



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Nursing Home
Name of provider:	Sisters of St. Marie Madeleine Postel
Address of centre:	Abbey Street, Corner of Limerick Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	04 August 2022
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0037165

## About the designated centre

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

Mount Carmel Nursing Home is a two-storey building which accommodates 31 residents, all in single en-suite bedrooms. There is a lift provided between floors. It is located centrally in the town of Roscrea. There is a variety of communal day spaces provided for residents including a dining room, day rooms, chapel, conference room and visitors' room. The centre provides 24-hour nursing and social care for people over the age of 65 years both male and female. Admission may be for long or short-term care.

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

Number of residents on the date of inspection:

30

## 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
Thursday 4 August 2022	09:15hrs to 18:15hrs	John Greaney	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents living in Mount Carmel Nursing Home were well cared for and supported to live a good quality of life. The atmosphere in the centre was relaxed and calm on the day of the inspection. Staff were observed to be compassionate and respectful towards residents. The inspector spoke with a number of residents in the communal rooms and in their bedrooms. All of the residents spoken with by the inspector were very complimentary of the care received and of the responsiveness of staff to any requests for assistance.

This was an unannounced inspection that took place over one day. On arrival to the centre, the inspector was met by a member of the administrative staff who ensured that all necessary infection prevention and control measures, including hand hygiene, were completed prior to accessing the centre. The inspector then held an opening meeting with the person in charge, followed by a tour of the centre.

Mount Carmel Nursing Home is a designated centre for older people that is registered to accommodate 31 residents. There were 30 residents living in the centre on the day of the inspection. The centre is situated in Roscrea town, in County Tipperary and lies on the grounds of a convent. Mount Carmel Nursing Home is a registered charity that operates on a not-for-profit basis and the Registered Provider are the Sisters of Saint Marie Madeleine Postel.

It is a two storey premises with bedroom accommodation and communal space on both floors. Bedroom accommodation comprises 31 single bedrooms, all with en suite shower and toilet facilities. Six of the bedrooms are on the ground floor and twenty five are on the first floor. The first floor can be accessed by both stairs and lift. Bedrooms had adequate storage space for residents personal possessions and property, including wardrobes, chest of drawers and bedside locker. Bedrooms were seen to be personalised with items of memorabilia, such as ornaments and photographs. There is good access to secure outdoor space that has a soft surface to minimise the risk of injuries to residents should they sustain a fall. It has safe walkways and suitable garden furniture to allow residents spend time outside when the weather is suitable. Residents were seen to avail of this space on the day of the inspection and it was also used by visitors to spend time with their relatives.

The centre was noted to be clean throughout and was in a good state of repair. The inspector observed that there was adequate communal space in the centre. Residents on the first floor spend a significant amount of their day in a veranda area that provided scenic views. Residents on the ground floor spent most of their day in a combined dining and sitting room. In addition to these areas there was a large chapel in which mass was celebrated each day. This could also be viewed through a viewing pane from the first floor or via CCTV.

The inspector spoke with individual residents, and also spent time in communal areas, observing residents and staff interactions. The general feedback from

residents was one of satisfaction with the care and the service provided. A number of residents told the inspector that they were happy in the centre and that the staff were kind and attentive. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The provision of care was observed to be person-centred and unhurried and there was a happy atmosphere present in the centre. It was evident that staff knew the residents well and provided support and assistance with respect and kindness.

An activity coordinator had recently been recruited and was present in the centre for three days each week. On the day of the inspection residents were seen to enthusiastically participate in activities that included a quiz and chair exercises. The inspector was informed that care staff provided activities on days that the activity coordinator was not present based on suggestions written on the activity board by the activity coordinator.

Visiting was seen to take place throughout the day and there was no restriction on visiting. Visitors spoken with were complimentary of the care provided to their relatives and of the attentiveness of staff.

Residents had a choice of where to have their meals. The lunchtime period was seen to be a relaxed social occasion for residents. Food was freshly prepared in the centre's own kitchen and the meals served were well presented. Those residents that required assistance with meals were provided with this in a sensitive and discreet manner, while other residents were supported to eat independently. Staff and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

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

This inspection was carried out 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 (as amended). Overall the findings of this inspection were that this was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some improvements were required in relation to staff training and governance and management.

The registered provider for Mount Carmel Nursing Home are the Sisters of Saint Marie Madeleine Postel. There is a board of management comprising eight members that provide operational oversight of the centre. There was a well established governance and management structure in place. The registered provider had good

systems in place to oversee the service and ensure safe and good quality care was delivered to residents. There were weekly management meetings and issues discussed at these meetings included staffing, COVID-19 and quality improvements. Residents were consulted both formally, through residents' meetings, and informally on a daily basis. Resources were available to ensure the effective delivery of care, in accordance with the centre's statement of purpose. A fire safety risk assessment had been conducted in June 2021 and records indicated that a significant amount of the required improvements had been addressed. Some issues remained outstanding on the day of the inspection.

On a daily basis care is directed through a suitably qualified person in charge. The person in charge demonstrated a clear understanding of her role and responsibility, and was a visible presence in the centre. There was a clearly defined management structure in the centre, which identified lines of responsibility and accountability. The management team was observed to have strong communication channels and a team-based approach. There were adequate staff supervision arrangements in place. The management team communicated on a regular basis and meetings identified that all aspects of the service were discussed and actions taken as required. The person in charge was supported in her role by a clinical nurse manager, nursing, health care assistants, administrative, catering, activities and maintenance staff.

On the day of the inspection the centre had adequate resources, to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care, from staff who knew them well. There was evidence of meetings with staff and regular meetings were with residents. There was evidence from staff files, and from speaking to staff that staff were suitably recruited, inducted and supervised, appropriate to their role and responsibilities. While all staff had up-to-date training areas such as fire safety, manual and people handling and infection control, not all staff had attended up to date training in safeguarding residents from abuse and responsive behaviour.

There were effective systems in place to monitor the quality and safety of care. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. 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 in the centre and contained the information required by the regulation. The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

This inspection found that the provider had been proactive with regards to fire safety management within the centre and showed good governance of fire safety. In line with the HIQA " Fire Safety Handbook: A guide for providers and staff of designated centres" the provider arranged for a fire safety risk assessment to be conducted on the centre. Based on discussions with management, a significant amount of the required improvements had been addressed. Some issues remained

outstanding in relation to evacuation strategies and discussions were ongoing in relation to addressing these to the satisfaction of the external consultant.

In summary, it was evident on inspection of Mount Carmel Nursing Home that there was good leadership, governance and management arrangements in place, which had a positive impact on the quality of life of residents.

#### Regulation 14: Persons in charge

There was a person in charge that met the requirement of the regulations, in terms of qualifications and experience. The person in charge knew residents well and residents appeared to be familiar with the person in charge. It was evident that the person in charge was involved in the day-to-day operation of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix, to meet the needs of the residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose. The person in charge assured the inspector that staffing levels were under constant review. There were two registered nurses on duty each day from 08:00hrs to 22:00hrs and one nurse from 22:00hrs to 08:00hrs. There were usually five healthcare assistants on duty each morning, four in the evening and two overnight.

Judgment: Compliant

#### Regulation 16: Training and staff development

Some staff were overdue attendance at training in the areas of safeguarding residents from abuse and in responsive behaviour.

Judgment: Substantially compliant

#### Regulation 21: Records

Of a sample of four personnel records reviewed, there was a gap in the employment history of one staff member. Even though the person in charge was able to provide a satisfactory explanation for the gap in employ, this was not recorded in the staff member's personnel file.

Judgment: Compliant

### Regulation 23: Governance and management

Some improvements were required in relation to governance and management. Significant fire safety works, including structural works, had been undertaken following a fire safety risk assessment conducted in June 2021. However, some issues identified in the report in relation to evacuation procedures remained outstanding.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents occurring in the centre were well recorded and informed quality improvement. All required notifications had been submitted to the Chief Inspector, in line with the requirements of regulation 31. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise, of the complainant was recorded, as required by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures were available as set out in Schedule 5, these were reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

## Quality and safety

The findings of this inspection were that overall, residents living in Mount Carmel Nursing Home enjoyed a good quality of life and were in receipt of a high standard of quality care. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Areas identified that required to be addressed, as per the findings of this inspection, will be discussed in more detail, under the relevant regulations.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed needs. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. Each resident had a care plan in place, which reflected each individual's needs. While care plans were reviewed regularly, they were not always updated to reflect current needs.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained, in line with professional guidelines. A review was required of transcription practice to ensure it complied with relevant guidance from the professional body responsible for nursing registrations.

This inspection took place during the COVID-19 global pandemic. The centre had experienced an outbreak of COVID-19 in March 2022. Throughout the outbreak the management team had worked closely with local public health professionals and the Health Service Executive (HSE), to ensure the outbreak was managed in line with the recommended guidance. The centre was free of COVID-19 on the day of the inspection. A post COVID outbreak review had taken place to identify learning, as per national recommendations.

Infection Prevention and Control measures were in place. Staff had access to appropriate training and all staff had completed this. Household staff who spoke with the inspector were knowledgeable with regards to cleaning products and systems. Good practices were observed with hand hygiene procedures and in the use of face masks.

The provider had arranged for a fire safety risk assessment to be conducted on the centre by an external consultant. Based on discussions with management, a

significant amount of the required improvements had been addressed. Some issues remained outstanding in relation to evacuation strategies and discussions were ongoing in relation to addressing these to the satisfaction of the external consultant. A review of records indicated that the fire alarm, emergency lighting and fire safety equipment had preventive maintenance conducted at the recommended intervals. There were daily, weekly and monthly checks of fire safety systems to ensure that adequate measures were in place for the containment of a fire and the evacuation of residents in the event of an emergency. All staff had received up to date training in fire safety and discussions with staff indicated they knew how to respond in the event of a fire. Some improvements were required in relation to fire safety and these are discussed under regulation 28 of this report.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were no residents using bed rails on the day of this inspection. Safeguarding training was provided, however, a number of staff were overdue attendance at this training.

Management and staff promoted and respected the rights and choices of resident's in the centre. Resident meetings were frequent and well attended. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the management team were proactive in addressing any concerns or issues raised.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection and it was clearly evident that there were no restrictions on visiting. Residents that spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage in their rooms for personal possessions. Residents' clothing was labelled and laundry was done regularly and returned to the residents' rooms.

Judgment: Compliant

## Regulation 17: Premises

Overall the premises was well maintained and appropriate to the number and needs of the residents living at the centre. There were a variety of communal areas with additional seating provided on hallways. There was ready access to outdoor space. There were hand rails on corridors and grab rails in bathrooms to support residents with mobility impairment.

Judgment: Compliant

## Regulation 26: Risk management

The centre had a comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26. There was a risk register that included clinical and non-clinical risks and identified the measures in place to mitigate the risks identified.

Judgment: Compliant

## Regulation 27: Infection control

Hand hygiene sinks in the sluice room and nurse's treatment room did not comply with recommended specifications.

The provider was requested to review laundry and cleaning practices conducted on Saturdays to ensure there was adequate segregation between roles.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvements were required in relation to fire safety, including:

- fire drills were conducted by an external organisation in November 2021 as a component of staff training. However, records indicated that the most recent fire drills conducted by staff within the centre occurred in June 2021. This is outside the recommended frequency of fire drills
- there was a need to ensure that fire drill records contained adequate detail of the scenario simulated, including mode of evacuation and the number of

- residents evacuated
- some cross corridor fire doors required minor readjustment to ensure they fully closed in the event of the fire alarm being activated
  - fire evacuation maps did not always identify where you were within the centre and on maps that did identify your location, it was not clearly visible

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

A review was required of medication transcription practices. Nurses transcribed prescriptions, however, transcription practice did not align with guidance issued by the nurses and midwifery board of Ireland.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

There was a need to ensure that all care plans were updated to reflect each residents needs and current guidance. For example, COVID-19 and visiting care plans did not reflect current guidance or actual practice within the centre. Additionally, the care plan for one resident suggested they had a wound, even though the inspector was informed that none of the residents in the centre had wounds.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care. The advice of healthcare professionals was seen to be incorporated into care plans.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There were no residents presenting with significant responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) on the day of inspection. Detailed and person-centred care plans were in place for those residents with a cognitive impairment that may require additional supports to communicate their needs.

There was a considerable focus on ensuring that restraint was kept to a minimum. There were no residents using bed rails on the day of the inspection. In instances where residents were administered psychotropic medications, there were good records of alternatives trialled prior to the administration of the medication.

Judgment: Compliant

## Regulation 8: Protection

The provider was not pension agent for any resident. There were arrangements in place for the management of small sums residents' monies handed in for safekeeping, with adequate records of all transaction made by or on behalf of residents.

Judgment: Compliant

## Regulation 9: Residents' rights

This inspection found that residents' rights were upheld in the designated centre and their privacy and dignity was respected. There was a varied schedule of activities in place and this schedule was facilitated by social care staff on days that the activity staff member was not present in the centre.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mount Carmel Nursing Home OSV-0000734

Inspection ID: MON-0037165

Date of inspection: 04/08/2022

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Training booked for staff for Safeguarding and Responsive Behaviour for Oct 5th and Oct 12th</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Board of Management and Management of the nursing home continue to work with our Fire Safety consultants to deal with the issues in relation to evacuation procedures and to ensure our compliance of Regulation 28</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• Up to date specifications for hand hygiene sinks received. We are awaiting quotations for replacement of hand hygiene sinks in the sluice room and nurses' treatment room</li> </ul>	

- Cleaning and laundry arrangements for Saturday reviewed. Cleaning staff rostered for the am schedule and Laundry done in afternoon/evening time so no cross over of duties occur.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- 1 Fire drill completed since inspection detailing scenario simulated, mode of evacuation and the numbers of residents evacuated.
- A monthly schedule is now in place for fire drills
- All cross corridors fire doors have been checked and adjustments made to ensure they fully close. Weekly checks of the fire doors will continue.
- Current maps have been amended to clearly identify your location and we continue to work with our Fire Safety consultant for the provision of new fire evacuation maps

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- All medication Kardex reviewed and checked by 2 nurses' and their signatures in place on all Kardex in line with the nursing and midwifery board of Ireland.
- Kardex template in the process of being amended to have a space for 2 nurses signature going forward for all medications

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- A review of all care plans is in progress expected to be completed by mid-September. Historical information relating to Covid 19, visiting and falls have been amended and updated and will reflect the current practice in the centre.
- Resident with healed wound has wound care plan now closed.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/11/2022
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	31/12/2022
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	Substantially Compliant	Yellow	31/12/2022

	staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/10/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of	Substantially Compliant	Yellow	31/10/2022

	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 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 where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2022