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:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0048793

About the designated centre

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

Bethany House is a purpose-built nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 90 residents, both male and female, aged over 18 years. They provide 24-hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age-related dementia care. They also care for young, chronically ill residents, including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 90 residents. Two new extensions were added to the premises in 2017 and 2021, and all accommodation is provided on the ground floor level with a mixture of single and twin bedrooms, a number with en-suite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, and church, to mention a few.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86

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 17 June 2026	10:00hrs to 17:45hrs	Fiona Cawley	Lead
Thursday 18 June 2026	09:40hrs to 14:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre received a good standard of care, and were supported to enjoy a good quality of life. Residents spoke positively about staff and expressed satisfaction with the care and support they received. Staff demonstrated a good understanding of residents' individual needs, and were observed delivering care and support in a respectful and compassionate manner. Throughout the inspection, the centre maintained a calm, welcoming and supportive atmosphere.

Bethany House Nursing Home is located in the village of Tyrrellspass, County Westmeath. The centre is registered to accommodate 90 residents. This unannounced inspection took place over two days. There were 86 residents accommodated in the centre on the days of the inspection, and four vacancies.

On the first day of the inspection, the inspector arrived at the centre in the morning and conducted a walk around the premises, giving an opportunity to observe the care provided to residents, review the residents' living environment, and meet with residents and staff. Residents were observed in various areas throughout the centre. Some residents were having breakfast, other residents were relaxing in communal areas, while some residents were receiving support from staff with their personal care needs.

The designated centre is a three-storey, purpose-built facility, with residents' living areas and bedroom accommodation located on the ground floor. The centre comprised of single and twin-occupancy bedrooms, as well as several communal areas. Residents' bedrooms were bright and spacious and provided sufficient space for residents to live comfortably. Many residents had personalised their bedrooms with items of personal significance, including ornaments, furniture and photographs. Adequate facilities were available for residents to store their personal belongings.

Throughout the building, residents had access to a sufficient choice of suitable communal spaces, providing spacious areas for rest and recreation, including day rooms and dining rooms. A variety of areas were also available, offering residents comfortable spaces to spend some quiet time or to meet privately with friends and family members, should they wish to. A prayer room was available, providing residents with a dedicated space for reflection. Many areas of the centre provided pleasant views of the outdoor gardens and the surrounding countryside. All areas of the centre were designed and furnished to create a homely and sociable living environment for residents.

Enclosed gardens were available providing access to quality outdoor space for residents. These areas included a variety of suitable garden furnishings and seating

areas. There were colourful, seasonal flower beds and lawns, which provided residents with opportunities to participate in gardening activities.

The building was laid out to meet the needs of residents, and to encourage and support independence. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aids were able to move freely and safely through the centre. Call-bells were available in all areas and answered in a timely manner on the day. The centre was bright, warm and well ventilated throughout. The centre was clean, tidy and well maintained. While there was a sufficient number of toilets and bathroom facilities available to residents, the inspector found that a number of facilities were not equipped with grab rails.

Over the two days, the inspector spent time chatting with residents and staff and observing staff provide care and support to residents. Residents were observed spending time in various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. There was a very warm, convivial atmosphere and residents appeared very content as they went about their daily lives. Residents sat together in the day rooms chatting to one another and staff, and participating in activities. Other residents chose to relax in the comfort of their bedrooms, while some residents mobilised freely and contentedly throughout the centre. Communal areas were appropriately supervised, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind and respectful, and that care was delivered in a relaxed manner. The inspector observed that personal care needs were met to a good standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs and preferences. Friendly, familiar chats could be heard between residents and staff throughout the centre, and it was evident that residents were treated with kindness and respect.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. Many residents attended the dining rooms for their meals, while some residents chose to have lunch in their bedrooms. There were adequate numbers of staff available to residents who required assistance, and they were supported with their meals in a respectful and dignified manner.

The inspector interacted with a large number of residents and spoke with a total of 14 residents on the days of the inspection. Residents described their day-to-day lives in the centre, and told the inspector that they were satisfied with life in the centre. Residents said that they had everything they needed and described staff as 'very good', 'all very nice' and 'very good to me'. One resident told the inspector 'the whole place is very nice, we are very lucky', while another resident said that 'life is fine'. One resident told the inspector that while they would prefer to be in their own home, they were happy with the care they were receiving in the centre. A number of residents explained their reasons for deciding to come and live in the centre, and

they told the inspector that they were very happy with their decision. Residents said that they felt safe and that they could freely raise any concerns with staff if they needed to. There were a number of residents who were not able to give their views on the centre. However, these residents were observed to be content and relaxed in their surroundings.

There was an activities schedule in place seven days a week, which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The centre employed three activities co-ordinators who facilitated group and one-to-one activities. On both days of the inspection, the inspector observed residents taking part in activities in the various communal areas in the centre. Residents told the inspector that there was plenty to do each day, and that they could choose to spend their time as they wished. They described the activities available to them, which they enjoyed, including music, quizzes, bingo and outings. A small number of residents said they preferred to spend time in their own company, watching TV, reading and going for walks outside. The inspector observed a game of bingo on the first afternoon of the inspection, which was very well attended by residents. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so. Residents who participated in the game told the inspectors how much they enjoyed it. One resident mentioned how they had the choice to take part in activities or not, and this was observed by inspectors during the inspection. Residents also had access to television, radio, newspapers and books. Internet and telephones for private use were also available.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. A number of visitors told the inspector that they were satisfied with the care received by their loved one.

In summary, the inspector found that residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Inspectors reviewed the action taken by the provider to address

identified areas of non-compliance found on the previous monitoring inspection in July 2025.

The overall findings of the inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life. The provider had addressed the majority of the non-compliances found on the previous inspection in respect of staffing, premises, and infection control. Overall, the inspector found a good level of compliance across most of the regulations reviewed. However, while the provider had systems in place to monitor and review the quality of the service provided for the residents, some management systems in place were not fully effective. This was evidenced by deficiencies in the system of oversight in relation to premises and medicines' management, which were not fully in line with the requirements of the regulations.

The provider of Bethany House Nursing Home is MPM Nursing Home Limited. The provider had a clear governance structure in place with identified lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge supported by a clinical nurse manager. There was a full complement of staff in place, including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Management support was provided by the directors of the company. The person in charge was present throughout the inspection and was observed to be a strong presence in the centre. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

Overall, the inspector found that governance and management arrangements were well-organised. Clinical and environmental audits were completed, which included reviews of falls management, wound management, falls, infection control and medicines management. Action plans were developed and completed, where areas for improvement were identified. However, as stated above, the systems of oversight in place did not identify a number of issues found on this inspection.

An annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

The inspector found that there were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. A review of the staffing rosters found that staffing levels and skill-mix were appropriate for the size and layout of the building, and to meet the assessed health and social care needs of residents. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of three registered nurses on duty at all times and a team of health care assistants. Staff demonstrated an understanding of their roles and responsibilities. Staff were observed working together as a team to ensure residents' needs were addressed and were observed to be interacting in a positive and supportive way with residents.

Staff were facilitated to attend training appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training.

The inspector found that staff had completed training in the areas appropriate to their role.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met with each other and the staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of issues were discussed, including clinical issues, care planning, staffing, training, incidents, audits, and other relevant management and operational issues.

Policies and procedures were available in the centre, which provided staff with guidance on how to ensure residents were safeguarded and protected from abuse and to ensure their human rights were promoted.

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

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the office of the Chief Inspector of Social Services within the time frame specified under the regulations.

A centre-specific complaints policy detailed the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints records found that the process for managing complaints was not in line with the regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure effective governance and management oversight of the service were not fully effective. For example, the provider's own internal management systems of audit and oversight had not identified the issues found on this inspection in respect of premises and medication management.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place that outlined the process for making a complaint and the personnel involved in the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents expressed satisfaction with the care and support provided in Bethany House Nursing Home and spoke positively about their experiences with staff. The inspector observed that residents' rights were respected and that opportunities for choice were promoted. Interactions observed between staff and residents were respectful and courteous.

Nursing and care staff demonstrated a good understanding of residents' individual care needs. The inspector reviewed a sample of nine residents' records and found that assessments of residents' needs were completed prior to admission to ensure the centre could meet each resident's health and social care requirements. Following admission, a number of clinical assessments were carried out using accredited assessment tools. The results informed the development of individualised care plans tailored to each resident's assessed health and social care needs. Care plans were initiated within 48 hours of admission to the centre, and included person-centred information which provided staff with guidance on the supports required to promote and maintain residents' quality of life.

Residents were provided with access to a doctor when requested or as required. Arrangements were also in place to ensure residents could access the expertise of health and social care professionals for further expert assessment and treatment, in accordance with their assessed needs.

A safeguarding policy was in place to provide guidance to staff on protecting residents from the risk of abuse. The provider had a system in place to support

residents who required a pension agent, and appropriate arrangements had been implemented in line with best practice.

The ethos of care in the centre was person-centred, with residents' rights and choices respected and upheld. Residents' independence was promoted, and staff demonstrated an understanding of residents' rights. Residents were supported to exercise their rights and maintain autonomy in their daily lives and routines. Residents told the inspector that they could retire to bed and get up when they chose. There was a schedule of recreational activities in place, and there were sufficient staffing resources available to support residents to participate in activities of their choice. Residents were provided with opportunities to meet together and discuss the management and operation of the centre. Residents had access to an independent advocacy service.

Residents' nutritional care needs were appropriately assessed and monitored. Residents' needs in relation to their nutrition and hydration were documented and known to the staff. Appropriate referral pathways were in place to ensure that residents identified as being at risk of malnutrition were referred for further assessment and intervention by an appropriate health and social care professional.

The environment and equipment used by residents were observed to be visibly clean, and the premises were found to be well maintained on the day of the inspection. Appropriate cleaning schedules were in place, and equipment was cleaned after each use.

While the design and layout of the premises were suitable for the number and needs of the residents living in the centre, this inspection found that a number of the bathrooms and toilet facilities were not equipped with grab rails. This reduced the accessibility of these facilities and may impact residents' ability to use them safely and independently.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

The inspector found that, while there were processes in place for the prescribing, administration and handling of medicines, the oversight arrangements for medicines management were not sufficient to support the safe administration of medicines, in accordance with current professional guidelines and legislative requirements.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that certain areas did not conform to the matters set out in Schedule 6 of the regulations. For example, a number of toilet facilities were not provided with grab rails. In addition, the baths in the centre were not designed to enable residents to use them independently, as grab rails were not available.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes, including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The arrangements in place for dispensing and storage of medicines did not meet the requirements of the regulation. For example, medicines that were no longer required or had expired were not segregated from other medicines and were not disposed of in line with national guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	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 Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0048793

Date of inspection: 18/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has strengthened the Centre's governance systems through a comprehensive review of all audit processes. Audit tools were redeveloped where gaps in identifying issues were identified, ensuring improved reliability, consistency, and early detection of any deficits. Audit training was delivered to nursing staff by the management team to enhance competency in medication management and audit oversight. External training has also been arranged to further support sustained improvement and adherence to best practice standards. Targeted audits in premises and medication management have been completed by the management team. All associated action plans relating to medication management are fully completed. Action plans for premises remain in progress, with final actions pending delivery of required parts. Management conducts weekly Clinical Governance spot checks, with a specific focus on high risk areas, to ensure early identification of deficits and timely implementation of corrective actions. Audit outcomes, trends, and associated action plans are reviewed at monthly RPR governance meetings, providing structured oversight, accountability, and timely escalation where required.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

An audit of all toilets and bathrooms was completed to confirm the presence and suitability of grab rails. Action plans remain in progress, with final works to be completed once required parts are delivered. Audit tools were reviewed and redeveloped where gaps in identifying issues were identified, strengthening the reliability and consistency of premises related audits. Weekly Clinical Governance spot checks will continue to monitor premises safety, accessibility, and regulatory alignment, ensuring early identification of any deficits and timely corrective action.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Management completed a full audit of all medication storage areas and removed any out of date medication which was returned to the pharmacy on the day of inspection. An in house medication audit was completed by the Pharmacist following the inspection with action plan in progress. Management completes clinical spot checks weekly to ensure medication management compliance. Audit training was provided to nursing staff by management team to strengthen competency in medication management and oversight and external training has been arranged.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(d)	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	31/08/2026
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	Substantially Compliant	Yellow	31/08/2026

	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 can no longer be used as a medicinal product.			