



**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:	Caiseal Geal Teach Altranais
Name of provider:	Caiseal Gael Teoranta
Address of centre:	School Road, Castlegar, Galway
Type of inspection:	Unannounced
Date of inspection:	01 December 2021
Centre ID:	OSV-0005491
Fieldwork ID:	MON-0033963

About the designated centre

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

Caiseal Geal Teach Altranais is a purpose built facility located in Castlegar, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on three levels. There are two floors designated for residents, each having communal areas, dining room and sitting room in addition to residents' bedrooms. The first floor has a spacious sun terrace accessed from the day room and leading to an enclosed courtyard and gardens. Both floors have lift access to and from residents' own areas. Resident bedrooms and living accommodation is on the second and third level. There are 34 single bedrooms and four double bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Wednesday 1 December 2021	09:30hrs to 17:55hrs	Fiona Cawley	Lead
Wednesday 1 December 2021	09:30hrs to 17:55hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

On the day of the inspection the inspector observed that residents were supported to enjoy a good quality of life by staff who were kind and caring. The overall feedback from the residents was that they were very well cared for by the staff. Many of the residents who spoke with the inspector said they were happy with their life in the centre which was homely and welcoming.

This unannounced inspection was carried out over one day. Prior to entering the centre inspectors underwent a series of infection, prevention and control measures which included temperature check and a declaration that inspectors were free of symptoms associated with COVID-19.

Caiseal Geal Teach Altranais was a purpose built facility located in the village of Castlegar, County Galway. The layout of the building included comfortable communal areas, dining rooms, and a welcoming visitors room. There was a variety of seating areas in the reception area and along the corridors. Bedroom accommodation was provided on both floors in single and twin bedrooms. All bedrooms have en suite bathroom facilities. There was a lift provided which allowed residents access to both floors. Residents' bedrooms were personalised with items of significance to each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own items of furniture from home including pictures, framed photographs and ornaments. Residents spoken with stated that they liked their bedrooms. One resident told the inspectors that they loved the view from their room, especially in the evening as the sun was setting.

The residents had unrestricted access to a lovely sun terrace and an enclosed garden with lovely garden furniture, flower beds, hanging baskets and a greenhouse.

There were 39 residents accommodated in the centre on the day of the inspection and seven vacancies.

The inspectors spoke with ten residents during the inspection who said that they were happy in the centre and that the staff were always kind and helpful to them. One resident told the inspectors that they were very happy in the centre and that it was a 'happy house'. Another resident said that everyone was good to them and everyone was treated very well by the staff. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspectors to be very content.

A number of residents spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Several visitors were observed coming and going throughout the day. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished but many were happy to

receive visits in designated visiting areas. The inspectors spoke with two visitors who were very satisfied with the centre.

The inspectors completed a walk about of the centre on the morning of the inspection together with the assistant director of nursing (ADON) who facilitated the inspection. Overall, the inspectors found the premises was laid out to meet the needs of the residents and to encourage and aid independence. The centre was pleasant throughout and it was clear that the management and staff made efforts to create and maintain a homely atmosphere. The communal areas were large, bright spaces which were nicely decorated and contained comfortable furnishings.

The corridors were wide and well lit. The walls were decorated with colourful pictures. Grab rails were available along the corridors to assist residents to mobilise safely. The building was warm and well ventilated throughout.

Residents' laundry was managed on site. Inspectors observed that a small number of items that were laundered were not in a good state. For example; woollen jumpers that were ready for return to resident rooms were hard. A resident had told inspectors that multiple socks and items of undergarments had been lost. The resident had not made a complaint or brought this to the managements attention. However, inspectors did observe a large box of paired socks that had completed the laundry process that were ready for return to individual rooms. The socks were not labelled and from the conversations had there was an over reliance on individual staff members knowledge of what resident owned what item to ensure safe return. Inspectors acknowledge that the nurse manager had identified this issue and was in process of how best to address the issue.

Call bells were available throughout the centre and the inspectors observed that these were responded to in a timely manner.

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content as they went about their daily lives and there was a happy atmosphere present throughout the centre. The staff knew the residents well and provided support and assistance with respect and kindness. Staff were observed helping residents with hand hygiene throughout the inspection. Many residents were observed socialising with each other and with staff members.

Overall, the inspector observed all staff engage with the residents in a very positive manner and friendly interactions were heard throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents moved around the centre freely and the inspector observed a number of residents walking around the centre independently or with the help of staff. The majority of the residents were up and about on the day of the inspection and the staff provided regular safety checks on the few residents who wished to remain in their own bedrooms.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19

Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre where the staff delivered good standards of care and support to residents.

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

Capacity and capability

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. This was an unannounced risk inspection to review the progress in compliance with regulations following the last inspection on 15 October 2020. The inspectors found that the majority of the required improvements from the previous inspection had been implemented.

There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge was supported in the role by an assistant director of nursing, three clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping staff, catering staff, activities staff and administration support. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the staff on duty were observed to have the required skills, competencies and experience to fulfil their roles.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The Inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of staff personnel files were reviewed by the inspector and found to have all the information required under Schedule 2 of the regulations.

Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, manual handling, safeguarding, hand hygiene and complaints management.

The inspectors observed that regular staff meetings had taken place including management meetings, nurses meetings, activities meeting and infection prevention and control meetings. Minutes of meetings reviewed by the inspectors showed that

a range of issues were discussed in detail including COVID-19, infection prevention and control, staffing, training and audits.

A program of audits was in place that covered a wide range of topics, including falls analyses, wound care, infection prevention and control, care plans and medication management practices. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed. Notwithstanding the high level of compliance found on the day of inspection, the inspectors found that some of the systems in place required review and strengthening to ensure sufficient oversight and monitoring. The detail is outlined under Regulation 23 Governance and Management.

A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed prominently in the centre and contained the information required by the regulation.

Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times. Additional staff had been recruited to support the residents. The rosters reviewed by inspectors provided assurance that residents care needs could be met.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training. Records reviewed by the inspectors showed that staff had completed the required mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the governance and management of the centre was well organised and resourced. There were significant improvements in the oversight of the service since the last inspection. There were systems in place to monitor and evaluate the quality and safety of the service. The audit system included action plans with identified time frames and persons responsible for actions.

However, the inspectors found that the oversight of a number of key areas was not robust and as a result the audits had not identified a number of areas of repeated non-compliance found by the inspectors during this inspection, for example.

- The system for transcribing medication.
- The statement of purpose required review.
- Notification of incidents.

In addition, some of the systems in place required strengthening, for example

- The laundry system in place.
- The system in place that records the resuscitation status of the resident.
- There were gaps in the system under regulation 5.
- The cleaning system.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020 with input from the residents which included a quality improvement plan.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Attention of the requirement to submit notifications of incidents as per regulation requirements was required. Inspectors were informed of a number of instances whereby staff had been identified as suspicious for COVID-19 and as a result had required testing. Inspectors acknowledge that no positive cases were returned. However, a notification informing the office of the Chief inspector was required and had not been submitted.

In addition, inspectors reviewed documents that detailed an incident involving a

resident that had not been notified to the Office of the Chief Inspector within 3 days as is required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There was a low level of complaints and there were no open complaints on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that resident's felt safe and were supported and encouraged to have a good quality of life in this centre. A significant improvement was seen from the last inspection in the area of resident access and participation in social activities which is outlined below. Direct provision of care was monitored through the auditing system in place. Notwithstanding the positive findings, further review and development under regulation 27 Infection Control and regulation 29 Medicines and pharmaceutical services was required.

Residents' told the inspector that their lives had been impacted by the COVID-19 restrictions. Residents reported that they felt the care and support they had received was of good quality. Residents' medical and health care needs were met. The inspectors reviewed eight resident's care notes. While gaps were found, inspectors

acknowledge that in the main, care plans were found to be individualised and person-centered. Resident files had a COVID-19 care plan in place that outlined the residents' vaccination status.

Medication management practices were reviewed. Medication audits were completed. Medicines that require special control measures were appropriately managed. Records indicated that medicines were counted by two nurses when medicines were being administered and at the end of each shift. Despite the positive findings, further improvements are required specific to the current practices in place on nurse transcribing and required follow up. This is a repeated non compliance found on the last inspection.

The inspectors found that staff displayed good knowledge of the national infection prevention and HPSC guidance. The provider had a COVID-19 folder that contained all guidance documents on the management of a COVID-19 outbreak. Staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance.

Following the previous inspection the lack of access to a sluice facility in the area of the centre that was identified as the isolation area in the event of an infection outbreak was assessed as a risk. This was discussed on the day of the inspection and the inspectors were informed that a risk assessment was carried out and advice sought on the matter from the local Infection Prevention and Control Clinical Nurse Specialist from the Health Service Executive. The person in charge subsequently submitted this risk assessment to the authority which outlined the appropriate actions in place to mitigate the risks identified.

Protocols were in place for symptom monitoring and health checks for residents and staff. In addition, the management team had put in place the following measures to protect residents:

- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- appropriate use of face masks was observed by staff
- on the day of inspection there were sufficient supplies of PPE in stock
- there was hand hygiene gel dispensers strategically placed along corridors.

Despite all of the positive findings the inspectors were not assured that the provider had taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in the management of the cleaning of the building and the current processes in place. Details of issues identified are set out under Regulation 27.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities. Open visiting had resumed in the centre and relatives spoken with were very appreciative of the visiting arrangements in place.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the positive findings, further action is required to bring the centre into compliance with Regulation 27. This was evidenced by;

- The color coded cloth mopping system that was introduced was not fully implemented. For example; the same mop head and water was used for multiple bedrooms and not changed between use. This practice is high risk in that the risk of cross contamination significantly increases from positive to negative areas and visa verse.
- The two cleaning trolleys in use on the day of inspection were visibly unclean with heavy layers of dust and dirt.
- The daily cleaning COVID-19 environmental check list dated the day prior too and the day of the inspection were signed off as clean. This was not the findings of the inspectors. For example; item 7 was marked as yes that hand sanitiser dispensers are clean, filled and in working order. The first three hand sanitiser dispensers checked by the inspectors were layered with dried gel and were unclean. Inspectors acknowledge that immediate action was taken.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed medication management practices and found a repeated non compliance.

- The inspectors found multiple examples whereby medicines transcribed by the nursing staff from the prescription into the medication cardex had not been signed by a doctor. This practice is not in line with the centre's own medication management policy.
- Verbal orders were signed by two nurses. However, in an example reviewed it was confirmed that the second nurse did not hear the order but had signed the medication cardex. This practice is not in line with the centre's own medication management policy.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

In the main, care plans were person centered and guided care. Some development of the detail inputted into the care plans was required to ensure that the assessments of need are then reflected in the care plan. For example; wound dressings that were documented as completed in the progress notes did not have any wound assessments completed or detail recorded of how the wound was presenting.

Inspectors found that not all assessments were completed when a resident's condition changed. For example; a resident with significant weight loss had not had a nursing nutritional assessment completed to identify the increased risk. Inspectors acknowledge that the records evidenced multidisciplinary involvement and appropriate intervention management.

The non compliance with care plans was discussed on the day of inspection and is addressed under regulation 23 on the gaps in the systems in place to monitor the service delivered.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to medical and allied health care

support to meet their needs. Residents had a choice of general practitioners (GP).

Visiting by health care professionals had resumed at the time of inspection. Services such as physiotherapy and dietetics were also available. Records reviewed evidenced that in the main, advice received was followed which in turn had positive outcomes for the residents.

Inspectors found that a review of the system in place to ensure that all Do Not Resuscitate (DNR) orders as per resident and family requests are reviewed and signed of by a medical practitioner as the most appropriate action to take. This non compliance is also actioned under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In the main, the provider was seen to be actively promoting a restrictive free environment. Of the 38 residents in the centre on the day of the inspection, 12 had bed rails in place. Individual risk assessment for the use of bed rails had been completed and kept under review. Hourly checks when bed rails were in use were recorded. Care plans outlined the rationale for the need to have bed rails in place.

The code to the doors for access to the internal gardens was made available. Inspectors brought to the attention of the provider that a request was made for a review of resident access to the main doors that would allow entry and exit of the premises without the assistance of a member of staff. The provider committed to complete same.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and news, a selection of newspapers and Wi-Fi were available. Independent advocacy services were also available. Staff were observed knocking on resident doors and waiting for a response prior to entering.

The provider had recruited additional dedicated activities staff. Activities are now held seven days a week. The additional staff were seen to have a positive impact on the social activities held in the centre. For example;

- There were pictures along corridors of group activities that had been organised in recent months such as outdoor pot planting.
- On the day of inspection the residents were watching a video of a social event that had occurred in the centre; animals from a local farm had been

brought into the centre. The video showed that the residents that had participated in the event had enjoyed the occasion.

- Inspectors observed multiple sing along sessions held in the large downstairs communal sitting room. The residents that attended were observed to enjoy same.
- In the morning the inspectors observed a Sonas session that was inclusive of all that attended. The staff holding the event referred to all residents by name and encouraged residents to actively participate.
- Resident individual records were detailed in what social activities they attended.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caiseal Geal Teach Altranais OSV-0005491

Inspection ID: MON-0033963

Date of inspection: 01/12/2021

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The relevant section of the statement of purpose has been reviewed and updated 05.01.22.</p> <p>Additional items have been updated to IPC protocols as noted below 10.12.21</p> <p>A new labelling system for clothing has been implemented 15.12.21</p> <p>Monitoring and auditing is being strengthened for transcriptions, notifications and cleaning in relation to the areas identified 14.01.22</p> <p>A hard copy DNR form is being added to resident files as required containing written GP sign-off on DNR status 25.02.22</p> <p>The quarterly care plan audit is being strengthened in terms of EOL, skincare and MUST status 17.01.22</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications have been added to the management meeting agenda to ensure that all notifications are properly submitted within the appropriate time limits 14.01.22</p>	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new cleaning system has been introduced to ensure mop heads are changed between each bedroom 10.12.21</p> <p>Hand sanitisers are being more closely monitored to ensure drips are promptly cleaned 10.12.21</p> <p>Cleaning trolleys are included in a new monthly deep cleaning schedule for equipment 10.12.21</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The weekly medication audit has been strengthened to include an audit of Kardex prescription sign-off. A copy of all prescription is stored in the nurses' station. While a Kardex is awaiting GP signature the previous Kardex will be enclosed 14.01.22</p> <p>Post telephone discussion with GP, prescriptions are sent by the GP to the pharmacy and only documented in the Kardex when a copy of the script is received from the pharmacy through the Healthmail e-system 02.02.22</p>	

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	25/02/2022
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.	Not Compliant	Orange	10/12/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in	Not Compliant	Orange	02/02/2022

	accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	14/01/2021