



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	06 and 07 March 2018
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0020913

About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Current registration end date:	03/07/2020
Number of residents on the date of inspection:	99

How we inspect

To prepare for this inspection the inspector or 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
06 March 2018	10:30hrs to 17:30hrs	Mary Costelloe	Lead
07 March 2018	09:00hrs to 14:00hrs	Mary Costelloe	Lead
06 March 2018	10:30hrs to 17:30hrs	Caroline Connelly	Support
07 March 2018	08:30hrs to 14:00hrs	Caroline Connelly	Support

Views of people who use the service

The inspectors spoke with approximately 25 residents during this unannounced inspection.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre.

Residents stated that staff were very nice, kind and that staff came when they called or needed them.

Residents were complimentary of the quality and choice of foods on offer.

Others mentioned that they enjoyed the variety of activities taking place and that there was always something to do. They could choose to partake in activities or not.

They said that visitors were always welcome and there were plenty of spaces to meet in private if they wished.

Some residents mentioned how they liked to spend time in the enclosed garden areas and commented on how beautiful they were particularly during the summer time when flowers were in bloom.

Residents were satisfied with the laundry service provided.

Residents told the inspector how they liked their bedrooms and found them to be spacious and comfortable.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom, day room or dining room.

Residents mentioned that the physiotherapist visited weekly and provided a good service but some felt they would benefit from additional hours of physiotherapy.

One resident expressed dissatisfaction that their call bell was not always responded to promptly.

Capacity and capability

There was an effective governance structure in place that was accountable for the delivery of the service. The governance structures in place ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The management team included two of the directors of Athlunkard Nursing Home Ltd. The person in charge was the person nominated to represent the provider and she worked full time in the centre. The chairperson of the board of directors was the operations manager in the centre and visited on a weekly basis. Both directors were involved in the day to day running of the centre. The person in charge was further supported in her role by the assistant director of nursing (ADON), two clinical nurse managers (CNM's) and the administrator. The person in charge knew the residents well and was knowledgeable regarding their individual needs. The person in charge was available to meet with residents, family members and staff which allowed her to deal with any issues as they arose.

Resources were available and deployed to improve the delivery of care in line with the centres statement of purpose. The provider had continued to invest in the premises with evidence of internal and external improvements taken place. There was an ongoing maintenance and redecoration programme in place.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. All issues identified at the previous inspection had been addressed. The team had continued to evaluate its compliance with relevant standards and regulations and had implemented a quality improvement programme to address any deficiencies. There was a comprehensive audit schedule in place. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, wounds, risk management, infection control, food safety, staffing, complaints and food and nutrition. There was a comprehensive, detailed review completed on the quality and safety of care in the centre for 2017 and a detailed improvement plan in place for 2018. Feedback from residents committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to fulfill

their roles and responsibilities. They ensured that all staff had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure and all documents as required by the regulations were available. There were no volunteers attending the centre at the time of inspection.

The provider had continued to invest in and promote the training and ongoing development of staff to ensure that they had the most up to date knowledge and skills to deliver high quality, safe and effective services to residents. Staff were provided with training which included specialist training in relation to care of the older person in areas such as dementia, management of challenging behaviour, restraint management, nutrition in wound care, pressure area care and nutritional needs of residents with dementia. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

There was evidence of a commitment by management to leadership development in the centre. There were currently two nurse managers undertaking a Masters in Dementia care nursing. The management team had encouraged and facilitated nurses to share and use their recent learning to improve practice in the centre. As a result, a number of new initiatives including cognitive stimulation therapy for residents with dementia and a compassionate end of life (CEOL) programme were set up to enhance the life experience and care of residents.

The management team ensured that the staffing levels were reviewed on an ongoing basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents. Staffing levels at night time had recently been increased following a review of falls to improve the quality and safety of care of residents during this time.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the the inspectors were satisfied that complaints had been managed in line with the centres complaints policy. A number of complaints similar to some concerns received by the authority had been logged, investigated and appropriately responded to. The learning from some complaints had been used to effectively improve the service provided. For example, a new initiative CEOL (compassionate end of life care) programme developed by the Irish Hospice Foundation to support staff to continuously review and enhance the culture of person centred end-of-life care had been established.

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Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She was knowledgeable regarding the individual needs of each resident. She had recently completed a Level 6 management training course.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems in place were clearly defined. The person in charge was a nurse and worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. The clinical nurse managers worked alternative weekends in order to supervise the delivery of care. There was an on call out-of-hours rota system in place.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Issues identified at the last inspection had been addressed. There was a signed contract of care in place for all residents. They included the fees to be charged and outlined the services to be provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported in writing to the Chief Inspector as required under the regulations within the required time period. Detailed information and updates were provided that included details of the investigation, outcome and actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of inspection. All complaints reviewed had been managed in line with the centres complaints policy. Details of complaints including verbal complaints had been logged and investigated. Details of the outcome and action taken along with the complainants satisfaction or not with the outcome was recorded. All complaints were regularly reviewed by the person in charge. Training on complaints management was scheduled to take place in the near future.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered on both floors. The activities coordinator had received specific training to support the activities programme including 'Activating Creative Exchanges with the Elderly'. A number of new initiatives had been introduced during 2017 including the weekly gentleman's club with poker, chess, western movies and hot towel shaves available. A weekly ladies cosy club was set up with range of activities including coffee mornings and manicures. A group of residents with mild to moderate dementia were partaking in a weekly cognitive stimulation therapy programme. There was an extensive programme of themed

events planned for St. Patricks day and Easter.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist of their choice. The pharmacists were available to meet with residents in house.

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. All medicines were regularly reviewed by the general practitioners (GP). Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. While transcribed medicines were checked and signed by two nurses, some were being administered without being signed by the GP contrary to the medicines policy and best practice.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was found to be accessible. There was a lift provided which allowed residents independently access both floors. While some signage was provided, further improvements were required to assist residents find their way more easily around the centre. Residents had access to a safe, secure outdoor garden area which was easily accessible from the ground floor day room.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were accommodated in single and twin bedrooms with en suite shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms. Bedrooms were spacious, bright and had been finished to a high standard.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. The menu varied daily and took into account feedback from residents. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of older adults to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Improvements had been put in place following the previous inspection to ensure more robust and safer systems of safeguarding and protecting residents property and money. The inspector was satisfied they were managed in a clear and transparent manner.

Staff promoted non restrictive and non pharmacological interventions as the

preferred method of providing support to residents experiencing behavioural and psychological and signs of dementia. Residents also had access to support and advice from the community psychiatric team who visited the centre.

Staff continued to promote a restraint-free environment, guided by national policy. All staff members had received training in the management of restraint. There continued to be a reduction in the number of residents using bedrails following consultation, consent and multi-disciplinary risk assessment. Alternatives to the use of restraint including the use of low low beds, crash mats and sensor alarms were in use. There were no residents prescribed psychotropic medicines on a 'PRN' as required basis at the time of inspection.

While systems were in place to promote safety and manage risks, inspectors noted that some wheelchairs in use did not have foot plates fitted. This posed a risk to residents when they were being transferred by wheelchair. There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free. All staff had completed training in infection control. Regular reviews of hygiene and infection control were carried out. A household supervisor had been recently appointed to ensure improved oversight of housekeeping and laundry services.

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a monthly basis. Notice of upcoming meetings and the agenda was displayed for a number of days prior to the meeting to allow residents prepare in advance. Recent issues discussed included upcoming social events, the monthly newsletter, activities, catering, maintenance, laundry and staff. There was evidence that issues raised by residents were followed up by the management staff.

Residents continued to maintain links with the local community. There was regular weekly visits from local musicians, school students and scouts. Some residents regularly attended local workshops and day care centres.

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Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy in place. Inspectors met and spoke with several visitors during their visit. Relatives spoken with confirmed that they were always made to feel welcome by staff. There were several spaces available where residents could meet with visitors in private.

Judgment: Compliant

Regulation 13: End of life

Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Staff were provided with training and guidance in end-of-life care. A care-of-dying review was completed following recent deaths whereby staff reflected

on the care given and used the opportunity to learn and improve practice.

Judgment: Compliant

Regulation 17: Premises

While the living environment was designed to promote the independence of residents, further improvements were required to the signage in order to assist residents find their way more easily around the centre. There was no signage to assist residents find their way from the bedrooms areas to the communal day areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary requirements of each resident. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

While systems were in place to promote safety and manage risks, the inspectors noted that some wheelchairs in use did not have foot plates fitted, this posed a risk to residents when they were being transferred by wheelchair.

Judgment: Not compliant

Regulation 27: Infection control

Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. Regular infection control reviews were carried out to ensure compliance with policies and best practice.

Judgment: Compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment had been serviced in July 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2018. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. However, while transcribed medicines were checked and signed by two nurses some were being administered without being signed by the general practitioner contrary to the medicines policy and best practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. An informative daily life plan of care was documented for each resident. Care plans were found to be informative, individualised and guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night

time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided. A social care assessment was completed for all residents which detailed what activities and pastimes were of specific interest and appropriate for them.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff currently undertaking a masters in dementia nursing care shared learning by facilitating education training sessions with other staff members regarding the management of responsive behaviour, understanding dementia, sun downing and wandering behaviour.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. The finances of a small number of residents were managed in the centre and those residents monies were now being paid directly into a interest bearing resident account. The person in charge was scheduled to attend safeguarding officer training.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to radio, television, the Internet and Skype. Some residents were supported to attend weekly day care centres in the local community. Residents varying religious and political rights were supported. Mass was celebrated in the centre every two weeks while some residents were supported to attend the local church. Residents were facilitated to vote in house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0020913

Date of inspection: 06/03/2018 and 07/03/2018

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of signage directing residents to key areas such as day rooms and dining rooms will be undertaken. In keeping with our dementia friendly environment, the focus will be on pictorial rather than word cues. A review of our premises to ensure it complies with Schedule 6, Regulation 17 takes place through quarterly audits that are presented for review at our quarterly Quality and Safety meetings.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Risk of injury secondary to wheelchair pedal use had been risk assessed prior to inspection and was logged in our Risk Register. A full maintenance and upgrading program continues to ensure all wheelchairs are in good state of repair with appropriately fitting pedals. All risks as identified in Risk Register will continue to be regularly reviewed. An up to date Risk Management Policy guides practice.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In line with our Medication Management Policy, transcribed medication kardex's are faxed to GP for signing. This signed kardex along with copy of original prescription is used to support administration for 48 hours. In the event that a regular medication review is requested, administration must be guided by original signed kardex rather than a photocopy of newly created kardex until return of reviewed kardex from GP. Medication Management Audits include checking that all prescribed medicines are signed</p>	

by GP and action plans created accordingly. All medicine and pharmaceutical services will be guided by our policy. |

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	31/05/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	30/04/2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Not Compliant	Orange	30/05/2018

	includes the measures and actions in place to control the risks identified.			
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	Yellow	30/04/2018