



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Caritas Convalescent Centre
Name of provider:	Caritas Convalescent Centre
Address of centre:	Merrion Road, Merrion, Dublin 4
Type of inspection:	Announced
Date of inspection:	01 August 2018
Centre ID:	OSV-0000020
Fieldwork ID:	MON-0022125

About the designated centre

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

Caritas provides multi-disciplinary services in the area of convalescence and aftercare. The service offers short term convalescent care to individuals who require additional support following discharge from hospital for surgery or treatment of medical illnesses. The centre also provides respite care. Referrals are accepted from hospitals and public health nurses. There is full time nursing care available, and access to an on-site Doctor three days a week. There are a team of physiotherapists providing treatment and rehabilitation. A pharmacist is also available in the centre to meet with residents and discuss their medications. The centre does not admit people with dementia or severe cognitive impairments, residents who require more than the assistance of one staff member, residents with nasogastric tubes or a tracheotomy, residents with an IV or immobile residents who are mostly in bed.

The premises consists of 16 single bedrooms, 10 twin bedrooms and four four-bedded rooms. All bedrooms have en-suite facilities. The accommodation is on the ground floor and there is a central courtyard and external grounds that residents can access for walks and exercise if they wish.

The centre is located off a busy main road, and there are public transport links, shops, restaurants and amenities in the surrounding area.

The management and staff at the centre provide health care services around their core values of; dignity, compassion, advocacy, justice and quality.

The following information outlines some additional data on this centre.

Current registration end date:	21/01/2019
Number of residents on the date of inspection:	50

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
01 August 2018	09:30hrs to 17:45hrs	Sarah Carter	Lead

Views of people who use the service

This inspection was announced in advance and residents were given and encouraged to complete a questionnaire about their stay in the centre. Eleven completed questionnaires were received and reviewed by the inspector during and following the inspection.

A small number of residents also spoke with the inspector about their experiences in the centre.

Overall the feedback from residents was positive about:

- The food.
- The care received.
- The facility – its building and its grounds.

They valued the input of staff and felt well cared for, and that their health was improving since their admission. They felt safe in the centre and knew how to report a concern if they needed to.

Residents praised the staff and overall reported that they valued the input of the physiotherapy team and the exercise programmes they were given.

Residents said they felt they had enough to do, and used the day rooms and seating areas throughout the building.

They liked the availability of the café with its opening hours in the afternoon however some feedback was received that the residents would like some flexibility in visiting hours and access to a facility to make their own tea and coffee outside of the cafes' opening hours.

Capacity and capability

This announced inspection took place to assess the centres registration as their registration expires on January 21st 2019.

The centre had overall effective leadership and governance systems in place to ensure the service was running safely and to improve residents health and well-

being. The governance systems were led by a board of directors and the person in charge. However the centre had failed to submit its application to renew its registration in the required time frame, and this issue had not been identified by internal staff or flagged in their internal systems.

Some actions were also required on behalf of the provider to ensure night-time staffing and the practices around the management of volunteers and complaints were in line with requirements.

The governance systems included a programme of audits which regularly reviewed medication management, hygiene practices and residents feedback. The findings of the audits were discussed at a meeting of a subcommittee of the board and at other staff meetings. The management structure was clear, and while the person in charge (PIC) was away on leave a senior clinical nurse manager (CNM) had been appointed into the role. HIQA had been correctly notified of this change. An annual review had been completed and the quality improvements that were identified as required by the person in charge mirrored some findings of this inspection.

There was sufficient staffing in place for the provision of care to residents during the day time. The day time staffing included on-site physiotherapists, who were able to meet the needs of residents presenting at the centre. As reported above, the PIC had recently been appointed into the role following the absence of the original PIC. The current PIC had taken steps during her recent annual leave to develop a roster of cover for when she is unavailable. The board of directors were aware of this, and were working on addressing the situation in a more permanent way.

The centre was admitting a large number of residents post-surgery for orthopaedic conditions and many residents had limitations with mobility and were taking pain relief medications. As a result the staffing levels at night required review to ensure resident's care and / or major incidents that may occur at night-time could be appropriately managed by staff. This was discussed with the PIC and the board member present for the day of the inspection, and agreement was given that they would review staffing levels at night to ensure the risks of managing residents' needs at night were appropriately resourced.

Staff were fully trained in fire response, manual handling and hand hygiene. As the centre does not admit residents with dementia or severe cognitive impairments, it was not essential that staff would have training in the management of dementia and responsive behaviours. Staff were knowledgeable about the centre's safeguarding policy, the types of abuse residents may experience in a care setting and the process involved in reporting the concern. However staff had not received training in safeguarding in recent years, and this was scheduled for later in 2018. This shortfall will be addressed in the regulation on protection (Regulation 8) in the quality and safety section of this report. Staff were adequately supervised in their duties, but there was infrequent records in the staff files reviewed of appraisals and supervision. This issue had been identified in the annual review by the person in charge and an action plan was in place to address the issue.

There were policies and procedures in place in the centre that met the requirements

of the regulations and most of which had been reviewed in the last 12 months, were clear and could guide practice. Two policies were under review at the time of inspection and were awaiting finalisation, the safeguarding policy and medication management policy. This will be addressed in the relevant regulations (regulation 8 and regulation 29 respectively) in the quality and safety section of the report.

A sample of staff files was reviewed, and were found to contain all the documents as required by Schedule 2 of the regulations. Assurance was given by the PIC that all current staff had received Garda vetting disclosures. The centre had the services of a small number of volunteers and had an up to date volunteer policy to guide practice. However the policy was not being followed by the service. On a review of a sample volunteer file, it was noted that the volunteer had received a Garda vetting disclosure however there was no description of their role available and there was no record of any supervision or support they received relating to their role.

The complaints policy was available but required some minor adjustments to ensure it reflected the current practices in the centre. As the recently appointed PIC was now the designated complaints officer, no person had been appointed to review the complaints records as required by the regulation (a role previously completed by the last PIC). The policy also directed the reader to raise their complaints with HIQA however the Authority does not have a remit to investigate individual complaints. Complaints reviewed had been thoroughly managed and there was a record of the complaint, the steps taken to investigate it and the outcome of the investigation. In some letters that had been sent to complainants by way of closing off the complaints, they were not offered the right to appeal the complaints process as per the policy.

Registration Regulation 4: Application for registration or renewal of registration

The centre did not submit their application for renewal of their registration within the required timeframe of 6 months before the expiry of their current registration.

This means the centre has not submitted information as required on the persons involved in the centre, the prescribed fee or the specific services provided in the centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre, and is a qualified and registered

nurse, with the relevant qualifications and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing and skill mix during the day time hours to provide care to residents. The staffing levels at night required review to ensure safe care could be provided and any emergencies could be attended to.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were fully trained in fire response and manual handling and hand hygiene. Staff were knowledgeable about safeguarding and knew the process of recording and dealing with a concern.

Staff had not received safeguarding training, which will be judged in Regulation 8.

Judgment: Compliant

Regulation 21: Records

All policies and records were available for inspection and met the requirements of the regulations. Staff files reviewed had up to date Garda vetting disclosures.

Judgment: Compliant

Regulation 23: Governance and management

The governance structure and systems in the centre were clear, and were in use to improve the care of residents. There were sufficient resources in place during the day-time shift to provide care to all residents. The staff resource at night has been judged in regulation 15 above. There was an annual review completed and available for review on inspection. There was an audit process in place and a system to disseminate audit results to the Board of Management and to clinical staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available to review on inspection day. It included all the required elements of the regulation.

Judgment: Compliant

Regulation 30: Volunteers

There were a small number of volunteers in the centre. However in a sample of a volunteer file reviewed, the centres own policy and the regulation were not upheld. The volunteer did not have a role description or any documentation indicating the support and supervision in place to assist them in their role.

Judgment: Not compliant

Regulation 32: Notification of absence

The provider had notified HIQA of the absence of the Person in charge and the arrangements in place to fill the role.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of how to make a complaint, and the information on making a complaint was available in the centre. Following a review of the complaints documentation, complainants were not given information on their right to appeal a decision and a person to review the complaints process was not in place.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All schedule 5 policies were available and had been updated in recent months.

Two policies were in review; the safeguarding policy and medication management policy and this will be judged in the safeguarding regulation; regulation 8 and the medication regulation, regulation 29 respectively.

Judgment: Compliant

Quality and safety

Quality care was provided in the centre, and safe assessment and care planning practices were in place to manage resident's needs.

Residents were comprehensively assessed on admission and care plans developed to meet their needs. As residents were mostly presenting from hospital to recover, they required a mix of medical and nursing care as well as rehabilitation. The on-site physiotherapy team were available to meet rehabilitation needs. There was a doctor available in the centre three days a week, supported by an on call doctor service. In cases of emergencies residents would mostly attend the accident and emergency department in the large hospital nearby.

The centre did not admit residents with dementia or similar cognitive impairments, and as a result the level of restrictive practices in use was minimal. On occasion a resident may request a bedrail, however this was assessed and risks explained and the resident gave consent. There were no bedrails in use at the time of inspection.

Staff were knowledgeable about the need to safeguard residents, and knew the types of abuse that could occur in addition to how to report their concerns or observations. However they had not received recent training in safeguarding and this was planned for later in the year, the policy on safeguarding was also under review and was not finalised. The residents in the centre generally stayed about two weeks, and as a result the centre did not act as a pension agent for any residents.

Residents rights to privacy were upheld in the centre. Staff were observed knocking on doors, and bedroom doors had windows that were discretely covered with curtains. There was an activity programme in place, mainly in the form of physiotherapy exercise groups and there was some recreational facilities available such as a room for reading and crafts and a piano, as well as TVs and radios. There was an on-site oratory that facilitated weekly roman catholic services and the services of alternative religions were available on request. As residents did not live in the centre on a long term basis there was no residents committee or meetings but residents feedback was captured in routine satisfaction surveys. The survey results were discussed at board level.

The inspector observed a portion of the lunchtime meal as part of the inspection

process. It was observed that residents dined together, at one sitting in the main dining area. Residents had the same seat allocated to them for the duration of their stay. Meals with additional ingredients and presented on different plates were served to different residents at specified tables, this variance was linked to different levels of funding. The inspector found that this practice could compromise residents' right to privacy and dignity.

Residents could facilitate visitors and there was sufficient space to speak to them in private. The centre also had an on-site café which was open in the afternoons. There was a restriction in place for visiting hours, and visitors were not permitted in the centre until after lunchtime. The rationale given was to facilitate staff to give personal care however the majority of residents had low dependency levels and therefore this appeared to be an unnecessary restriction of residents rights in the centre.

The premises was clean and airy and well ventilated. Bedrooms were spacious and all bedrooms had en-suite facilities, including level access showers and sufficient handrails. All corridors had handrails which facilitated many residents physiotherapy exercise programmes.

Risk management had improved in the centre following the last report. A risk management policy was in place, had been updated, and specified the types of risk assessed in the centre and the actions being taken to mitigate the risk. A risk register was in place that was regularly reviewed by a health and safety representative and the person in charge. Two risks were identified on inspection that had not been included in the risk management processes, the clinical risk of residents being admitted with incomplete prescriptions from discharging hospitals and an operational risk of low staffing at night. However these shortfalls have been judged in the regulation on staffing (regulation 15) in the previous section of this report, and in the regulation on medication (regulation 29) below.

Medications were well managed and safely stored within the centre. Steps had recently been taken to improve the storage of medications, including the purchase of new fridges to store certain medications. One aspect of medication management required improvement, the transfer of prescriptions from the admitting hospital to the centre. This was not always satisfactory and identified as a risk by the PIC and the other staff members the inspector spoke to. Steps were being taken to manage this which included the development of a new medication management policy and staff were attempting to contact the discharging hospital, the residents GP and / or their own community pharmacy if required. However this situation was re-occurring and had not been formally addressed in the risk management procedures or within the medication management policy. Assurances were given on the day by the person in charge and the pharmacist that no resident had missed medication as a result of this process.

Staff had received fire training and all fire equipment reviewed had been serviced regularly. Fire escapes were unobstructed and staff were knowledgeable about how to response to a fire and the system of horizontal compartmental evacuation. However the number of drills were not satisfactory and drills had not taken place in

the evening, at night or on the weekends.

Regulation 11: Visits

Visiting hours were restricted to the afternoon. There was sufficient space in the centre for residents to receive visitors

Judgment: Substantially compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents who were receiving treatment there. All bedrooms had en suite facilities, and in the four-bedded rooms, the toilet was separate to the shower facility to allow different residents to use the bathing and toileting facilities at the same time.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was up to date, and there was dynamic risk register in use. Two risks had not been identified an included in this process. One was a clinical risk involving the prescriptions of residents from hospital, and the other an operational risk relation to night time staffing levels. Both these areas of risk have been judged and will be addressed by the provider under Regulation 29 and Regulation 15 respectively.

Judgment: Compliant

Regulation 28: Fire precautions

A complete fire register was held in the centre. Staff were knowledgeable on fire response and evacuation. Staff had received recent training. Fire fighting and evacuation paths were spot checked, and were serviced and unobstructed. However night time drills had not occurred to allow for simulation of fire response with low

levels of staffing.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
Medication was safely stored in the centre. Audits were taking place that covered all aspects of medication management. Staff and management reported that issues have arisen as residents were admitted with incorrect prescriptions being issued by the referring hospitals. Staff were clear in their response to this, however this risk had not been identified in the risk register, and the process guiding staff to respond to this issue was outlined in a draft policy, which required finalising.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Care plans were in place and appropriate to the needs of the residents medical conditions.
Judgment: Compliant
Regulation 6: Health care
A doctor was available in the centre three days a week, supported by an on-call service at other times. Evidence based nursing care was provided. There was access to specialist if required, and there was a team of on-site physiotherapists providing rehabilitation and assessment.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
There was a policy in place to guide staff, however this was not required in practice due to the centres policy to not admit residents with dementia and / or severe cognitive impairments. Restrictive practices were not in use in the centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Staff were knowledgeable about safeguarding issues, however they had not received training in the area. The policy was in draft form, and required finalisations. The centre was not a pension agency for any resident, and was actively working to minimise residents bringing valuables into the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to recreational facilities in the centre. Their religious wishes could be supported. Residents were regularly consulted in the form of satisfaction questionnaires. As there was no long term residents, no residents committee was in place. Residents privacy was respected by staff. The practice of serving different meals to residents with different sources of funding in the communal dining area was judged under this regulation as the residents rights to dignity and privacy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Not compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

ThCompliance Plan for Caritas Convalescent Centre OSV-000020

Inspection ID: MON-0022125

Date of inspection: 01/08/2018

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <p>Application for renewal of registration was submitted by registered post on Friday August 24th 2018. The registration fee was paid on Monday July 30th 2018 </p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The staffing levels are under constant review but following discussion on night time levels it has been decided to increase it by one healthcare assistant to two nurses and two healthcare assistants from 20.00 to 8.00. The recruitment and selection process should be completed by November 1st 2018. </p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>A small number of religious sisters visit Caritas on an ad hoc basis. They will all be garda vetted and will receive a role description. A record will be kept of any supervision or support they receive relating to their role as per our volunteer policy. </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complainants are now being given information on their right to appeal a decision and a</p>	

person will be appointed on Monday 24/09/2018 to review the complaints records as required by the regulation.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visitors are now welcome in Caritas at any time except meal times (unless for clinical reasons). There are four sitting rooms which may be used for this purpose.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills will be carried out on a two monthly rotational basis (six per year) covering day time, night time and weekends.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: There is now increased communication with our pharmacy in an effort to reduce prescription errors or omissions from hospitals and G.P's. Prescription errors are now being acted on as they occur, a risk assessment has been completed and will be reviewed on a monthly basis to monitor compliance. As part of our new Medication Management Policy our pharmacist will liaise with the patient's own pharmacy to receive an up to date medication list which will be compared to the patient's admission prescription. Should there be discrepancies the discharging hospital will be contacted for confirmation. This will ensure that a complete medication profile is available on admission therefore reducing clinical risk.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All staff will have received training in Safeguarding Vulnerable Adults by the end of December 2018. Our policy will be amended to reflect any changes highlighted at training.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following discussion with the catering manager there will no longer be a differentiation in meals being served to residents with different funding.	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	28/08/2018
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.	Not Compliant	Orange	28/08/2018

Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	28/08/2018
Registration Regulation 4 (3)	The fee to accompany an application for the registration or the renewal of registration of a designated centre for older people under section 48 of the Act is €500.	Not Compliant	Orange	30/07/2018
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	24/09/2018
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	24/09/2018
Regulation	The registered provider shall	Substantially	Yellow	01/11/2018

15(1)	ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Compliant		
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	24/09/2018 and then two monthly to cover weekends and night time twice yearly
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	01/11/2018 and ongoing
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.	Substantially Compliant	Yellow	01/11/2018
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Not Compliant	Yellow	15/10/2018
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with	Not Compliant	Yellow	15/10/2018

	the designated centre receive supervision and support.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	18/09/2018
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Substantially Compliant	Yellow	24/09/2018
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	24/09/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	October 2018 November 2018 and ongoing until all staff are trained in Safeguarding Vulnerable Adults
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	As above
Regulation 9(1)	The registered provider shall carry on the business of the	Substantially Compliant	Yellow	18/09/2018

	designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.			
Regulation 9(4)	The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre.	Substantially Compliant	Yellow	18/09/2018