



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

Issued by the Chief Inspector

Name of designated centre:	Gahan House
Name of provider:	Graignamanagh Elderly Association Company Limited by Guarantee
Address of centre:	Gahan House, High Street, Graignamanagh, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	18 March 2021
Centre ID:	OSV-0000545
Fieldwork ID:	MON-0031619

About the designated centre

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

Gahan House is located in the picturesque town of Graiguenamanagh in Carlow. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of Gahan House is overseen by a board of six directors. The centre caters for men and women from the age of 60 years. The centre manager is employed to work on a full-time basis. Residents do not require 24hour nursing care and care is provided by a team of trained healthcare professionals with one nurse employed for ten hours per week. According to the centre's statement of purpose, all applicants for admission must be mobile and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 18 March 2021	09:40hrs to 16:00hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents liked living in this low-support centre. The ethos of care was person-centered and focused on the social aspects of care. Residents were supported to maintain their independence and enjoyed living as part of the local community. Improved oversight and management of risks was required to ensure better quality and safety of care for residents. The inspector observed practices and spoke at length with five residents to gain an insight of the lived experience in the centre.

On arrival at the centre the inspector was guided through the centre's infection control procedures before entering the building. This was a small centre where residents were accommodated in 12 single bedrooms and had access to a day/dining room, oratory, small sitting room and an indoor smoking room for those who chose to smoke. There were two shared bathrooms and an additional three shared toilets for residents use. The inspector observed that taps had been replaced to elbow operated taps in all communal bathrooms to facilitate safe hand hygiene practices. Staff changing room and facilities were on the first floor of the centre and residents did not have access to this area of the building. The centre was situated in a residential area of the village and was surrounded by eight independent living houses on the same site. There was access to gardens at the rear of the centre and a pleasant decking area off of the day room. Residents told the inspector that when weather permitted they preferred to sit at the front of the centre where there were garden benches and tables. Residents said this was a lovely social aspect to living in the centre, as before the restrictions they would gather at the front of the building and chat with visitors and watch the world go by.

The centre was warm and clean throughout and areas of the building were undergoing renovations, for example, the hallway near the dayroom required new flooring after a water leak was repaired. Laundry services were provided on site. The inspector observed that resident's clothes were in good condition and care had been taken to ensure a high standard laundry service was maintained. The sluice room could only be accessed through the laundry room and was not appropriately fitted out to for its intended purpose. This impacted on infection control practices as there was a risk of cross contamination of dirty equipment onto the clean laundry and the clean laundry sink. The centre's cleaning trolley was normally stored in the garage when not use however it had to be wheeled through the centre's kitchen prep area to access the garage. This posed a risk of cross contamination the clean food area. The centre management undertook to review this practice immediately.

Residents and staff had participated in the vaccination programme and staff continued to participate in regular screening for COVID-19. Residents were highly complementary of the management and staff in the centre and acknowledged their hard work had helped them all stay safe during a challenging year. Their privacy and dignity were respected and they told the inspector they were always consulted with about any changes or issues in the centre.

Residents told the inspector they enjoyed the choice of meals provided in the centre and enjoyed home baking and were often indulged with treats. From Monday to Friday the centre's kitchen also provided home cooked meals to the community through the meals on wheel scheme.

Residents continued to enjoy group activities throughout the various periods of public health restrictions. Residents were operating as a pod and were grateful that they could continue to have this social interaction. The inspector observed an exercise class in the morning time and residents spoke enthusiastically about enjoying quiz and bingo. Residents missed their usual activities and interactions with the local community. Before the restrictions residents could attend mass in the local Abbey, regularly walked into town for shopping or to have a coffee and could avail of the frequent day trips to garden centres and local beauty spots. Residents could not speak more highly of the staff in the centre who they said had stepped up and were doing everything they could to make living with restrictions safe and enjoyable. The previous day local musicians had provided entertainment from the courtyard at the front of the centre.

Residents missed seeing their families in the normal way but had continued to have window visits throughout level five restrictions. They were looking forward to the resumption of indoor visits and hoped that life would return to some normality soon.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Management systems in place required review to ensure key aspects of the service were monitored and informed ongoing quality and safety improvements. There was on-going non-compliance with regulations 29 Medicines and pharmaceutical services, 23 governance and management, and 27 Infection control. An immediate action plan was issued following the inspection to address Health care risks. The provider immediately put resources in place to mitigate these risks.

There was a clearly defined management structure. The registered provider Graignamanagh Elderly Association, a company by guarantee, is managed by a voluntary board of trustees with a nominated provider representative. The person in charge worked full time in the centre and was supported by an assistant manager.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time with COVID-19 restrictions. To

date the service had managed to prevent an outbreak in the centre.

Oversight of the service required review to ensure systems in place were effective and informing quality and safety improvements in the centre. Oversight of health care procedures required review as the centre were not consistently implementing their own procedures. The inspector found on-going risks associated with medication practices in the centre and while the provider was aware of these risks, there was no assessment or improvement plan in place to mitigate the risks. Key aspects of the service were not audited therefore outstanding risks were not being managed, for example, environmental audits and infection control. The impact of these risks are discussed in the quality and safety section of the report.

Generally there were adequate resources to meet the needs of the residents. Residents were deemed not to require full time nursing care and care was primarily provided by trained Health Care Assistants (HCA's). A registered nurse attended the centre 10 hours per week to support residents and staff in the centre. Staff were competent and knowledgeable of resident's needs and preferences. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. However there were gaps in some mandatory training which required review.

The centre maintained a good relationship with their local Infection control team and engaged in regular remote meetings for learning and support regarding the evolving situation with COVID-19.

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. On occasions where residents' needs temporarily increased, staffing resources were increased in line with that need.

Judgment: Compliant

Regulation 16: Training and staff development

Information submitted following the inspection confirmed that there were some gaps in mandatory training, for example, medication management. This required review in order to enable staff to continue to provide a safe service.

Judgment: Substantially compliant

Regulation 23: Governance and management

Information submitted following the inspection did not provide assurances regarding the level of oversight of the service by the registered provider, this required review to ensure appropriate systems were in place to deliver and sustain a safe and effective service.

Management systems required review to ensure key aspects of the service were audited and informed safety and quality. Issues found on inspection had not been subject to audit and resulted in ongoing risks in the service, for example, in medication management.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract for the provision of services required review to ensure it contained clear information for residents on the terms on which they shall reside in the centre. The contract for care did not contain clear information on what level of need that could be catered for in the centre and the arrangements in place to support residents to find alternative accommodation if required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and in the time frames set out. Quarterly notifications had not been submitted since January 2020. The person in charge submitted these notifications following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was displayed in the reception area. There was a

nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Residents were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

Quality and safety

There was a rights based approach to care in this centre. Management and staff promoted and respected the rights and choices of resident's within the confines of the service. The centre provided care to residents assessed as having a low dependency and supported residents to move to appropriate services when their needs could no longer be met in the centre. Ongoing risks with medication management and infection control had not been addressed and there were potential risks to residents' well being as a result.

Residents mostly self-directed their health care needs and had access to their GP as they required. Because they had been cocooning in line with public health guidelines the GP called to the centre when required. Residents had access to allied health professionals by referral and as required, for example, physiotherapist, occupational therapist, chiropodist and dietician. Some of these services continued remotely and some residents attended appointments outside the centre if the need arose. There were pathways for care in place should a resident contract COVID-19, to ensure they were supported and cared for in an appropriate setting.

On occasions when a resident's needs increased the service would normally support them to transition to another more appropriate service, for example, a nursing home. However pathways for care were not consistently being followed. In the absence of extra resources and expertise required to care for residents with increased dependencies there was a risk of poor care outcomes for these residents.

The inspector reviewed a sample of care plans and found that where a need was identified an appropriate plan of care was in place. Improvements were found in the standard of care planning. Validated assessment tools informed ongoing care and comprehensive reviews of care were completed four monthly. COVID-19 care plans were in place however, they did not identify the centre's pathway for care should a resident become positive with COVID-19. Not all needs had been identified, for example, medication needs and the use of specialist equipment and therefore staff were not fully guided in how to provide evidence based care to these residents.

Non-compliances with medication management were found in November 2019. On this inspection the inspector found ongoing non-compliances with medication management, for example, transcribing, policy to guide safe practice and staff training. In addition risks were identified around medication reviews and administration of controlled medications. Medications were administered by trained

Health Care Assistants who were supported remotely by a pharmacist. Annual training, in line with the centre's policy had not been completed due to restrictions from COVID-19. The policy had been improved since the previous inspection however it still lacked clear and evidence based information to guide staff on the safe administration of medications. For example, there was no information to guide staff on the safe administration of anti-seizure medications or crushed medications. Up to date, evidence based guidance was particularly important in this centre as Health Care Assistants performed this role and did not always have 24hrs access to support or supervision. The risk for medication error was high and likely to go unchecked.

Transcribing practices were not in line with best practice and the policy did not guide staff in this high risk practice. Transcribing audits had not been completed and therefore this high risk activity was not effectively monitored to ensure safety and quality improvement. The risk of medication errors was therefore increased and likely to go unnoticed. The centre management were unsure of their responsibilities around the management and administration of controlled drugs. These risks could directly impact on the safety and well-being of residents and were not being managed.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent and manage an outbreak of COVID-19. Staff and management had worked hard to date and had managed to avoid an outbreak in the centre. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and residents were operating as a single pod. Staff uniform policy had also been updated and included mandatory changing of clothes when coming on and off duty. Rosters had been amended to reduce the daily footfall in the centre and all residents and staff continued to participate in regular screening for COVID-19.

However, some practices required review to ensure they were in line with centre policy and the national guidelines, for example, cleaning solutions used and cleaning frequency of high touch areas. Residents toiletries were stored in shared bathrooms and bath mats were also shared- this posed a risk of cross contamination to residents. The sluice-room was only accessible through the laundry room and this posed a risk of cross contamination from dirty equipment to the clean laundry environment and clean clothes.

Residents continued to have window visits during level five restrictions for COVID-19 and plans and facilities were in place to welcome indoor visitors to centre in line with national guidance. Activities and outings had been greatly impacted on by level five restrictions for COVID-19, however staff in the centre continued to provide opportunities and facilities for daily activities and fun, for example, exercise class and quiz. All residents could undertake personal activities in private and there was a choice of communal spaces for residents use. Residents were consulted with about the organisation of the service and had access to independent advocacy if they wished.

Regulation 11: Visits

Visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. Indoor visits were facilitated on compassionate grounds. Window visits continued in a safe manner in line with the national guidance.

Judgment: Compliant

Regulation 17: Premises

Access to and layout of the sluice room was impacting on infection control practices in the centre. The sluice could only be accessed through the laundry and there was no sink or waste unit in the sluice room to accommodate the cleaning of dirty equipment. There was no hand washing sink in the sluice room to facilitate staff hand hygiene. Staff had to use the sink in the laundry for the purpose of cleaning and hand washing- this posed a high risk of cross contamination to staff, the environment and potentially to clean laundry.

Judgment: Substantially compliant

Regulation 26: Risk management

Hazard identification and assessments of risks throughout the designated centre required improvement as risks associated with medication management, infection control and premises had not been identified and were not being managed.

Judgment: Substantially compliant

Regulation 27: Infection control

Review of housekeeping practices was required to ensure they were in line with the centre's policy and national guidance, for example cleaning solutions and frequency of cleaning. Storage of residents toiletries in shared bathrooms also required review to ensure there was no cross contamination through shared use. Shared equipment in bathrooms required review to ensure items were suitably cleaned between use.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The accumulated risks associated with medication management had not been identified or risk assessed. In the absence of effective audits errors were likely to go unnoticed and could impact on the well-being of residents. For example, documentation did not support medication reviews which were important to ensure best therapeutic outcomes for residents and avoid long term use of ineffective medications. Ongoing risks associated with transcribing medication administration kardex's had not been identified and could impact on the residents' well-being if any error with drug, dose, time, route etc. was made. Medication management processes and practices required review by competent persons to ensure the correct guidance and expertise was guiding safe practices and maintaining the safety of residents and staff.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure that all of the residents' needs were assessed in order that their care needs could be met. Some care plans required more detail to guide staff to clearly meet the needs of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Improvements were required to ensure that pathways for care were in place and followed to support residents whose needs increased to find more appropriate services. The centre was not consistently following their own protocols on care. The centre could only cater for residents with low dependencies who did not require 24 nursing care. Systems for identifying and assisting residents with higher dependency needs to access supports in order to move to more appropriate services needed to be reviewed to ensure that these residents received appropriate care in an appropriate setting.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. While activity provision was limited due to level five restrictions residents had daily opportunities to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gahan House OSV-0000545

Inspection ID: MON-0031619

Date of inspection: 18/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have completed up to date training by Friday 28/05/2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management meetings will be held on a monthly basic and more frequently if required. Regular audits will take place during the year implementing and monitoring effectiveness.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Our contracted of care has being changed to a low dependency unit. Once the residents needs become greater than the care we can provide we in conjunction with resident and family will assist them to find the appropriated home to meet their care needs.	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifications will be submitted on a quarterly basic when required and if nil returns will be submitted every 6 months.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Sluice room will move from room 35 to room 25(Nurses station/medication room) and room 25 will move to room 32 (store and electrical room). Sluice room will consist of Hand wash basin, Stainless steel shelves and sluice machine.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk register has been updated and will be up dated at monthly management meetings. Changes have being made to eliminate the risk of cross contamination.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new cleaning solution has being put in place which meet the Infection control protocol, Clean trolley no longer brought through laundry or prep area to eliminate any cross contamination.</p>	

Cleaning schedule now states that hard surfaces will be sanitized twice daily and recorded in the cleaning schedule.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

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

New medication management systems are being reviewed at the moment. Pharmacist will now produce Kardex from the prescription sent to him from the health centre/GP. Once the Kardex is complete it will be returned to the health centre for signature by the GP and will then be delivered to us by the pharmacy with the compliance sheet and medication for each resident. Medication will be delivered on a two weekly basis for each resident to the centre and will be checked and counter signed by pharmacist and person in charge on the day. Kardex will be updated on a three monthly basis and sooner if need be. Pharmacist, GP and nurse will meet on a three monthly basis to review each resident's medication. Pharmacist will provide yearly medication management to all care staff.

Medication management policy will be updated of changes.

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:

Care plans have been updated and nurse will continue to liaise with multi-disciplinary team and other medical professionals when required to meet the needs of our residents

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

When the care of a resident needs change from Low to Medium we in conjunction with the resident and a family member will be advised and supported the family to find an

appropriate care setting to meet the needs of the resident.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/05/2021
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	30/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/03/2021
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	22/03/2021

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/03/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Not Compliant	Orange	30/04/2021

	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.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/03/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	02/04/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	02/04/2021

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	22/03/2021
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	22/03/2021