Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Unannounced
Date of inspection:	23 November 2022
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0037433

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath in County Meath. The two-storey premises was originally built in the 1820s and is located in landscaped gardens. It now provides accommodation to 60 male and female residents over 18 years of age. Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for. Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have en-suite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including sitting, dining and recreational facilities and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor. The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity coordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 November 2022	09:10hrs to 17:30hrs	Helena Budzicz	Lead
Tuesday 29 November 2022	10:25hrs to 18:10hrs	Helena Budzicz	Lead
Wednesday 23 November 2022	09:10hrs to 17:30hrs	Sheila McKevitt	Support
Tuesday 29 November 2022	10:25hrs to 18:10hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Overall feedback from residents was that they were very satisfied with their lives in the centre. Inspectors arrived at the centre at 9 am on the first day of the inspection and found some residents up and about mobilising around the centre while others were still in their rooms. The staff were observed to deliver care and support to the residents, which was kind, respectful, and in line with their assessed needs.

Following an introductory meeting, inspectors completed a tour of the designated centre with the person in charge, the director of nursing and facilities manager. Ratoath Manor Nursing Home is a two-storey 200 years old historic building situated in the centre of the village of Ratoath. Inspectors saw that the building was freshly painted. The reception area was bright, airy and welcoming, with a sitting area that had comfortable seating, a Christmas tree and decorations. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. There were a variety of communal areas for residents to use depending on their choice and preference, including sitting rooms, a dining room, a visitors' room and a reception area. The person in charge informed inspectors that new armchairs had been purchased and the indoor facilities were also painted.

Inspectors saw that a sufficient number of toilets and bathroom facilities were available to the residents. Following the last inspection in March 2022, the provider submitted a compliance plan to reconfigure ancillary facilities in St Oliver's unit. Inspectors saw that the work had been completed, and it included a newly reconfigured bathroom with a toilet, shower and wash-hand basin. The wet room capacity was also increased with an additional bathroom. A new nursing station was also created in St Oliver's unit. There were appropriate handrails available in the bathrooms and along the corridors to maintain residents' safety. Call-bells were available throughout the centre; however, they were not easily accessible in the shower facilities in some of the communal bathrooms. Inspectors saw that a number of findings from the inspection in September 2021 had not been addressed, despite assurances received in the compliance plan as outlined under Regulation 17: Premises.

Bedrooms were suitably styled, with many residents decorating their rooms with personal items. However, inspectors saw that some of the wardrobe handles were missing and a number of door handles were broken. Furthermore, inspectors observed that the resident's rights for privacy and dignity were impacted in two twin-occupancy bedrooms as addressed under Regulation 9: Residents' rights.

A large secured garden was available for residents to access from the ground floor. However, although residents were seen mobilising around the internal areas of the designated centre, inspectors observed that residents could not access the outdoor garden in the centre as they wished without having to seek staff assistance.
There were three designated smoking areas which were adequate in size. However, the smoking area on the ground floor was not well-ventilated. As a result, the smell

of smoke permeated into the nearby communal sitting area, impacting residents sitting there.

The inspectors observed the dining experience and provision and choice of food on both days of the inspection. Residents had access to a supply of fresh drinking water. There was a choice of food available to residents at each meal. Although the dining experience had been enhanced for residents in the Ground floor unit and tables were nicely set with Christmas decorations and condiments, inspectors noted that residents on the St Patrick's unit and St Oliver's unit had their tables plainly set without table cloths and ate their meals without any condiments offered. Therefore, these residents were not afforded an appropriate dining experience as further outlined under Regulation 9: Residents' rights. The staff stated that those residents were living with dementia, and that was the reason why the tables were set out plain.

Throughout the days, inspectors observed that staff were busy attending to the needs of residents in the various areas of the centre. Residents sat together in the sitting rooms, watching TV, reading, and chatting with one another and the staff. Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspectors were not assured that this was a well-governed centre and that effective systems for overseeing the service were in place. Inspectors identified that actions were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, many of these being recurrent actions from previous inspections.

The centre has a history of extensive non-compliances over the course of three inspections; on 7 September 2021, 24 November 2021 and 24 March 2022. The registered provider set out detailed, time-bound compliance plans after each inspection to bring the centre into compliance. While there had been continuous engagement with the provider, it was clear on this inspection that the provider had failed to take the actions set out in their compliance plans to fully address the non-compliances identified in the previous inspections. As a result, inspectors found repeated non-compliance with several regulations such as Regulation 9: Residents' rights, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 27: Infection control, and Regulation 29: Medicines and pharmaceutical services.

This inspection of Ratoath Manor Nursing Home took place over two days, on 23

November 2022 and 28 November 2022. There were significant risks in relation to fire safety identified in the centre on the first day of the inspection. This included inadequate arrangements for containing fires, precautions against the risk of fire, and evacuation arrangements. Findings on the first day of inspection were of such concern that inspectors conducted a second day of the inspection to focus on a review of fire precautions. Inspectors acknowledged that on the second day of inspection, the provider and centre's management team had taken action to reduce some of the risks highlighted on the first day of the inspection, as further detailed under Regulation 28: Fire precautions.

Notwithstanding the action taken by the provider between day 1 and day 2 of the inspection, significant non-compliance with Regulation 28 remained a concern following the inspection. In order to ensure the safety and well-being of the residents, an urgent action plan was issued to the provider on 30 November 2022. In response to the totality of the risks identified, the Chief Inspector required the registered provider to respond to the findings of the inspection by 2 December 2022.

Inspectors found that although the registered provider had systems in place to monitor the service through a variety of audits and reviews, these systems were not effective for all areas of the service. For example, the provider's audits of medication management practices failed to identify the findings of this inspection and did not ensure improved medication management practices. Consequently, information gathered under these monitoring systems did not translate into better outcomes for the residents or improve the quality of the service.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined, and inspectors saw that there were sufficient clinical staff on duty to meet the assessed needs of the residents.

The registered provider had a training schedule in place for 2022, which included fire safety training, infection prevention and control and safeguarding of vulnerable adults and manual handling training. While the training records provided to inspectors indicated that most staff were up-to-date with training, inspectors were not assured that the knowledge of all staff working in the centre was adequate to ensure the safe running of the centre as addressed under Regulation 16: Training and development, and in the other regulations in this report. Additionally, inspectors found that the skills and competencies of all staff involved in the management or supervisory roles required strengthening in the areas of governance, risk management, supervision and quality improvement.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. However, the medication policy required review.

Inspectors reviewed a sample of contracts for the provision of services between the resident and the registered provider, and these were seen to meet the criteria set out within Regulation 24: Contract for the provision of services.

The annual review of the quality and safety of the service delivered to residents in

2021 had been done in consultation with residents; however, it was not readily available to residents.

Regulation 14: Persons in charge

The new person in charge had been appointed in November 2022. They have worked in the centre in different management positions since 2019. They fulfilled the regulatory requirements and were supported by a director of nursing.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on both days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

While the staff received appropriate training, the staff supervision was not sufficient to ensure that the staff training was implemented in practice. Inspectors found that staff across all disciplines did not have the appropriate required level of knowledge to assure them that residents were receiving a high standard of care. Some areas where inspectors found gaps in staff members' knowledge included infection prevention and control, medication management, fire evacuation practices, dementia care, recognition and management of risks and residents' rights.

Judgment: Not compliant

Regulation 21: Records

The documents held on behalf of each staff member employed to work in the centre did not comply with the regulatory requirements, as follows:

- Each staff file reviewed contained one reference only, and one file did not include a reference from the employee's previous employer.
- On the review of all staff files reviewed, inspectors found that staff had

signed their contracts of employment and commenced work in the centre in some cases over a month prior to their An Garda Síochána (police) vetting disclosures being secured for the protection of residents.

Judgment: Not compliant

Regulation 23: Governance and management

While the governance and management structure was strengthened by appointing additional management personnel, the oversight of the service was not adequate, which is evidenced by the high number of non-compliances found on this inspection that had not been identified by the centre's own governance and management processes.

The oversight and management of risks were not sufficient, and, as a result, immediate and urgent risks to health and safety were identified on this inspection which had not been identified or addressed by the provider. For example:

- Risks found in relation to infection and prevention, as detailed under Regulation 27: Infection control had not been identified and managed.
- Inspectors found that the provider did not take all reasonable measures to protect residents from abuse, as evidenced under Regulation 21: Records and Regulation 8: Protection.
- While the centre's medication management audits were completed regularly and scored a high level of compliance, the risks found on inspection were not recognised as outlined under Regulation 29: Medicines and pharmaceutical services.
- Inspectors observed that the First Aid kit and the Resuscitation pack were not checked since April 2020. As a result, inspectors found some products expired, such as oxygen tubes, nebuliser masks and hydrogel burn shields.
- Inspectors observed that disinfectant bottles, dish washing liquid, hand soap and hair, body and hand wash were stored in the unlocked cabinets underneath the sink in the St Patrick's and St Oliver's dining room and the Quiet room in the St Oliver's unit. A rodent bait box was seen in an unlocked cupboard beneath the kitchen sink in one of these kitchenettes. This arrangement posed a risk of accidental injury to residents who accessed those spaces on a regular basis. This finding was repeated on the second day of inspection when inspectors observed that a spray bottle containing disinfectant and a hand washing soap was left in the unlocked cabinets in the St Patrick's and St Oliver's units.
- While the registered provider was implementing a range of improvements in the premises to ensure the nursing home was operating in line with the regulations, actions were needed to ensure the service delivered was safe and consistently met residents' needs as addressed under Regulation 17: Premises.
- The management systems that were in place did not ensure that the service

provided was safe. There remained ongoing fire safety issues in the designated centre, and the provider had failed to take appropriate interim measures to address the known risks identified during the inspection in September 2021.

An annual review report on the quality and safety of the service for 2021 was not made available to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspectors to view. These were in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The medicine policy was not updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020).

Judgment: Compliant

Quality and safety

While residents' feedback about the staff working in the centre was positive, the totality of the findings over this two-day risk inspection was that inadequate governance and oversight and ineffective management of risks in the centre had a significant impact on the quality and safety of the service provided to residents. Although there was a stated willingness to improve the standards of premises, fire precautions and infection control, there was an apparent lack of knowledge, accountability and skills within the centre's team. The provider had failed to adequately identify, resource or address non-compliances concerning infection prevention and control, premises, medicine and pharmaceutical services, protection, residents' rights and fire safety, which impacted residents' safety and well-being.

Infection prevention and control measures were in place and monitored by the management team. Staff wore appropriate face masks, and the provider employed an external cleaning company to improve the cleanliness of the centre. However,

inspectors found that inappropriate storage in the centre and insufficient cleaning procedures in respect of the residents' equipment and facilities posed a risk of cross-contamination. Furthermore, some actions from the inspections in September 2021 and March 2022 had still not been implemented, or actions outlined in the centre's compliance plan were not sustained long-term, as evidenced under Regulation 27: Infection control.

While inspectors noted and acknowledged ongoing redecoration and refurbishment of the centre, some parts of the centre were in need of repainting or required attention. In addition, there were not enough appropriate storage facilities for residents' supplies and equipment.

Medication management practices within the centre were not safe and were not in line with the centre's local policy and best practices. This is discussed in detail under Regulation 29: Medicines and pharmaceutical services.

Visiting was facilitated in the centre, in line with the preferences of residents. The inspector observed a number of visitors coming and going to the centre during the inspection.

Improvements were required to ensure that all residents had access to meaningful activities and they were availing of equal opportunities to access the outdoors or pleasant dining experience. More actions were required to ensure privacy and dignity were promoted and maintained in shared bedrooms. This is discussed further under Regulation 9: Residents' rights.

There were arrangements in place for staff to access and complete safeguarding training. The training included information on the detection and prevention of abuse. However, the provider failed to ensure that all staff was vetted prior to entering employment in the centre as addressed under Regulation 8: Protection.

From a fire safety perspective, significant non-compliances with Regulation 28: Fire Safety were identified during both days of the inspection. These required urgent attention to ensure the safety and well-being of the residents.

Inspectors acknowledge that following the first day of the inspection, the registered provider had taken action to reduce some of the risks that had been highlighted. For example, storage had been removed from the boiler room, under staircases, from a generator room, and oxygen concentrators had been relocated. Fire extinguishers and fire blankets were delivered to the centre during the second day of the inspection. Furthermore, on the second day of the inspection, an electrical technician was carrying out repairs, a fire doors assessor was conducting a survey of all doors in the centre, and a fire consultant was also carrying out a fire safety risk assessment of the centre. Nevertheless, on the second day of the inspection, most of the fire safety concerns identified on day one remained outstanding, and additional issues were noted for which an urgent action plan was issued.

This inspection found that the combined risks, including but not restricted to means of escape, external evacuation arrangements, lack of emergency lighting, significant deficits in fire containment measures, fire doors, precautions against the risk of fire,

and inappropriate storage practices of flammable materials, led to an unsafe environment for the residents living in the centre, as further detailed under Regulation 28: Fire precautions.

Regulation 11: Visits

There were no restrictions on visitors. There was space for residents to meet their visitors in areas including and other than their bedrooms. There was a visitors' book which visitors were requested to sign prior to entering and departing the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors were not assured that all residents had access to and retained their personal property and possessions as some of the resident's valuable items were lost in the centre, and the staff was not able to locate them.

Not all cabinets or lockers had a key available where residents could safely store their possessions.

Judgment: Substantially compliant

Regulation 17: Premises

Actions were required to comply with the requirements of Schedule 6 of the regulations. This was evidenced by the following;

- Numerous walls in the residents' bedrooms were visibly damaged, where the paint was missing, and plaster was visibly exposed.
- There was a pump exposed in the sluice room, and inspectors observed open fuse boxes, which posed a safety hazard for residents.
- Exposed nails protruded along the corridors walls or door frames, posing a risk of injury to residents.
- There were no lockable cabinets in the sluice rooms as per National Standards.
- A specialised bath for residents in one of the bathrooms on the first floor has not been serviced since April 2021.
- There were holes in the walls around the centre and in the ancillary areas, around pipes or in the corridors, and there was not always appropriate pest control in place.

- Wardrobe handles were broken in several residents' bedrooms, and many door handles were broken as well.
- Ventilation was not adequate in several areas across the centre as some of the communal and resident bathrooms were very warm or had a strong odour. Similarly, inadequate ventilation in one of the smoking rooms impacted the quality of air for the residents when using the nearby communal area.
- There was a cast iron screen that was visibly broken and leaning to one side on the stage in the main communal area used by residents, which posed a significant risk of injury that had not been addressed by the provider.
- Inspectors observed exposed electrical sockets, wiring and pipes across the centre, for example, around the nursing station on the ground floor, in the storage area and in a resident's wardrobe. Immediate action was required to mitigate the risk associated with the resident's wardrobe on the day of the inspection.
- There were water stains on the ceiling of the corridor on the ground floor, and inspectors observed leakage and paint bubbles on the ceiling in the visitors' room.

The below-listed findings were recurrent findings also identified on the inspection completed in September 2021, which had not been addressed:

- Grabrails were missing in the communal bathroom. Emergency call-bells were not easily accessed in some of the resident's bathrooms, especially in the shower areas.
- The storage facilities in the centre were not adequate. Equipment and consumable products were stored in bathrooms, hallways, under stairs and in an external uninsulated shed. Inadequate storage meant that commodes were stored in residents' bedrooms.
- Radiator covers in some of the communal bathrooms were stained and not fixed to the wall.
- Doors, including fire doors, around the centre, were visibly chipped and damaged.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had prepared and made available a guide for residents with respect to the designated centre that contained all pertinent information as per regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that clear governance arrangements were in place to ensure sustainable and effective infection prevention and control practices. The findings from this inspection were similar to findings from inspections since September 2021, as evidenced by the following:

Inspectors observed inappropriate storage practices around the centre. For example:

- Laundry trolleys were stored in the corridors and communal bathrooms.
- Commodes were stored in the residents' bathrooms, and bedrooms and inspectors and staff noticed significant odour of urine.
- Weighing scales and hoists were stored around corridors, stair landings, or communal bathrooms.
- A shed in the courtyard was used for the storage of PPE and continence wear. The shed was not appropriately insulated to prevent dampness.
- Yoghurts were stored on the medication trolleys and on the windows sills in the nurses' station instead of being maintained at cold temperatures in the fridge.
- Disinfectant bottles were stored inappropriately around the centre without a preparation date.

The centre's mechanism to clean equipment was not sufficient and posed a risk of cross-infection to residents and others. For example:

- Dressing trolleys were very dirty and stained in all units. These trolleys were also cluttered and contained unclean sharp equipment such as used clippers for sutures removal or scissors.
- The trolleys also contained single-use sterile dressings, which were open and uncovered.
- Nebulizer machines, stored in the medicinal cabinets, were stained and unclean.
- There was a limited amount of hand-washing sinks around the centre for staff use and no wash hand basin accessible to staff in the laundry.

Cleaning procedures, including general cleaning and disinfection, did not ensure that the centre was clean in all areas. This was evidenced by the following:

- The surfaces in the clinical cabinets and kitchenette in St Patrick's unit were severely damaged with holes inside the cabinets, and the paint on the cabinets was chipped and peeling. The backsplash in this kitchenette was unclean, and the seal was covered with a thick layer of black mould.
- Extractor fans in the communal and residents' bathrooms were dusty and unclean.
- Inspectors observed dirty and stained sinks, a low sink and a bedpan washer in the sluice room in St Patrick's unit.
- Sinks in the hairdressing room were stained and uncleaned, the trolley was

rusty, and cobwebs were visible on the top of the lighting system.
- Cupboards in both kitchenettes upstairs were visibly dirty with crumbs from biscuits and breakfast cereals, several packets of which were unsealed in these cupboards. A rodent bait box was seen in an unlocked cupboard beneath the kitchen sink in one of these kitchenettes. The fridge in one of these kitchenettes was visibly unclean.
- The floors in the laundry were not sealed and, therefore, could not be cleaned. Furthermore, inspectors observed that boxes and various residents' equipment were stored on the floor without a proper floor covering.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire, and immediate and urgent action plans in respect of fire safety were issued to the provider on both days of inspection. For example;

- During day one of the inspection, the inspectors observed inappropriate storage practices throughout the centre that potentially created a fire risk. Five oxygen concentrators were stored underneath a staircase, along with residents' equipment and boxes; under another staircase inspectors found boxes with residents' files, residents' clothes, mattresses, pressure relieving cushions, bed bumpers and slings stacked up from the floor to the ceiling. The provider had these items removed prior to day two of the inspection.
- Four oxygen bottles were found stored in a lying position and above a sewage drain in a cage located beside a boiler house. There was no fire safety sign in place, and the oxygen bottles were not secured in an upright position. This was brought to the person in charge, who addressed this on day one of the inspection.
- There was a lack of fire extinguishers in several areas of the centre; there was no dedicated fire extinguisher in the 'clean' laundry area, the boiler house or the residents' smoking room on the ground floor. In St Patrick's unit, there was no fire blanket in the smoking room. The provider had fire extinguishers delivered to the centre during day two of the inspection.
- In a nurses' station and a store room, electrical sockets and electrical wiring were found to be exposed, and medication storage items were found next to two electrical boxes. This presented a potential risk of electric shock, injury from exposure to arcing and a risk of a fire developing. On day two of the inspection, an electrical technician was carrying out work on electrical wiring to reduce these risks.
- A fire exit key was missing from a red break glass box, which could potentially delay an evacuation. Furthermore, a chair was found to be holding open a bedroom door.

There was a lack of emergency exit signage and emergency lighting in some internal corridors to indicate the route to access a fire exit. Externally, emergency lighting was missing along fire exit routes to illuminate the route of escape in the event of a fire evacuation at night time. Furthermore, there were only one designated means of escape in the church available on site, and the travel distance for a single direction of escape within the church was over the maximum allowable distance.

Some external means of escape were unsuitable, as parked cars and an entrance canopy were obstructing them; there was no clear, safe path to the fire assembly point. Furthermore, some of the external routes had steps which would not be suitable for non-ambulant residents in the event of a fire emergency. The external gates located along escape routes were found to be fitted with padlocks and required keys to unlock them, which presented a risk to staff and residents as the gates were not readily openable in the event of an evacuation.

The inspectors noted an Automatic Opening Vent (AOV) for evacuating any smoke that enters a protected stairwell was absent. This could impact the means of escape from the upper floors in the event of a fire, and the inspectors required assurances from the provider and their competent fire consultant that this was not required.

The provider did not ensure the means of escape and the building fabric were adequately maintained. A number of fire doors had inappropriate ironmongery fitted, fire door seals were missing, and door handles were broken. Gaps were noted at the bottom and between doors. Some fire doors did not meet the criteria of a fire door and did not close fully when released.

Furthermore, the inspectors noted fire doors to the kitchen, which is a high-risk area, only had FD30s fire doors, which was not adequate. In addition, the door to a laundry lift shaft was not a fire door. These deficiencies posed a significant risk to residents in the event of a fire. During the inspection, the provider had a competent fire safety expert carry out a full assessment of the fire doors in the centre.

Along a means of escape corridor, there were storage cupboards that contained files and medical supplies, which did not have fire-rated doors. Furthermore, the corridors were seen cluttered with trolleys and hoists, and a hoist was found to be charging along a corridor.

The inspectors were not assured by the fire rating of timber-lined ceilings in the centre, including in the church and the activities office. All of the above-identified risks compromised the means of escape in the event of a fire.

Several areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. For example, on day two of the inspection, the inspectors identified wires and cables that had breached a bedroom wall and traversed through a resident's wardrobe. This was brought to the attention of the person in charge who organised a safe alternative wardrobe for the resident to store their belongings as an interim measure.

There were inadequate fire containment measures in the centre, which posed significant risks to safety. For example, significant large holes and service penetrations were found between a boiler room, a generator room and a switch room. The inspectors also noted a lack of suppression systems in place in the boiler room. Furthermore, significant breaches were found in another boiler room and an oil tank room that penetrated through the first floor and adjoining walls. The inspectors also observed inappropriate storage of items in the boiler room, including flammable items such as paint tins, building materials and timber. The boiler room also contained an electrical unit. This was highlighted to the person in charge, who organised the removal of all items from this area on the day of the inspection.

The inspectors were also not assured by the level of compartmentation, and fire-rated construction enclosure to a laundry shaft that traversed between the ground, first floor and attic space as the doors that were fitted to the laundry lift on the first floor were only FD30-rated, and thus not sufficient to prevent the spread of fire and smoke.

There was an absence of fire detection in bathrooms, toilets located along corridors, store rooms located under staircases and in an office located in the kitchen.

The displayed procedures to be followed in the event of a fire lacked detail and clarity in respect of compartmentation and did not effectively guide staff in the phased evacuation as per the local procedure. Fire action notices displayed in the centre indicated the location of the fire assembly point was at the front of the centre. However, when the inspectors spoke with staff, it was stated the location of the fire assembly point was to the rear of the centre. Furthermore, the floor plans on display did not accurately indicate the evacuation routes to be followed. For example, a wall in a dining room indicated the route of evacuation was through either end of a wall in the middle of the room. However, this was not possible with the current layout and position of the wall in this room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland which could potentially result in medication-related errors or incidents. Some of these were ongoing findings from two previous inspections from March 2022 and November 2021:

- Inspectors reviewed the resident's medication records and saw that the allergy status was not recorded in all records. Furthermore, the frequency and indication for the use of the medication were also not clearly outlined in all records and the maximum dose for the PRN (as required) medications was not identified.

- Two medications on the drug trolley were not correctly labelled, and the opening date on some medicinal products was missing.
- Medicinal dressings stored in the first aid kit were out-of-date and were not segregated from other medicinal products or returned to the dispensing pharmacy.
- Inspectors observed that the medication trolley and fridge were not securely locked.
- Some medicinal products supplied for residents were not stored safely or in line with the product advice. Inspectors saw the temperature records for the medication room on the Ground floor and in the St Oliver's unit, which showed a room temperature of or above 26 degrees Celsius for a number of days. Labelling of some of the medications stored stated that storage was required at a temperature maximum of up to 25 degrees Celsius. Furthermore, inspectors saw that the temperature of the room was not monitored in all facilities where the medicinal products were stored.
- Inspectors observed that medicinal products, such as oral nutritional supplements prescribed by the prescriber, were stored in the cupboard in the residents' day room in St Oliver's unit.
- Inspectors observed that while the oxygen concentrator was in use during the oxygen therapy, the water in the humifider was below the recommended level. Therefore the current systems in place for checking the humifider level were not adequate to ensure safe oxygen therapy administration.

Judgment: Not compliant

Regulation 9: Residents' rights

The arrangements for residents in two twin-bedded rooms were not sufficient to ensure that the residents could exercise choice. For example:

- The resident in a double-bedded room on St Oliver's unit could not access their bed space without going through the bed space of another resident.
- The resident in a double-bedded room on St Patrick's unit could not undertake their activities in private as a protective curtain was missing around the sink area.

The following required to be addressed to ensure the rights of residents were fully upheld in the centre:

- Inspectors and staff in the centre noted a strong odour of urine in some of the single and double occupancy bedrooms. This was caused by the use and storage of commodes in resident's bedrooms during the day. This issue adversely impacted residents' rights to dignity and privacy.
- Residents' right to exercise their choice to access a safe outdoor area as they wished was not facilitated as external doors were key-code locked. The person in charge informed inspectors that the arrangements in the centre

meant that the residents could only access the garden area with the assistance of a staff. Inspectors spoke to a resident who was trying to go outside to the garden, and they told inspectors that they could not go outside as no staff was available to assist them and to go outside with them. Inspectors informed the person in charge who accompanied them during the walkaround of the centre, and the person in charge told inspectors that the arrangements in the centre meant that the residents could only access the garden area with the assistance of a staff.

- The service of food was not to a high standard and was not consistent for each resident throughout the centre, specifically for residents living with dementia. For example, inspectors observed a knife, fork and napkin laid in front of a resident sitting down for their lunch in two of the three dining rooms, and there were no condiments made available to residents. This was in contrast with the dining experience for the residents taking their food in the main dining area.
- Residents did not have access to meaningful activities in line with their preferences and abilities to participate because there was not sufficient staff made available to provide this aspect of the service on the first day of the inspection. Inspectors observed prolonged times when residents sat in the sitting rooms with the television on without appropriate staff supervision.

Judgment: Not compliant

Regulation 8: Protection

While the centre had a safeguarding policy and procedures in place, the provider did not take all reasonable measures to protect residents from abuse. Inspectors found that the provider did not take all reasonable measures to protect residents from abuse and did not ensure that all staff was processed to check whether there was a criminal record in the An Garda Síochána (police) vetting disclosures prior to their employment. This posed a threat to vulnerable people.

Judgment: Not 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	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0037433

Date of inspection: 29/11/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: To ensure compliance the PIC will have the following in place and implemented and actioned as required: • To ensure access to appropriate training the RPR has completed a detailed Training review audit of all training for staff. This includes mandatory and non-mandatory training. This audit is reviewed monthly and when new staff commence their role. • Based on the findings of the audit training is arranged and completed. • To ensure staff have the required knowledge after training, competency reviews will take place. • During the staff appraisal, training and development are reviewed and further training agreed if required. • The training available to staff includes the following, Manual Handling, Safeguarding, Fire Drill and evacuation, IPC, Dementias, Responsive behaviours, EOL, Nutrition support and MUST, Medication management, Residents rights, leadership and management. • Training being sourced on management of risk.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance the RPR will have the following in place and implemented and actioned as required: • Audit on all staff records completed and all staff records will have references x 2 in place. • All staff will have garda vetting completed prior to start date.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• To minimize risks in relation to infection and prevention, new IPC environmental audits including standards 1-8 completed by PIC/ DON/ADON and reviewed and verified by a member of the clinical governance and compliance team.
• To protect residents from abuse all staff will have Garda vetting completed prior to commencement of role.
• Medication Audits are completed weekly and verified to ensure ongoing compliance.
• New First aid kits sourced and in place, resuscitation pack, restocked and updated accordingly.
• The disinfectant bottles, dish washing liquid are now stored in a locked cupboard.
The hand soap and hair, body and hand wash are now stored appropriately.
The rodent bait box has been removed.
• Ongoing review of premises and agreed planned works schedule in place.
• Fire consultant engaged to provide a clear and concise program of works required.
• The annual review report on the quality and safety of the service for 2021 is now made available to residents, at reception.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• When each resident is admitted a detailed record is recorded of their personal possessions and personal property. This is updated when new items are brought into the home. If an item goes missing an incident record is completed and investigation commenced and staff endeavor to find the missing item. If the missing item cannot be found it is agreed with the resident/NOK the next actions required example replace or refund for the item. The record of personal property and possessions is available to view in the residents records. The residents Key worker maintains this record.
• A full review of all lockable storage spaces was completed and all residents now have a lockable storage space available to them.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:

• Following a full review of the premises by the Group facilities Manager the walls identified as being visibly damaged have been repaired and painted. A new facilities audit review is being agreed to ensure that when issues are identified they resolved in a timely manner.
• The exposed pump in the sluice room has been covered and open fuse boxes identified have been covered.
• The exposed nails have been removed.
• The sluice rooms have a lockable cabinet in place as per national standards.
• The bath identified has been serviced and to ensure ongoing compliance a detailed register of equipment is in place to ensure all items are serviced and reviewed as required and at least annually. This services agreement will be reviewed and overseen by the Group Facilities Manager and PIC. Facilities issues are added as an agenda item for the Governance and Support meetings with the PIC and RPR support team. This is to ensure ongoing compliance.
• Pest control points are recorded in the Pest control log and reviewed as per SLA.
• Following a full review of the premises by the Group facilities Manager the wardrobe handles and door handles identified as broken are being repaired or replaced. A new facilities audit review is being agreed to ensure that when issues are identified they resolved in a timely manner.
• Following a full review of the premises by the Group facilities Manager the areas identified as requiring further ventilation is now in place. A new facilities audit review is being agreed to ensure that when issues are identified they resolved in a timely manner.
• The cast Iron screen has been removed from the centre.
• Following a full review of the premises by the Group facilities Manager the exposed electrical sockets, wiring and pipes have been boxed in. A new facilities audit review is being agreed to ensure that when issues are identified they resolved in a timely manner.
• The ceiling that had visible water marks have been painted.
• Grabrails installed in the identified communal bathroom.
• There is now an additional external storge unit on the premised to elevate the items stored within the home. The home has identified parking bays and storage areas in place.
• The radiator covers have been repaired, repainted and replaced as required.
• Following the review completed by the fire consultant a program to repair , replace fire doors is underway. This is reviewed and managed by the Group Facilities Manager.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

• To minimize risks and ensure compliance in relation to infection control and prevention a new IPC environmental audits has commenced. This includes standards 1-8. The audit is completed by PIC/DON/ADON monthly. The learnings and improvements required are discussed at the staff meetings to ensure all staff aware of findings and their role in improvements. and reviewed and verified by a member of the clinical governance and compliance team.

• The laundry trolleys have an identified storage parking bay and staff are reminded to return them to their location after use.

• Commodes are stored in residents' rooms if requested by the resident. When not in use, then stored in storage area identified in the centre.

• Weighing scales and hoists when not in use are stored in identified parking bays and storage areas. Staff are reminded to return the items to these areas after use.

• The shed identified is now not in use.

• Yogurts are stored in the fridge and all staff reminded re same. Issues raised and discussed in staff meeting.

• The disinfectant bottles, dish washing liquid are now stored in a locked cupboard. Staff reminded to return items to this storage area after use.

• A detailed cleaning Schedule is now in place to ensure all equipment such as dressing trolleys are cleaned nightly and after each use. This is reviewed by the PIC/DON/ADON to ensure compliance.

• Single use dressing once used are disposed of.

• Nebulizers cleaned after each use and spot checked weekly.

• To support the number of hand washing sinks within the home there are now additional 240 hand sanitizer units available for staff, residents and visitors to avail and use.

• A hand washing basin to be installed into the laundry. New sinks to be installed in the hairdressing room.

• Plan agreed to repair, replace damaged surfaces in the clinical cabinets and kitchenette in St Patrick's unit.

• All extractor fans have been deep cleaned and a schedule for cleaning is now in place and will be monitored by our external cleaning company.

• Plan agreed to replace/repair the dirty and stained sinks, low sink and bed pan washer in the sluice room in St Patrick's unit.

• Trolley in the hairdressing room replaced.

• A cleaning schedule agreed with the external cleaning company to ensure cobwebs are removed by the cleaning staff.

• A program of cleaning the kitchenette units has commenced and is completed by the kitchen assistants and housekeeping staff. The PIC/DON/ADON are reviewing this on an ongoing basis. Cleaning schedules available in the centre.

• The laundry floor is to be re-grouted and sealed to ensure it can be cleaned properly.

• Items in the laundry are no longer stored on the floor. Shelves and cupboards now

available for storage.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• A full review of the storage of items has taken place. There are no items stored under any staircase that is not fire proofed and all staff have been instructed not to place any item under any stairs in the home. Clear signage now in place to remind staff. Oxygen is now stored in a designated area outside. The oxygen cylinders are stored upright in a cage with a fire sign in place.
• Fire extinguishers are now available in the clean laundry area, boiler house and smoking area on the ground floor. Fire blanket in place in St Patricks unit.
• All exposed electrical sockets and wiring have been covered to mitigate risk.
• A full Fire review has been completed. This review included a review of the evacuation routes, risk assessments, emergency lighting, fire containment, compartmentation and stopping, Fire detection, fire rating of timber lined ceilings, fire door assessments and fire plans. Work has commenced and is ongoing on all the areas that require work to ensure compliance.
• An additional assembly point has been identified for the front of the building so the use of the external gates for route of escape is no longer required.
• The AOV vent will be fitted to the protected stairwell once agreement reached with contractors.
• All fire doors that have been identified as requiring either repair or replacement will have an agreed program or repair replacement agreed.
• Storage review completed to ensure fire compliance and that no items will be stored that will pose a fire risk.
• A Contractor has been engaged to carry out fire stopping to wall breaches. Work has commenced and will address the holes in ancillary areas and around pipes.
• The holes in the service penetration have been addressed by fire stopping contractor. All the holes in the boiler plant room, generator room, switch room, oil tank room, and gas boiler room have been fire stopped pending report on works carried out.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

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

To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:
• All medication management policies have been updated to reflect the most recent medication management guidance for nurses as set out by the Nursing and Midwifery Board of Ireland. This is to reduce the risk of medication- related errors or incidents and to support and guide staff.
• All medication records/Kardex now contain the allergy status of each resident. The maximum dose for all PRN medication is now recorded. This is reviewed at each medication audit to ensure compliance.
• All medication records/Kardex have the indication for use clearly outlined.
• Medications are labeled correctly, and open day recorded on same. Weekly audits in place to ensure compliance. A member of the group clinical governance compliance team verifies these audits to ensure learnings and improvements are acted upon.
• The first aid kits have all been replaced and are reviewed monthly and after each use to ensure all items are present and in date.
• Medicine trolleys and medicines fridges are locked when not in use. This is now part of the medication audit to ensure ongoing compliance.
• All medicines are stored as per manufactures guidance. This is reviewed under the medication audit.
• The storage unit for of medicinal products (nutritional supplements) is now locked and items given to residents by the staff nurse.
• All staff have been reminded on the correct use of an oxygen concentrator to ensure that when in use the water in the humidifier is at the correct level. The PIC/DON/ADON review this when in the area of use.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• To ensure the arrangements for residents in two twin-bedded rooms are sufficient to ensure that the residents can exercise choice we have reviewed and reorganized the layout to ensure they can access their personal space without intruding on the other resident. A privacy curtain has been installed around the sink identified in St Patrick's unit.
• The storage of commodes in residents' rooms will only be at their request. All other times they will be stored appropriately.
• The external doors are key padded locked and residents that are compos mentis know the codes and residents that require support are assisted by staff to these areas. Staff have been allocated to the lounge area where the exit doors are to ensure assistance can be given when residents are in the room.
• To facilitate a positive and high standard of meal experience for every resident in each of our units, we have completed a full review of the menu and the dinning experience. The menu review was completed by an external dietician and findings discussed with

residents. The Kitchen staff have been met with to ensure the same standard of layout is in each unit if applicable. If staff identify a risk to certain items being in use a risk assessment will be completed and agreed with nominated NOK and resident if applicable. The residents Advocate meets regularly with residents and the dining experience and menu are standing items of discussion and no issues, comments, concerns or complaints have been highlighted. A dining experience Audit is in the process of being agreed and will be in place in March 2023.
• A detailed activity timetable is in place and is supported by an allocation of 60 hours per week dedicated staff. We will endeavor to ensure the agreed plan is followed and the resident advocate meets with residents to ensure they are happy with the activities available to them.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required
• All staff will have garda vetting completed prior to start date.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	27/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	27/01/2023
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.	Not Compliant	Orange	29/06/2023

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.	Not Compliant	Orange	27/01/2023
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.	Not Compliant	Orange	27/01/2023
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	27/01/2023
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.	Not Compliant	Orange	29/06/2023
Regulation	The registered	Not Compliant		29/06/2023

28(1)(a)	provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.		Orange	
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	29/06/2023
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.	Not Compliant	Red	29/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	29/06/2023
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.	Not Compliant	Orange	01/04/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products	Not Compliant	Orange	27/01/2023

	dispensed or supplied to a resident are stored securely at the centre.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	27/01/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned	Not Compliant	Orange	27/01/2023

	can no longer be used as a medicinal product.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	27/01/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	27/01/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	27/01/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	27/01/2023