining room were respectful and supportive, and meals were not rushed and were a social occasion for the 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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the provider had made significant improvements in the quality of care provided to the residents and had implemented most of the compliance plan actions from the previous inspection held in August 2022. However, significant focus is now

required to strengthen the provider's management systems and to ensure that the improvements that had been made were sustained in this centre.

This was a risk inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centres for older people) Regulation 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection and the information submitted by the provider and the person in charge.

The provider of the designated centre is Drumhill Inn Limited, and a representative of the provider who was employed full-time as a person participating in management, and provided management support to the person in charge. The person in charge worked full-time in the centre and was a visible presence in the centre at the time of inspection. The person in charge was supernumerary in the centre and was provided with the necessary management hours to fulfill their role. The person in charge worked on call during the weekends.

In addition, to the person in charge, the centre has a clinical nurse manager. There is also a person participating in management who is a director of Drumhill Inn Limited and who works in the centre. However, a review of the rosters and discussions with the members of the management team found that the deputising arrangements were not always in place when the person in charge was unavailable in the centre. For example, while the person in charge and the person participating in management (PPIM) were unavailable in the centre during their planned leaves of absence, no management support was available on site for residents and staff at the centre. As a result, several quality improvement initiatives that the person in charge and the provider had implemented were not always sustained. This was brought to the attention of the provider who agreed to review the management hours available for the clinical nurse manager so that they were able to carry out their management function in the absence of the person in charge.

The provider had developed management systems such as audit frameworks, additional fire safety checks, and equipment cleaning checks to improve the quality of service provided in the centre. However, this inspection found that these systems were not robust, and improvements were required to ensure safety and consistency in relation to infection control and fire safety standards.

Furthermore, even though the provider had sufficient storage areas available to store unused equipment in the centre, these were not being used and the inspector found several items of unused equipment were not stored in the dedicated storage areas. In addition, the inspector observed that the fire door in the chapel was obstructed by a mattress stored in this room on the day which posed a significant fire safety risk in the event of an emergency. The provider was asked to take immediate action to keep this fire exit clear of any obstructions and the mattress was removed.

Residents' meetings were held regularly in the centre, and the minutes of such meetings were kept in the centre. The overall feedback from the residents during such meetings was found to be positive, and the inspector observed that the

residents' suggestions about various activities were implemented by the staff. Regular staff meetings and management meetings were held, and representatives of the provider attended those meetings.

An annual review for 2022 had been completed and was available in the centre for the inspector to review.

Regulation 15: Staffing

There was adequate numbers of staff who had appropriate knowledge and skills to meet the assessed needs of residents and given the layout of the designated centre. Staffing resources were kept under review by the management team and there were processes in place to source additional staff if required.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles.Staff were up to date with their mandatory training needs.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had established and maintained a directory of residents containing all information as specified in Schedule 3 of the regulation.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with

regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had made significant improvements to the management systems to ensure adequate oversight of the service provided in the centre, the systems required further improvements in key areas. For example:

- The inspector identified several significant fire safety risks on the day of the inspection that the provider had not identified and addressed through their own management systems.
- Although daily equipment cleaning checklists were completed in the centre, these systems were insufficient. For example, several items of resident equipment and furniture observed during the inspection were visibly unclean.
- Although there was sufficient storage space available in the centre to securely store equipment, the centre's chapel was cluttered with equipment such as transport wheelchairs, comfort chairs, and unused mattresses. This arrangement posed a trip hazard to residents who can access this area of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had revised their statement of purpose, and this revised statement of purpose was available in the centre.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to the residents in this centre had significantly improved, and it was evident that the management team and staff had worked hard to bring about these improvements. As a result the residents were found to be generally well-supported in the centre and reported good levels of satisfaction with their care and quality of life and told the inspector that they felt safe in the centre. However, more actions are now required to ensure improvement actions in the areas of infection control, fire safety, storage of medicines and care planning in the centre are implemented and sustained.

The inspector found that residents were well supported to access their general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services. Appropriate referrals were made to ensure that the residents who required assistance from specialists, such as dietitians, were seen in a timely manner..

The inspector reviewed a sample of care plans and found that the residents' care plans were generally personalised and detailed, and this was an improvement from the previous inspection. All residents had a comprehensive assessment completed following their admission to the designated centre. However, additional improvements were required in care planning to ensure that they are timely developed and to ensure that they fully meet the regulatory requirements, and this is further discussed under Regulation 5.

A restraint register was available in the centre and was kept up-to-date, and the centre had a low use of restraints. Furthermore, records showed that where restraints, such as bed rails, were used for residents, appropriate risk assessments were carried out, and alternatives were trialled before its use.

The centre has a comprehensive infection prevention and control policy. Most of the residents who were eligible had received their COVID-19 boosters and influenza vaccines. The provider had implemented a range of quality improvement measures to improve infection control in the centre since the previous inspection and following COVID-19 outbreaks including the recruitment of additional staff to improve the cleaning and decontamination of the centre. However, this inspection found that not all of the improvement actions from the last inspection were being consistently implemented and these findings are set out under Regulation 27.

The inspector reviewed the medication management practices in the centre and found that the medicines were administered in accordance with the directions of the general practitioners and that residents' medicines were securely stored in the centre. There were clear arrangements to ensure that the medicines that were required to be stored below room temperature were stored appropriately, and a separate medicine storage fridge was available in the centre for this purpose. However, additional improvements were required to ensure that the unused medicines that are no longer used by residents and the medicines of discharged

residents were appropriately disposed of in line with the requirements of the regulation. These findings are set out under Regulation 29.

The provider had implemented most of the compliance plan in relation to fire safety issues identified in the previous inspection and the provider's own fire safety risk assessment of 2022. However, this inspection found that a cross corridor fire door that had been identified in the fire safety risk assessment to be replaced had not been replaced in line with the provider's compliance plan from the 2022 inspection. This was brought to the attention of the provider, and they informed the inspector that the fire door replacement was delayed due to the unavailability of fire door technicians to fix the fire doors, and they plan to replace the fire door by 14 July 2023. Furthermore, the provider had not submitted a final sign-off from their competent fire consultant in order to assure the Chief Inspector that the fire safety works that had been carried out in the designated centre met the legislative requirements.

The inspector reviewed the records of residents' meeting records and activities which showed that an ice cream van and an external musician visited the residents weekly. This was validated by the residents who spoke with the inspector and who told the inspector that they enjoyed the regular ice-creams and live music sessions.

Newspapers and magazines were available in the communal day rooms, and residents were observed relaxing in these areas reading the newspapers or watching their favourite television programs.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was found to be appropriate to the number and needs of the residents at the time of this inspection. In addition, the internal premises of the centre was found to be well maintained.

There was sufficient storage for items of assistive equipment including those items that were no longer in use, however staff were not using these areas appropriately which meant that some items were being stored in the resident's chapel. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. This was evidenced by:

- The soft furnishing of some comfort chairs and assistive wheelchairs were found to be damaged and this prevented effective cleaning and decontamination of those equipment.
- Staff were observed to be wearing hand and wrist jewellery and nail varnish, which created a barrier to effective hand hygiene.
- The soft furnishings of two assistive chairs stored in the chapel and two comfort chairs in the dementia specific unit were ripped and did not support effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not sufficiently reviewed the fire precautions in the centre. For example:

- The inspector reviewed sample records of residents' personal emergency evacuation plans (PEEPs) and found that they did not include the current needs of two residents. As a result, these incorrect PEEPs may negatively impact on the provider's emergency evacuation procedures.
- A fire register maintained in the centre with daily and weekly checks did not effectively identify the issues the inspector found on this inspection. For example, two emergency fire exit signs (running man signs) were not lighting up and, as a result, were not easily visible in the event of a fire emergency.
- The inspector found that the cross corridor fire door at the entrance of the Alzheimer's unit was not replaced in line with the action plan to address the findings of the Fire safety risk assessment (FSRA) carried out in the centre in 2022 and the provider's compliance plan from the previous inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The providers arrangements were insufficient to ensure that the medicinal products which are out of date or were no longer required were disposed of in accordance with the national legislation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider had not ensured that a care plan had been prepared for one resident within 48 hours after that resident's admission to the centre. Records showed that care plans had not been developed for this resident even after one week of admission to the designated centre.

In addition, another resident with known responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) did not have an appropriate care plan to guide staff in providing the most appropriate care for this resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use. Staff who spoke with the inspector were knowledgeable about the de escalation strategies specific to individual residents' including their personal preferences and to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The positive culture in the centre helped to ensure that residents' rights were upheld and that care and services were delivered in a flexible way that considered each residents' abilities and preferences.

Residents' meetings were held regularly and resident feedback was acted on which helped to ensure that residents were involved in the organisation of the centre.

The provider had arrangements in place to ensure residents have access to meaningful activities in line with their preferences and capacity.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhic Shuibhne OSV-0000312

Inspection ID: MON-0039522

Date of inspection: 07/06/2023

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: All PEEPS have been up-dated accordingly The cross-corridor fire doors at the entrance of the Alzheimer's unit have since been replaced. A staff member is now allocated to maintain daily checks on the fire exit signs (running man signs) the staff will document same in the fire register and will report any malfunction to the maintence. Extra storage has been made available for equipment and the chapel has been decluttered. A weekly deep clean of all residents' equipment and furniture is now in place on top of the daily clean. All soft furnishings, comfort chairs and assistive wheelchairs have been repaired.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All soft furnishings, comfort chairs and assistive wheelchairs have been repaired. A weekly deep clean of all residents' equipment is now in place on top of the daily clean. All staff have been made aware of infection control measures regarding the wearing of wrist jewelry and nail varnish. All staff will update their hand hygiene.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All PEEPS have been up-dated accordingly
The cross-corridor fire doors at the entrance of the Alzheimer's unit have since been replaced.
A staff member is now allocated to maintain daily checks on the fire exit signs (running man signs) the staff will document same in the fire register and will report any malfunction to the maintence.
The cross-corridor fire doors at the entrance of the Alzheimer's unit have since been replaced.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All medicinal products that were out of date or that were no longer required have been sent back to the pharmacy. Going forward to prevent this occurring again the night nurse will keep a regular check on all medications. The clinical nurse manager and D.O.N will also do spot checks on all medication trolleys and storage press.

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:
A care plan is now in place for the newly admitted resident. Also a new system is now in place to ensure this does not happen again.
Also, a care plan has since been prepared for the resident with known responsive behaviors to ensure appropriate care.

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 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	27/07/2023
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	31/07/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	27/07/2023

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	27/07/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	27/07/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned	Substantially Compliant	Yellow	08/06/2023

	can no longer be used as a medicinal product.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	08/06/2023