



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

Issued by the Chief Inspector

Name of designated centre:	Elm Green Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	15 December 2022
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0038487

About the designated centre

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

Elm Green Nursing Home is located in Dublin 15 and is located in its own grounds. The centre is a two-storey purpose-built building and has 120 single bedrooms all with full en-suite shower rooms. Floors can be accessed by stairs and passenger lifts. Admission takes place following a detailed pre-admission assessment. Full-time long-term general nursing care is provided for adults over 18 years, including dementia care, physical disability and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	114
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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
Thursday 15 December 2022	09:00hrs to 17:00hrs	Arlene Ryan	Lead
Thursday 15 December 2022	09:00hrs to 17:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The centre was clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in the designated centre and said that they felt safe living in the centre. The interaction between staff and residents was relaxed and comfortable. Residents were observed moving around the centre to various locations throughout the day, some independently and others with the assistance of staff or visitors.

Elm Green Nursing Home is a two storey building with a dedicated Dementia unit. Inspectors spent time on both floors and had the opportunity to speak with residents, their visitors and staff throughout the day. The entrance foyer was spacious and well-maintained. Access to the designated centre was through a keypad lock and was monitored by reception staff. This space was inviting, with plenty of visitors, residents and staff moving through the area. The Director of Nursing's office was located near the entrance and visitors were seen popping in to speak to the person in charge and assistant director of nursing at various times throughout the day. The nursing home had a nice welcoming feel and both residents and staff appeared relaxed in their daily routines. Residents were willing and happy to chat with the inspector. Overall they were very complimentary of the staff and care received.

Unanimously, visitors who spoke with the inspectors were complimentary of the care received. They commended the staff and said that their loved ones were receiving excellent care. Visitors told inspectors that every time they visit they are welcomed by the staff and provided with any updates on their loved one's progress or any changes in their care needs. One visitor said that they could "not praise the staff more" and they were very happy with the care provided and level of communication received. They continued to say that it "took the stress and worry" away from them knowing that if there was any issue they would be informed immediately.

Inspectors had the opportunity to observe the lunchtime meal. The food looked and smelled appetising. When asked about the quality of the food served in the nursing home, many residents told the inspector that they liked the food. They said there was always a choice of food available to them and if they didn't like the choices, they could get something else. Staff were available to facilitate the residents and were offering both hot and cold drinks to the residents. There was a calm and relaxed atmosphere during this time. The inspector observed the residents calling the staff by their names and appeared very comfortable with them.

Inspectors observed that the dementia unit had spacious corridors and a central living area. The mood in the unit was calm and relaxed and staff were observed approaching residents in a calm and relaxed manner which resulted in an overall comfortable and peaceful atmosphere. The residents' rights were seen to be maintained throughout all areas of the centre.

The inspectors observed that medicine practices in the centre required full review by the provider to ensure residents' safety was maximised at all times. In addition, while overall the environment was clean and welcoming, some further improvements were required in respect of premises, fire safety and infection prevention and control as described further down in the report.

All the bedrooms were single rooms with their own en-suite shower rooms. Inspectors saw that the residents' bedrooms were nicely decorated and most had personalised their rooms with pictures and photographs and personal items. There was adequate storage in the residents' rooms for storage of their clothing and personal belongings and lockable units were available for residents to store valuables if they chose to do so. Some bedrooms and communal spaces showed signs of wear and tear but the management team informed the inspectors that there was a plan in place to refurbish the centre. Inspectors saw that maintenance staff were actively painting and decorating on the day of inspection.

One sitting room and the oratory were full of new furniture which had been delivered to the nursing home. Assurances were received from the person in charge that this was only a temporary measure and the furniture would be distributed throughout the nursing home in the following days and the rooms returned to their original use.

Inspectors observed that staff were visible on the floor tending to the residents' care needs. Interactions between the staff and residents were seen to be person-centred and residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were treated with dignity and respect whilst maintaining their safety.

Activities were scheduled for the residents over seven days per week and these were reviewed with the person in charge on a monthly basis. Both group and individual activities were organised for residents based on their individually assessed capabilities and needs. Resident meetings and surveys provided feedback to the management team and any requests or complaints were dealt with in a timely manner.

Laundry facilities were provided on site and residents told the inspector that they always received their clothing back clean and fresh. They were very happy with the service provided. The inspector observed the laundry staff returning neatly folded clothes to the residents' rooms during the walk about.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall the inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre. Inspectors found that there was a clearly defined management structure in place, with management systems to promote the delivery of quality care to residents. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. Some further improvements were identified under regulations relating to the Directory of Residents, Premises, Governance and Management, Infection Control, Fire Precautions and Medicines and Pharmaceutical Services as detailed later in the report.

This was an unannounced risk inspection conducted by inspectors 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).

The registered provider is Costern Unlimited Company, which forms part of the Trinity Care group. There was a clear organisational structure in place and the team were aware of their responsibilities and accountability within the structure. On the day of inspection the person in charge was supported by the assistant director of nursing, two clinical nurse managers, a regional manager and a team of nursing, healthcare, administrative, catering, household and maintenance staff. There were arrangements in place for the assistant director of nursing to deputise in the absence of the person in charge.

The registered provider ensured that sufficient resources were available to provide a good standard of care for the residents. Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. Call bells were answered quickly and residents informed the inspector that they didn't have to wait long for someone to come to them. Staff told the inspector that they had access to training and were reminded when updates were due. All staff had completed their safeguarding training and were able to tell the inspectors what constituted abuse and the action they would take if they suspected that a resident was at risk.

The providers' management team had recently changed at the centre. Environmental audits and feedback from residents had triggered an extensive refurbishment plan to paint all the residents' bedrooms and communal areas in the designated centre. Additional and replacement furniture such as chairs, sofas and new beds had also been ordered and much of this equipment had arrived just prior to the inspection. Some communal spaces were used to take delivery of these items and confirmation that the furniture had been distributed and the spaces returned to their normal function was received shortly after the inspection.

There were monthly governance and management meetings taking place, which ensured good oversight of service. Key performance indicators, audits and improvement plans were high on the agenda at both operational and at management level. Although the audits were completed they had failed to identify some significant risks in respect of fire and safety and other risks under medicines

and pharmaceutical services as detailed under Regulation 28 and Regulation 29.

The clinical and non-clinical staff on duty showed a positive attitude towards their work. They were aware of their roles and responsibilities and provided a good level of service to the residents. The residents were happy with the level of care received and complimented the staff for providing such a good service. Staff were observed greeting and chatting with visitors throughout the day, and updating them on their loved one's condition.

Regulation 15: Staffing

There was an adequate number of staff on duty to provide care for the residents living in the designated centre on the day of inspection. Call bells were answered quickly and staff were available to assist residents with their needs.

A minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix (a record of training) showed that staff were up-to-date with their mandatory training requirements and a schedule of training was in place for those due for refresher training.

Staff informed inspectors that they had good access to training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had one page dedicated to each resident. It listed all the mandatory information as per Schedule 3 of the regulations, however information such as the general practitioner's (GP's) phone number and Next of Kin's full names and addresses was missing on many pages.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided is safe, appropriate, consistent; however some audits were not sufficiently robust to identify a number of risks identified on the day of inspection:

- Immediate action was required to clear the stairwells of equipment, furniture and combustible items - this action was completed by the end of inspection
- A second action was required to fit a lock to the high voltage room and seal the inside of the door frame.
- Medication Management audits did not identify a number of risks as detailed under Regulation 29.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A selection of resident's contracts for the provision of services were reviewed and contained all the information as required under the regulations.

Judgment: Compliant

Quality and safety

The inspectors were assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspectors that they were happy, were well looked after by the staff, and felt safe. Some further improvements were required in relation to the premises, medicine management and infection control practices as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the individually assessed needs of residents. The care plans were updated within a four month time frame or when a change in care was required. There was evidence of family involvement within the plan of care. They were detailed enough to provide direction to those involved in the residents' care. Communication care plans were detailed and it was clear that the staff knew the residents well. There was positive engagement with residents who had dementia or other cognitive impairments. Inspectors observed that on the dementia unit there was a low stimulus environment which complemented the

overall caring atmosphere. Staff were seen to be calm and spoke gently with the residents.

The medication management systems in place were not sufficiently robust to minimise the risk of errors and maximise resident's safety. Several inconsistencies between prescribing, dispensing and administration stages were identified by the inspectors and processes were not in line with best evidence practice as further detailed under regulation 29.

The infrastructure of the laundry did not support the functional separation of the clean and dirty phases of the laundering process. In addition the laundry sink and surrounding unit was worn and not fit for purpose. This been identified by the management team and a refurbishment was planned with some preparatory work already undertaken.

The service corridor and storage rooms were cluttered with stock and supplies. Many of the storage rooms were full and boxes were stored on the floor preventing safe access and cleaning of the store room. However, the person in charge showed the inspectors some samples of storage solutions which had been ordered to address this issue. In addition, a large number of stock items were awaiting transfer to other nursing homes within the Trinity Care group. Confirmation was received shortly after the inspection that these items had been removed from the service corridor.

Regulation 10: Communication difficulties

Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties. Residents with language barriers had alternative ways to communicate. Staff had developed translations for key words and phrases to identify the residents' needs when a translator was not available.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage in their rooms for their clothes and personal possessions. Each resident had access to a lockable cabinet to store any valuables if they chose to do so. There were laundry facilities on-site and the residents' clothes were returned clean and fresh.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the Schedule 6 regulatory requirements, however the following issues were identified:

- There were gaps in the overall maintenance of the centre. General wear and tear to painted surfaces was observed throughout the centre; the inspectors accepted that a refurbishment plan was in place to address this.
- Storage arrangements required review, for example the store rooms on the service corridor were full of boxes and equipment, much of which was stored on the floor preventing safe access and cleaning of these rooms.
- The lock mechanism was missing from the high voltage electrical room and the back of the door frame was not sealed appropriately. Both issues were rectified on the day of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them. Inspectors observed that the food served to residents was hot and appeared appetising and nutritious. The consistency of the food served to residents was reflective of that referred to in their nutritional assessment and speech and language assessments. This information was available to the catering and healthcare staff in the dining room. Water and a glass was available in all residents' rooms visited by inspectors.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a comprehensive discharge letter and relevant documentation was received and filed in the resident's individual record. The national transfer document had been introduced recently for all transfers.

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018), with the exception of the following issues identified:

- Clinical wash hand basins did not meet the required standard to support good hand hygiene. However the management team informed the inspectors that the new sinks were on order and would be replaced soon.
- The labelling of sharps bins for traceability purposes was not in line with national guidance.
- There were open packets of sterile single-use dressings found in two treatment rooms increasing the risk of cross contamination.
- The laundry did not support a one way system to segregate the clean and dirty stages of the process.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not ensure that adequate precautions were in place against the risk of fire:

- Several pieces of equipment, furniture and combustible items were stored in the stairwell of all the stairs. The inspectors asked that these be removed on the day of inspection. The inspectors observed later in the day, that all items had been removed. Enhanced supervision and oversight of staff practices was required in this area.
- One fire exit on the ground floor had items of furniture blocking the exit path in the event of an evacuation. These items were removed on the day of inspection.
- Fire blankets were not correctly attached to the bed mattresses in three of the rooms observed by inspectors. This could potentially delay the safe evacuation of the residents in the event of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Although many good systems were in place for the prescribing, dispensing and administration of medications there were significant risks identified on the day of

inspection which required a full review by the provider:

- Some medications were dispensed in non-crushable format and were administered in a crushed state, as per prescription order. This had not been identified by providers' audits.
- There were no allergies documented on four of the six medication charts reviewed, which posed a safety risk to the residents.
- Medications that are 'taken as needed' (PRN) did not have a maximum dose documented on the medication charts which could lead to a medication error.
- Yogurt used for assisting with administering medications was stored at room temperature instead of in a fridge.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents on admission to the centre. This was completed within 48 hours of admission. Care plans were person-centred and reflected the residents' care and needs.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and all staff had received training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

The centre was not a pension-agent for any residents living in the nursing home at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and dignity were seen to be respected. Inspectors observed kind and courteous interactions between staff and residents. Residents were seen to have choice in their daily living arrangements and had access to occupation and recreational activities

Staff were observed offering choices to the residents and accommodating their

wishes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elm Green Nursing Home OSV-0000133

Inspection ID: MON-0038487

Date of inspection: 15/12/2022

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The general practitioner's (GP's) phone number and Next of Kin's full names and addresses are completed on every pages of the residents' directory. Clinical nurse managers advised of the required regulatory information on each section of the residents' directory. The person in charge will audit the residents directory monthly to ensure compliance.</p>	
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>Trinitycare has a fire safety policy in place at Elmgreen nursing home. Trinitycare ensure all staff are fully trained in fire prevention and fire management systems as part of the mandatory training program.</p> <p>Staff are advised all stairwells and fire exits are to be kept free of equipment, furniture and combustible items. The person in charge ensures compliance with fire regulations in relation to fire exits by daily inspection and documentation of findings.</p> <p>The seal inside of the door frame of the high voltage room was fixed and the room was secured with the door lock on the day of the inspection.</p> <p>Despite a monthly audit system in place at Elmgreen Nursing Home there were areas for further improvement which needed to be added to the auditing system.</p> <p>A review of the medication management audit will be undertaken to ensure areas identified as risks, to be reviewed as part of future audits within trinitycare.</p>	

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The refurbishment plan for the nursing home is being implemented currently. The painting work had commenced in November 2022 and is ongoing, new furniture for bedrooms and communal areas were completed in Ground Laurel and Extension in December 2022. There is a maintenance program in place to continue to refurbish the premises.

Storage issues were reviewed with the maintenance team, shelves will be placed in the storage rooms to ensure compliance with infection prevention and control requirements in ensuring the floorspace is cleared of storage and can be easily cleaned.

The seal inside of the door frame of the high voltage room was fixed and the room was secured with the door lock on the day of the inspection.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 New Clinical wash hand basins were ordered, awaiting the delivery of the same for the installation.

There is an infection control audit in place and signage and maintenance of sharps disposal bins will be monitored on this audit.

The practice of labelling of sharps bins in the unit was reviewed on the day of inspection and corrected. All nursing staff were advised on the infection control policy and sharps management following the inspection to ensure all sharp bins are labelled with the date opened and signature.

There is a wound management policy in place for all staff at Trinitycare. Further training for all staff nurses will be implemented in woundcare management. Staff are advised on single use dressings and aseptic technique and wound management. Staff are updated on range of dressing materials to ensure correct sizing for individual residents.

Trinitycare maintenance team have completed a review of the laundry service, and internal modifications are required to change the workflow of the service to meet infection prevention and control standards. The internal works will require a full review of plumbing and pipeworks and equipment locations and will be implemented in full to meet the standards

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: All stairwells are kept free of equipment, furniture and combustible items. This is ensured by the daily inspection and reporting by a designated member of the management team. The daily checks will be documented and any findings addressed.

A fire exit on the ground floor was blocked by old equipments during the process of replacing the old furnitures with the new ones. These items were removed on the day of inspection.

In order to ensure that the fire blankets are placed correctly, staff are advised to review this safety check when attending and making up beds daily a report is then given to nurses when checks are completed and logged on daily checks. An audit of fire safety blankets is carried out by the CNM on every Sunday.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Trinitycare has a medication management policy in place which all registered nurses have been updated with. There is a list of medications that are not crushable identified within the policy document. A monthly list will be updated to the pharmacy alongside the prescriptions of residents who require crushable medications. A list of medications that cannot be crushed will be maintained on the medication trolley for the nurses perusal. The dispensed medications for the residents who required their medications to be crushed were reviewed with the general practitioner and prescriptions were advised as crushed medications and any medications which were in non- crushable form were replaced with crushable alternatives immediately. The nursing staff were advised to review the 10 rights of medication management and completed the online HSELAND medication management training.

A full review of all medication kardexes was undertaken by the person in charge to ensure all allergies and No known drug allergies are clearly identified on the medication cardex.

The No Known Drug Allergy status was checked on all residents medication cardexes and

updated on the missing cardexes on the day of inspection.

The attending physician was advised of the non compliance with best practice in documenting the maximum dose on the medication kardex on all the prescription of "as required" medications. A review was completed on the day of the inspection of all residents who receive medication 'as required' to ensure the maximum dose was documented on the medication charts.

The CNM who checks the monthly medication delivery with the pharmacist ensures that all aspects are covered.

Staff are advised to discard any unused food/fluids items used to assist with residents medications following administration.

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	30/03/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	16/12/2022
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	16/12/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/05/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	16/12/2022
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.	Not Compliant	Orange	16/12/2022