



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

## Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Care Centre
Name of provider:	Cowper Care Centre DAC
Address of centre:	Dublin Street, Baldoyle, Dublin 13
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0046244

## About the designated centre

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

St Patrick's care centre is based in Baldoyle, Dublin 13 and provides accommodation for 78 residents. The centre provides care and support for both male and female residents, primarily for those aged over 65. The centre contains a dementia specific area which can accommodate 15 residents. The majority of the accommodation provided is in single en-suite bedrooms with one bedroom offered on a shared basis. There are a number of communal rooms available for residents to socialise and meet their relatives. Residents also have access to secure garden areas.

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

Number of residents on the date of inspection:	76
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## 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 12 February 2025	09:00hrs to 16:30hrs	Sharon Boyle	Lead

## What residents told us and what inspectors observed

The overall feedback from residents and visitors was that the centre was a lovely place to live. The inspector heard many positive comments with some residents saying that they were 'extremely happy with the care' and 'never any complaints'.

Following a brief introductory meeting with the senior nurse in charge, the inspector walked through the centre giving an opportunity to review the living environment and to meet with residents, visitors and staff. The inspector observed residents relaxing in their bedrooms and communal rooms, while some residents were seen participating in board games and others mobilising freely around the centre. The atmosphere in the centre was bustling and welcoming.

St. Patricks Care Centre is located in Baldoyle, a coastal suburb of Dublin. The centre was laid out over two floors with the residents' accommodation divided into six wings, containing 76 single occupancy bedrooms and one twin occupancy bedroom, all of which were en-suite.

Located on the ground floor of the centre, wing B provided care for residents who were living with dementia. As the inspector walked through the wing, they noted that walls in the communal area were decorated with tactile objects, designed to be stimulating for residents with dementia and residents' bedroom doors were painted bright colours to assist residents find their room. Bathrooms all had blue doors so that they were easily identifiable. The atmosphere in the wing appeared relaxed and it was evident that staff were familiar with residents' needs.

There was constant activity throughout the centre and many residents were seen spending time between their own bedrooms, communal spaces and the dining rooms. Residents were observed participating in various activities such as reading newspapers, receiving visitors, watching television and having their nails done. Other communal areas included a chapel and a hair dressing salon. Several residents who were observed relaxing in their bedrooms told the inspector that this was their preference. The inspector overheard friendly conversations between residents and staff.

There was access to an enclosed garden with an allocated smoking area for residents' and this area was used regularly by the residents on the day of inspection. Doors on each side of the communal living area on the ground floor opened out to secure gardens. However, on the day of the inspection residents could only freely access one garden as the other door was locked and required staff to open them.

Residents were supported to engage in the social activity programme. Staff members with responsibility for the provision of activities were observed facilitating various activities throughout the day some of which included exercises, chair yoga, board games and music.

Overall, the general environment of the centre was noted to be in a good state of repair, clean and suitable decorated, however some doors were observed to be damaged and have paint chipping. The corridors in the centre provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and to support people to mobilise independently.

Visitors were observed attending the centre on the day of the inspection. Visitors spoken with were very complimentary of the staff and the care that their family members received. One visitor voiced their concerns regarding the complaints procedure which will be further discussed under the relevant regulation.

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

## Capacity and capability

The inspector found that improvements had been made and action taken to ensure compliance with the regulations. However, the oversight of some management systems was not sufficiently robust to ensure full compliance with the regulations and ensure that the service provided was appropriate and effectively monitored

This was an unannounced inspection conducted to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address the findings from the previous inspection in May 2024, in relation to training and staff development, governance and management, and notification of incidents.

Cowper Care Centre DAC is the registered provider of St. Patrick's Care Centre. The person in charge was supported by a team, including an assistant care manager, clinical nurse managers, nurses, health care assistants, household, activity, catering and maintenance staff. The onsite management team facilitated this inspection and they demonstrated a clear understanding of their role and responsibilities.

There was a training programme in place for staff, which included mandatory training and additional training to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, management of responsive behaviours and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control and manual handling training.

While there were no volunteers onsite on the day of the inspection, documents reviewed outlined the expectations of the volunteers, documented supervision completed for previous volunteers and garda vetting arrangements.

There were management systems in place to monitor the quality and safety of aspects of the service. Audits were completed regularly and the findings of these audits facilitated the development of quality improvement actions which were completed and included in the annual review. There were communication systems in place to ensure staff received updated information and regular meetings took place with staff. Agenda items included audits and outcomes, training, incidents, complaints and quality and safety. Records demonstrated that governance meetings took place monthly and this forum was used to discuss items such as audits and outcomes, quality improvement plans. Meeting records contained actions which were assigned to members of the management team, to ensure completion. While there were a range of systems in place, some further action was required as set out in Regulation 23.

An electronic record of all incidents involving residents that occurred in the centre was maintained. While the majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements, some notifications had not been notified in the required timeframe.

The complaints' procedure was displayed on the door of every resident bedroom and visitors and residents' spoken to knew the complaints procedure. Documents reviewed evidenced how the complaints were investigated and managed in line with the centres complaints procedure. Systems were put in place to ensure learning from complaints through discussion at team meetings and follow up with quality improvement plans where required.

### Regulation 16: Training and staff development

Staff had access to appropriate training and supervision provided through annual reviews, audits, performance management and meetings.

Judgment: Compliant

### Regulation 23: Governance and management

While there was a strong governance structure in place and systems for monitoring service provision, some of these systems required further oversight and review to ensure the effective delivery of care: such as;

- Some IPC practices were not in line with the national guidance and had not been identified by the provider: for example;
  - On admission residents were isolated for five days, even when there were no signs of infection
  - All staff and visitors are requested to wear face masks as a precaution which is not in accordance with updated guidance on infection prevention and control.
  - A resident who was recently admitted to the centre with no identified risk of infection was isolated for five days as a preventative measure meaning inappropriate IPC practices were in place which also meant that the resident was restricted to only access their bedroom on admission.
  - All staff and visitors were required to wear surgical masks as a precaution when the centre did not have an active outbreak of contagious infections which is not consistent with the centres own IPC policy or national guidance.
- Some areas of the premises were in disrepair and unsafe, for example
  - Doors on Wing B and Wing 1 were damaged
  - Glass on a fire exit door on Wing 1 was cracked
- Not all notifications were submitted to the Office of the Chief Inspector within the required statutory time lines and required further oversight.
- The risk assessment policy was not being fully implemented by the provider. Information contained in risk assessments required further oversight of the controls and actions for some identified risks, such as;
  - The risk assessment for smoking in the centre contained the same generic control measures as the risk assessment for preventing fire and did not include specific control measures to prevent the outbreak of a fire in the smoking areas.

Judgment: Substantially compliant

### Regulation 30: Volunteers

While there were no volunteers in the centre on the day of the inspection systems were observed to be in place to ensure all volunteers knew their roles and responsibilities, received supervision and support and were Garda vetted.

Judgment: Compliant

### Regulation 31: Notification of incidents



The inspector reviewed six notifications which were not sent to the office of the chief inspector within the specified statutory timeframe of three days.

For example;

- One notification was sent 24 days late
- One notification was sent 5 days late
- One notification was sent 7 days late

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure in place. The procedure was positioned on the door of every residents' bedroom for the resident and family to review.

One visitor who spoke with the inspector said they had an issue about how their complaint was managed, however all complaints reviewed by the inspector showed that the nominated person had investigated and followed up on complaints as outlined in the centres complaints procedure and in line with the regulations. Measures were put in place to ensure improvements were made in response to complaints received.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents were being supported by a caring staff team, and residents were happy with the service they received. Residents received care and support from a team of staff who knew their individual needs and preferences. Residents had good access to a team of allied care professionals and the provider was delivering a good standard of clinical care to residents, in line with their assessed needs. Residents reported they were very happy with the quality of the service provided. However, some systems required further review to ensure the service is safe and appropriate to the needs of the residents' in the areas of premises and infection prevention and control (IPC).

There was a system to manage risks in the centre, and clinical and environmental risks were recorded on a risk register. However, the inspector found that some risk assessments within the risk register contained generic information. Therefore, the incidence of risks and effectiveness of the control measures in place to mitigate risks

was not adequate or additional measures were required, for example the risk assessment for residents who smoke.

While some good practices were identified, the inspector observed IPC practices in operation which were not consistent with the standards for prevention and control of healthcare associated infections and also did not align with the control measures outlined in the risk assessment and the centres own IPC or admissions policy which will be further discussed under regulation 27: Infection control.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. However, some areas did not align with the requirements of Regulation 17 which will be discussed under that section.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP) and while most residents utilised the centres GP residents were given the option to keep their own GP. A review of five residents records identified that referrals were made to health and social care professionals such as dietitians, a geriatrician, and a dentist, as needed and in a timely manner. A physiotherapist employed by the centre attended the centre weekly.

Residents had access to television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Minutes of resident meetings showed that agenda items included audit results, complaints and services. A range of advocacy services were available to residents. Residents had access to religious services and a number of residents were seen attending mass in the onsite oratory on the morning of the inspection.

Visiting arrangements were flexible and unrestricted, with visitors being welcomed into the centre throughout the day of the inspection.

## Regulation 11: Visits

Visits were unrestricted and suitable space available for residents to meet with visitors in private outside of their bedroom if they wished.

Judgment: Compliant

## Regulation 17: Premises

While the centre was laid out to meet the needs of the residents and it was clean and suitably decorated there were some areas which did not meet the requirements as set out in Schedule 6 of the regulations, for example;

- Some doors were damaged and in disrepair for example;
  - The doors to the sluice room and entrance onto Wing B the dementia unit was damaged with holes
  - The door exiting to the laundry was damaged on Wing 1
- The window on the fire escape door from the laundry was cracked

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

### Regulation 27: Infection control

Some areas of IPC practice were not consistent with the standards for the prevention and control of healthcare associated infections, for example;

- Prevention and control measures were not discussed with residents at appropriate points in their care pathway, for example a resident who was recently admitted to the centre with no risks identified was not informed at the pre-admission stage that they would have to isolate for five days on admission as a precaution.

Judgment: Substantially compliant

### Regulation 6: Health care

Timely referrals were made to health and social care practitioners and all residents had access to a GP. While the majority of residents received appropriate medical and health care the care provided to the newly admitted resident was not

appropriate to the care plan or pre admission assessment completed with regard to infection prevention and control.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' had access to various advocacy services. The inspector observed residents exercise choice and opportunities to participate in activities in accordance with their interests and capacity.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Patrick's Care Centre OSV-0000179

Inspection ID: MON-0046244

Date of inspection: 12/02/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>National guidance will be followed going forward as detailed below:</p> <ol style="list-style-type: none"><li>1) In reference to isolation on admission, the PIC will follow the organization's policy which already reflects National guidelines on infection prevention and control.</li><li>2) If communicable infection has been identified the individuals will be notified, risk assessed and measures applied which are in line with National Guidelines, this will be person centered and specific to the area of the nursing home affected.</li><li>3) Isolation of residents following admission to the Nursing Home has been discontinued with immediate effect unless if they are showing signs of communicable infection.</li><li>4) PIC has scheduled the meeting with Executive Management team on 26th of March 2025 and will discuss discontinuation of face mask with aim to discontinue them with immediate effect.</li><li>5) The Infection Prevention and Control Policy follows national guidance's and guides staff on implementing any necessary isolation. Local policy will also be updated following a meeting on 26th of March to reflect discontinuation of face masks. Updating of local policy will be done by 31st of March 2025.</li><li>6) The PIC will do information sessions with staff to ensure policies and procedures are adhered to strictly, this will be completed by 30/04/2025.</li><li>7) The PIC will continue to do random checks to ensure full compliance to Policies and procedures.</li></ol> <p>The PIC will ensure that the nursing home is always in a good state of repair by following below steps:</p> <ol style="list-style-type: none"><li>1. The PIC will continue to do regular inspections of the premises with maintenance staff to identify areas needing attention, these will be done monthly and commenced immediately.</li><li>2. Health and Safety audit is conducted monthly. Going forward PIC and Facilities Manager will ensure oversight and correct actions taken.</li></ol>	

3. PIC will check maintenance log on the e-system weekly to ensure all issues of concern are captured and addressed timely – this has already commenced.
4. The Facilities Manager will ensure resources are available for the Maintenance personnel to facilitate repairs or replacement of equipment or any issues that might need attention.
5. The damaged fire doors and broke glass has already been repaired.

The PIC will ensure all statutory notifications are forwarded to the Chief Inspector within the time limits as specified in the regulations. This will be achieved by having the following in place:

- 1) Staff training on incidents identification and management will be conducted by our Quality and Safety Manager to ensure all nurses have the necessary knowledge required. These will also include allegations of safeguarding events. Training will be completed by 30/04/2025.
- 2) PIC/ACM will check new incidents entered on the e-system every morning and notify the Chief Inspector if necessary within designated timeframe to avoid any delays.
- 3) All serious injuries referred to hospital will be notified immediately and updates submitted after any confirmation from hospital.
- 4) Notifications from the e-system is in place which enables Quality and Safety Manager and Clinical Director to have oversight of incidents entries. This has commenced already.
- 5) All the above will be achieved by 30/04/2025.

The risk assessment for smoking which appeared generic to fire risk assessment will be reviewed and replaced by specific control measures to prevent the outbreak of a fire in the smoking areas. The following will be included:

1. Fire Programme now indicates amount of required fire safety equipment.
2. The risk assessment will indicate no smoking in the building and designated smoking areas will be indicated.
3. The risk assessment and risk register will be reviewed by our Quality and Safety Manager before the 30th of April 2025.
4. Staff will be notified by PIC following changes in risk assessment and risk register.

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will ensure all statutory notifications are forwarded to the Chief Inspector within the time limits as specified in the regulations. This will be achieved by having the following in place:</p> <ol style="list-style-type: none"> <li>1. Staff training on incidents identification and management will be conducted by our Quality and Safety Manager to ensure all nurses have the necessary knowledge required. These will also include allegations of safeguarding events. Training will be completed by 30/04/2025.</li> <li>2. PIC/ACM will check new incidents entered on the e-system every morning and notify</li> </ol>	



the Chief Inspector if necessary within designated timeframe to avoid any delays.

3. All serious injuries referred to hospital will be notified immediately and updates submitted after any confirmation from hospital.
4. Notifications from the e-system is in place which will enable Quality and Safety Manager and Clinical Director to have oversight of incident entries. This has commenced already.
5. All the above will achieved by 30/04/2025.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
The PIC will ensure that the nursing home is always in a good state of repair.

1. The PIC will continue to do regular inspections of the premises with maintenance staff to identify areas needing attention, these will be done monthly and commenced immediately.
2. Health and Safety audit is conducted monthly. Going forward PIC and Facilities Manager will ensure oversight and correct actions taken.
3. PIC will check maintenance log on the e-system weekly to ensure all issues of concern are captured and addressed timely – this has already commenced.
4. The Facilities Manager will ensure resources are available for the Maintenance personnel to facilitate repairs or replacement of equipment or any issues that might need attention.
5. The damaged fire doors and broken glass has already been repaired.

Regulation 27: Infection control

Substantially Compliant

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

- 1) In reference to isolation on admission, the PIC will follow the organization's policy which already reflects National guidelines on infection prevention and control.
- 2) If communicable infection has been identified the individuals will be notified, risk assessed and measures applied which are in line with National Guidelines, this will be person centered and specific to the area of the nursing home affected.
- 3) Isolation of residents following admission to the Nursing Home has been discontinued with immediate effect unless if they are showing signs of communicable infection.
- 4) PIC has scheduled the meeting with Executive Management team on 26th of March 2025 and will discuss discontinuation of face mask with aim to discontinue them with immediate effect.
- 5) The Infection Prevention and Control Policy follows national guidance's and guides

staff on implementing any necessary isolation. Local policy will also be updated following a meeting on 26th of March to reflect discontinuation of face masks. Update of local policy will be done by 31st of March 2025.

6) The PIC will do information sessions with staff to ensure policies and procedures are adhered to strictly, this will be completed by 30/04/2025.

7) The PIC will continue to do random checks to ensure full compliance to Policies and procedures.

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

The PIC will continue to have oversight to ensure compliance with regulation 6: Health care. This will be achieved as follows:

1. On admissions the Nursing Home will ensure newly admitted residents are involved in their care planning and are aware of all measures that are taken for them to settle in well. This will include adherence to care plan drafting time frames as per regulation. The residents or their NOK's will sign an acknowledgement form to show evidence that they participated in their care planning. This is already in place and ongoing.

2. Depending on risk assessments, if any changes are necessary and warranting deviation from the national guidelines this will be notified to the prospective residents and the same indicated in their care plan after discussing with them. This has been implemented with immediate effect.

3. Isolation of residents on admission has been discontinued with immediate effect.

4. The PIC will in future, going forward, do risk assessments and ensure everything that involves residents is line with National Guidelines, reflected in local policy and person-centered care plan in place. This is implemented with immediate effect.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/03/2025
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	30/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	19/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	10/03/2025
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	10/03/2025