



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:	26 April 2023
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0039918

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:	31
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 April 2023	09:30hrs to 18:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

This inspection took place over one day, and was unannounced. Overall, residents spoke positively about their experience of living in Mount Carmel Nursing Home and were extremely complimentary of the staff for their kindness and care. The inspector spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living in the centre. The inspector also spent time observing interactions between staff and residents throughout the day and found that they were respectful at all times. The inspector interacted with most residents over the course of the inspection and spoke with six residents in more detail. The inspector also spoke with two visitors. There was a friendly, relaxed and calm atmosphere in the centre. Residents said that they were happy with their home and that the staff were always kind and helpful to them. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so.

Following an opening meeting with the person in charge the inspector was guided on a tour of the premises. Mount Carmel Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Roscrea, County Tipperary and lies on the grounds of a convent. It is registered to accommodate 31 residents and was at full capacity on the day of this inspection. It 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.

There are four independent living apartments adjacent to both the ground and first floors of the centre. These are separate and distinct from the operation of the centre and staff in the centre are not involved in the management of these apartments. Each of the apartments on the ground floor have their own individual entrances. There is a fire escape leading from the centre to a covered walkway outside the ground floor apartments. There is a push handle release mechanism on the inner aspect of the fire door, so that even when the fire alarm operates and fire doors are unlocked, it is not possible to enter the centre from the outer aspect of the door. The people living in the apartments on the first floor have their own designated entrance leading to a landing on the first floor and do not have access to the centre. There is a fire door on the first floor between the designated centre and these apartments. If the fire alarm is activated, this door unlocks and the people living in the apartments could enter the designated centre. This fire door does not form part of the evacuation process for the people living in the apartments but can be a secondary evacuation route for residents occupying bedrooms in this section of the designated centre. The provider is aware that this is a safeguarding concern and had plans to mitigate the risk using a similar mechanism as used on the ground floor

fire door. These plans, however, have been delayed due to wider plans for the development of the centre.

The overall décor of the centre was of a high standard. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. There was adequate communal space and there were additional seating areas along corridors and away from the larger communal rooms. In addition to en suite facilities there were communal toilets in close proximity to sitting rooms. Bedrooms had adequate storage space for residents' personal possessions and property, including wardrobes, chest of drawers and bedside locker. Each resident also had a comfortable chair at their bedside. Bedrooms were furnished and decorated tastefully with matching curtains and bed covers. All 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.

The inspector saw residents move about the centre freely throughout the day. All areas of the centre were seen to be warm and clean. Suitable arrangements were in place for the preventive maintenance of equipment such as hoists and beds. Residents confirmed that it was a nice place to live and that the staff were supportive and assisted them to maintain their independence, while at the same time providing necessary support. Staff spoken with by the inspector were knowledgeable of residents and their individual needs, daily routines and preferences for care and support.

The inspector observed mealtimes to get a sense of the dining experience for residents. Twelve residents were seen having their lunch in the centre's main dining room on the ground floor. The menu for the day was on display on a whiteboard and choice was available. Residents on the first floor were assisted to the dining room on the ground floor but many chose to have their meals in the first floor sitting area. Meals were seen to be freshly prepared and attractively presented. Residents confirmed that the food was of a high standard and they were happy with the choices available. They also confirmed that if they wished to have something for tea that was not on the menu for that day, this would be prepared. Residents requiring assistance were assisted appropriately by staff. Staff were seen to engage the residents in conversation and it was evident that they knew each resident well and discussed issues that were of interest to them.

Residents and visitors told the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their relative to live.

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 was an unannounced risk inspection conducted by an inspector of social services to assess 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 there is a well established governance and management structure with adequate arrangements for oversight of the quality and safety of the service.

The registered provider for Mount Carmel Nursing Home are the Sisters of Saint Marie Madeleine Postel. There is a board of management comprising seven members that provide operational oversight of the centre. There is a well established governance and management structure in place. A member of the board works in the centre for two days each week and holds weekly meeting with management personnel in the centre. A weekly report is then sent to the chairperson of the board. The board of management meet on a quarterly basis.

The registered provider had good systems in place to oversee the service and ensure safe and good quality care was delivered to residents. There is a comprehensive programme of audits on key areas and associated action plans to ensure areas of required improvement are addressed. There was an annual review of the quality and safety of care delivered to residents completed for 2022 that included a quality improvement plan for 2023. 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 review of the centre's staffing roster on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents, given the size and layout of the building. The staffing structure consisted of a person in charge, a clinical nurse manager, registered nurses, health care assistants, catering, housekeeping, maintenance, activity, laundry and administrative staff.

A review of staff training records found that all staff had up-to-date mandatory training relevant to their role. Staff demonstrated an appropriate knowledge with regard to safeguarding of vulnerable people, fire safety, and infection prevention and control. Staff were appropriately supervised and supported by the management team.

There were effective record-keeping systems in place. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available

for review. A sample of staff personnel files reviewed contained most but not all of the information as required by the regulations. This is outlined under Regulation 21 of this report.

Regulation 14: Persons in charge

The person in charge is a registered nurse, and has the appropriate experience and management qualification as required by the regulations. She works full-time in the centre and is supported in her management role by a clinical nurse manager. The person in charge was known to residents and it was clear from interactions observed by the inspector that residents were relaxed in her presence and would be comfortable in raising any concerns they may have.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre, and management had good oversight of mandatory training needs. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four staff files found that there were gaps in employment history for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. Adequate management systems were in place to monitor, evaluate and improve the quality of the service provided to residents.

The centre had sufficient resources to ensure the effective delivery of safe and quality care for all residents, in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 30: Volunteers

There was clear guidance in place for volunteers in relation to their role, the name of the person who has responsibility for the supervision of their work, and who they report to. Volunteers had a vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Residents living in Mount Carmel Nursing Home received a high standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. Residents were satisfied with their access to healthcare and reported feeling safe and content living in the centre. There was a person-centred approach

to care, and residents' well-being and independence was promoted.

A sample of residents assessments and care plans were reviewed. Residents' health and social care needs were assessed using validated tools. Assessments informed the development of care plans that reflected person-centred guidance on the current care needs of each resident on an individual basis.

Nursing and medical records indicated that there was regular communication with residents' general practitioners (GPs) regarding their healthcare needs and residents were provided with access to their GP as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing.

Residents nutritional care needs were appropriately assessed to inform nutritional care plans that details residents dietary requirements, the frequency of monitoring of residents weights and the level of assistance each resident required during meal times. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services.

Staff promoted a restraint-free environment and there were no residents with bed rails at the time of the inspection. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents. Residents were provided with opportunities to meet their pharmacist. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs. Action was required in relation to prescriptions to ensure all required information to support the safe administration of medications was included on the prescription. This is outlined further under Regulation 29 of this report.

Residents rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff with the support of healthcare staff and volunteers. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a visitors room if they wished. There was a high level of visitor activity observed on the day of the inspection.

Measures were in place to safeguard residents from abuse which included staff access to safeguarding training. All staff were appropriately vetted prior to the

commencement of their employment in the designated centre. All interaction by staff with residents were observed to be respectful and it was clear that residents were comfortable and relaxed in the presence of staff. The provider was not pension agent for any residents. There was a need to mitigate the potential risk associated with access to the centre from adjacent apartments, should the fire alarm be activated. this is discussed under Regulation 08 of this report.

The inspector noted many good practices in relation to fire safety. Cross corridor fire compartment doors provided a good seal to protect against the spread of smoke and flame in the event of a fire. There were magnetic devices on fire doors to allow doors to be safely held open but would release automatically in the event of the activation of the fire alarm. There was a programme of preventive maintenance for fire safety equipment such as fire alarm, emergency lighting and fire extinguishers. Areas for improvement, however, were identified during this inspection. The findings relating to fire safety are set out in greater detail in Regulation 28: Fire Precautions of this report.

Regulation 11: Visits

The registered provider had adequate arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors away from their bedrooms, should they so wish.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their personal possessions. Residents' clothes were laundered within the centre and adequate arrangements were in place for the return of clothes following laundering. Residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 13: End of life

An assessment of resident's end of life care needs was completed on admission to the centre and was reviewed with the residents and, where appropriate, their relatives at intervals not exceeding four months as part of the care plan review

process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. The premises was generally well maintained, clean and bright.. There were a variety of communal areas with additional seating provided along 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

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures.

The centre was visibly clean and residents spoken with confirmed that their bedrooms are cleaned daily.

Judgment: Compliant

Regulation 28: Fire precautions

Action required in relation to fire safety included:

- a fire safety risk assessment had been completed. An update was required to identify the status of all the works identified in the assessment
- while fire drills were completed, there was inadequate detail in the drill record to ascertain if all residents could be evacuated to a place of relative safety in the event of a fire
- there was a need to incorporate vertical evacuation into fire drills as this was the secondary route of evacuation for some bedrooms in the event that the primary route could not be used. This would also identify if suitable equipment was available for vertical evacuation
- assurances are required that evacuation aids for residents in bedrooms 29 and 30 can be manoeuvred out onto the corridor and down the stairs, should this route of evacuation be required
- there was a need to review the evacuation maps to ensure the route of evacuation was readily identifiable

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Of a sample of prescriptions reviewed, some did not identify the frequency at which the medication should be administered or the maximum dose for PRN (as required) medications

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy. There were no residents using bed rails on the day of the inspection. Staff were found to be knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Judgment: Compliant

Regulation 8: Protection

There is a fire door on the first floor leading to adjacent independent living apartments that does not form part of the designated centre. Should the fire alarm be activated, this door unlocks and the people occupying the independent living apartments would have access to the designated centre. While this is included in the risk register, additional safeguarding measures are required to minimise the risk further.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and dignity were seen to be respected. The inspector observed kind and courteous interactions between staff and residents. The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents were provided with access to independent advocacy services if required.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Nursing Home OSV-0000734

Inspection ID: MON-0039918

Date of inspection: 26/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Gaps in CV noted on day of inspection have been corrected. Audit of staff files in progress to ensure full compliance with regulation 21.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A. Fire safety risk assessment will be completed by our Fire safety consultants on June 8th. B. Fire Drill templates under review and amended to ensure sufficient detail is recorded to show residents can be evacuated to a place of safety. C. Fire drill scenarios will include Vertical evacuation for fire drills carried out on the First floor and to identify if any additional aids are required. D. Risk assessments have been carried out on residents in rooms 29 and 30 and their suitability will be monitored on an ongoing basis to ensure they can safely evacuate using the secondary route. Additional evacuation aids will be sourced as required. E. Evacuation maps to be completed by our Fire safety consultants following fire safety risk assessment on June 8th.	
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: Medication Record Booklets are being updated to include the Frequency of regular medication and the maximum dose in 24 hours for PRN medications.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A push handle release mechanism similar to the fire escape door at the ground floor apartments will be installed on the NH side of the fire door on the first floor allowing staff to exit this door as part of a secondary escape route but will prevent occupants from the adjacent apartments entering the nursing home in the event of the activation of the fire alarm.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2023
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	Substantially Compliant	Yellow	31/08/2023

	procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/08/2023
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	31/08/2023
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	Yellow	31/08/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/08/2023

