



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Belgooly
Name of provider:	Aperee Living Belgooly Ltd
Address of centre:	Belgooly, Cork
Type of inspection:	Unannounced
Date of inspection:	25 May 2021
Centre ID:	OSV-0000218
Fieldwork ID:	MON-0033115

## About the designated centre

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

Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The centre is located close to the village of Belgooly on extensive mature grounds. The centre is accessed by a long tree lined avenue. There is a large car park with adequate parking spaces for visitors and staff, that includes parking spaces reserved for disabled users. There are two large secure outdoor spaces, accessible to residents with footpaths for residents to walk around. It was originally a large period house that was converted to a nursing home and later extended.

Recent renovations to the pre-existing premises involved the decommissioning of a bedroom and the reduction in the number of residents in shared bedrooms. As a result the overall capacity was reduced from 57 to 41 beds. These changes enhanced the quality of life of residents by providing more space and enabled staff to protect residents privacy and dignity while providing personal care.

More recently a new single storey extension has been built that comprises 27 single en suite bedrooms, additional sitting rooms, an extended dining area, a large secure outdoor space and various offices and store rooms. When complete, the centre will have the capacity to accommodate 68 residents in 54 single and seven twin bedrooms, all of which will be en suite. On the date of the inspection 16 of the additional 27 bedrooms were ready for occupation and the remaining 11 beds would be ready for occupation by the end of June 2019.

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

Number of residents on the date of inspection:	55
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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
Tuesday 25 May 2021	09:00hrs to 17:15hrs	John Greaney	Lead
Tuesday 25 May 2021	09:00hrs to 17:15hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

Inspectors arrived just before 09:00am. Prior to entering the centre inspectors underwent a series of infection prevention and control measures which included temperature checks and a declaration that Inspectors were free of symptoms associated with COVID-19.

There was a relaxed atmosphere within the centre, and residents were getting ready for their morning activity. Inspectors observed that residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions.

Inspectors spoke to a large number of residents informally throughout the inspection and spoke to approximately ten residents in more detail to gain a better insight of their lived experience in the centre. Overall, residents reported a good quality of life in a homely environment and they were generally complimentary of the care in the centre. They also said that they had plenty of choice in their daily lives.

Residents also described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. One resident spoken with stated that they found COVID-19 restrictions had a negative impact on her quality of life, however, they were kept informed of and understood the reasons for the restrictions. The roll-out of COVID-19 vaccination had brought huge relief and hope within the centre.

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Residents spoke of their delight that visits to the nursing home had recommenced. The inspector observed several residents receiving visitors in their bedrooms on the day of the inspection.

Residents told inspectors that they enjoyed their food and that there was plenty of it. Staff were seen offering support and encouragement at meal times. Residents were encouraged to maintain social distancing in the dining room. Dinner was observed being served to one resident later in the afternoon on their request.

Residents had a choice to socialise and participate in activities. The inspector observed both group and one-to-one sessions taking place. The two activity coordinators demonstrated a commitment and enthusiasm for the role.

Spiritual care was important for many residents and mass had resumed within the centre on the day of the inspection.

Through walking around the centre, inspectors observed that some residents had personalised their rooms and had their photographs and personal items displayed.

There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility had been renovated to support the separation of clean and dirty activities. A variety of communal rooms are provided on the ground floor of the centre and there was lift access between floors. Installation of a new lift was ongoing on the day of the inspection.

However inspectors observed issues related to maintenance throughout the older wing of the building. Surfaces, finishes and flooring were worn and poorly maintained. The décor in resident's rooms in this part of the building were showing signs of wear and tear.

In contrast the new extension was purpose built and it provided suitable accommodation for residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. However, it was of concern that this relatively newly renovated ward had not been designed and configured in line with international best practice infection prevention and control guidelines. For example, there were a limited number of clinical hand wash sinks available and the dirty utility rooms did not facilitate effective infection prevention and control measures.

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

Management of the centre had recently been taken over by the residential care home operator Aperee, a company that operated a number of other centres throughout the country. There were established local, regional and national management structures in place with clear lines of authority and accountability. At the time of the inspection it was explained that local committee structures were in the process of being established.

The centre had not experience an outbreak of COVID-19 to date. While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. Staff had access to specialist infection prevention and control advice and support. Two nominated infection prevention and control leads supported infection prevention and control practices within the centre. The provider had a contingency plan and appropriate systems were in place and established, to support staff to respond in the event of

an outbreak of COVID-19 and ensure the ongoing care and welfare of the residents.

Serial staff testing for COVID-19 was ongoing. Almost all of the residents and the majority of the staff in the centre opted to be vaccinated. However, a gap in vaccination rates between residents and staff means that the centre remained vulnerable to COVID-19 outbreaks. Efforts were ongoing to promote vaccine uptake among unvaccinated staff members.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Up-to-date infection prevention and control policies and procedures were in place and based on national guidelines. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. The provider had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection and audits of environmental cleanliness.

There was a comprehensive programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. The audits included but were not limited to care plans, food and nutrition, restrictive practices, call bells, medication management, the use of bedrails and infection prevention and control. Audits of compliance with COVID-19 guidelines were also undertaken. However, inspectors noted some disparities between findings from recent infection prevention and control audits and findings on the day of inspection.

Inspectors were informed that the provider was planning to improve current facilities and physical infrastructure at the centre by building a new extension. However, there was no clear plan or timeline in place for these works to be commenced. In the interim of this development, it is essential that the infrastructure in the older part of the centre is maintained to ensure the effectiveness of infection control practices and prevent the transmission of infection. Infection prevention and control requirements must also be incorporated in the design and fit-out of all resident care areas in community residential facilities.

Complaints were well managed in the centre. A clear policy was available to guide complaint management, and records were maintained separately from any resident file or information.

## Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed direct care needs of residents. There were sufficient staff on duty to provide safe care and support for the residents. There were three registered nurses on duty at all

times. The person in charge was additional to the nursing compliment during the week and there was a clinical nurse manager (CNM) on duty at weekends. Staff were supervised and were aware of the line management reporting arrangements.

Judgment: Compliant

### Regulation 16: Training and staff development

The provision of mandatory training was up-to-date for all staff, in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours.

In response to the COVID-19 pandemic additional training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE). These were well attended by staff and the observations of inspectors indicated that training was effective.

Judgment: Compliant

### Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and an up-to-date policy was available to inform retention of records in line with regulatory requirements. Records of safety checks, simulated emergency evacuation drills, quarterly servicing of the fire alarm and emergency lighting systems and annual certification of the fire alarm system were maintained and available.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors were informed that revised governance structures were being formalised following recent changes in the management of the centre. Formalised clinical management meetings had only recently commenced and a health and safety committee had also recently been established. While it is acknowledged that systems are now being put in place, deficits identified included:

- there was a gap in formalised meetings for overseeing and reviewing the quality and safety of care
- issues identified through the audit process were not always followed up with



an action plan. For example, an audit had identified trends in residents' falls but there was no associated action plan developed in response to the trends identified

- a recent infection prevention and control audit had not identified infrastructural and maintenance issues identified during the course of this inspection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. All complaints were logged, investigated and outcome of investigation was communicated to complainants. A procedure was in place for referral of complainants who were not satisfied with the outcome of investigation to the centre's appeals process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies were available on inspection and had been reviewed in 2020. A number of other relevant policies had been updated to include changes relating to the current COVID-19 pandemic.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that residents were appropriately supported to live a good quality of life in the designated centre. Health care needs were assessed using validated tools which informed appropriate care planning. Care plans were seen to be personalised and provided good guidance on the care to be delivered to the majority of residents. However improvements were required in a small number of care plans reviewed. This will be discussed under regulation 5.

The centre comprises the original premises and a new extension that was constructed in 2019. The original part of the building has bedroom accommodation on three floors in twenty five single and eight twin bedrooms. The upper floors are accessible by stairs and lift. The newer part of the centre comprises twenty seven single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin with the exception of one room, that has toilet and wash hand basin only in the en suite. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings.

Some improvements are required in respect of premises and infection prevention and control, which were interdependent. For example a number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. Barriers to effective hand hygiene practice were also identified. Despite the infrastructural differences and maintenance issues between older and newer units, a good standard of cleaning was consistently observed on the day of inspection.

There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure deterioration in any residents' health or wellbeing was identified without delay and included indicators of COVID-19 infection. Although improvements were identified regarding completeness of some residents' care plan documentation, the care plan information available directed person centred care and supported residents' individual preferences. Most residents' care plans were regularly updated in consultation with residents or their families, as appropriate.

The provider took a proactive approach to managing risk in the centre and where risks were identified, appropriate controls were implemented to mitigate the level of the risks found. Some improvements were required in relation to risk management to ensure that control measures identified in the risk register were implemented. There was also a need to ensure that risks associated with the construction of a new lift in the centre were appropriately mitigated.

The premises is compartmented internally to effect containment of fire/smoke in the event of a fire in the centre and this information was displayed in floor plans displayed in the centre. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff resource needs required for safe evacuation. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre.

Residents' rights were respected and their privacy and dignity needs were met. The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any signs of abuse. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay.

### Regulation 11: Visits

Visiting had resumed indoors for residents in line with public health guidance and the systems in place facilitated scheduled safe visiting for residents.

Judgment: Compliant

### Regulation 17: Premises

While the centre provided a homely environment for residents, the standard of decor and maintenance in the older part of the building was poor. For example:

- surfaces, finishes, flooring and some furnishings were worn and poorly maintained and as such did not facilitate effective cleaning
- storage space was limited for example there was inappropriate storage of clean and sterile supplies, equipment and clean linen
- a banister on the stairs between the top and middle floor was loose
- a dirty commode was observed in a resident's en suite and was still there when the inspector checked a number of hours later
- the dirty utility rooms in the new extension were not sufficient and were not in line with national guidance. For example there was no sluice hopper in one dirty utility and the second did not have a bed pan washer
- staff changed in a staff toilet, which was also used as a storage area for staff personal belongings.

Judgment: Substantially compliant

### Regulation 26: Risk management

Improvements required in relation to risk management, included:

- construction works on a new lift were not adequately secured from access by residents

- the management of cigarettes and lighters was not in accordance with the centre's risk register.

Judgment: Substantially compliant

### Regulation 27: Infection control

A number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example;

- there was a limited number of dedicated staff hand wash sinks in the centre. The available sinks did not comply with current recommended specifications
- resident's wash-water was emptied down residents' sinks
- tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites
- red staining was visible on the surface of an integrated sharps tray.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had proactive measures in place to protect residents and others from risk of fire. Fire fighting equipment was available throughout the building. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed with no gaps noted. There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting in accordance with the recommended frequency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was a need to ensure that the keys to the cupboard for storing Misuse of Drugs Act (MDA) controlled drugs were in the possession of a registered nurse at all times.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were generally personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. However, inspectors found that one resident's care plan reviewed had not been developed within 48 hours of admission and another had not been updated to reflect the latest treatment plan.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had a choice of general practitioners (GPs) and GPs visited the centre on a regular basis. Records showed that residents were appropriately referred, seen by GP when required and prescribed appropriate treatment.

Records showed that residents continued to have access to medical treatment and were appropriately referred in line with their assessed needs, which included access to consultants in psychiatry of later life, vascular surgeons and palliative services as required. Physiotherapy, speech and language services (SALT), dietetics and tissue viability services were also available following a referral.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff using effective de-escalation methods. There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider other options prior to its use. Of the 54 residents in the centre on the days of inspection, nine had bed rails in place.

Judgment: Compliant

## Regulation 8: Protection

Staff were facilitated to attend training and were knowledgeable regarding safeguarding residents from abuse. Staff were aware of their responsibility to report

any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Examination of records provided assurances that all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. There were no restrictions on resident's movements within the centre. Residents were fully informed of and understood the updated visiting guidelines. On the day of inspection residents were receiving visitors in their bedrooms in line with updated HPSC visiting guidelines.

The activity programme ran seven days a week and the activity schedule was informed by the interests and activity preferences of the residents. A copy of the weeks' activity programme was available to view in all residents rooms.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Aperee Living Belgooly OSV-0000218

Inspection ID: MON-0033115

Date of inspection: 25/05/2021

## 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>All meetings are now held on a regular basis.</p> <p>All audits have an action plan associated with the findings and are signed off when completed by the DON.</p> <p>All items on the IP&amp;C audit related to the infrastructure and maintenance will be remedied as a part of the capital development plan for the Home.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A capital development plan is being prepared for the Home for all items raised in this report.</p> <p>A schedule of checking equipment for cleanliness will be reinforced by the DON.</p>	
Regulation 26: Risk management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management:  All Residents that smoke are individually assessed for capacity to hold lighters safely and this is included in their care plan – this will also be reflected in the smoking risk assessment for the Home.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Hand wash sinks will be upgraded based on the capital development plan for the Home and a risk assessment.</p> <p>The sharps tray was immediately cleaned.</p> <p>Alcohol wipes were removed from use.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The keys are held on a registered Nurse at all times.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Following the oversight that a care plan was not completed within 48 hours of a Residents admission, the DON will ensure that all new Residents have a care plan completed as per the 48 hours in regulation.</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 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	31/12/2021
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	01/07/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Substantially Compliant	Yellow	01/07/2021

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/07/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant		01/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or	Substantially Compliant	Yellow	25/04/2021

	supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in 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.	Substantially Compliant		25/04/2021
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	25/04/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and	Substantially Compliant	Yellow	25/04/2021

	where appropriate that resident's family.			
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