



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

Issued by the Chief Inspector

Name of designated centre:	St. Attracta's Residence
Name of provider:	St. Attracta's Nursing Home Unlimited Company
Address of centre:	Hagfield, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	26 July 2022
Centre ID:	OSV-0000386
Fieldwork ID:	MON-0036331

About the designated centre

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

St. Attracta's Residence is a purpose-built nursing home that can accommodate up to 70 residents of low to maximum dependency. The centre provides care to residents over the age of 18 who have care needs related to aging or dementia. Care is provided on a long and short term basis and residents who require periods of palliative care are accommodated. Residents are accommodated in single and twin rooms.

The communal facilities include a large bright reception area, bright spacious dining rooms with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, a Chapel, a hairdressing salon as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 26 July 2022	09:30hrs to 19:30hrs	Leanne Crowe	Lead
Tuesday 26 July 2022	09:30hrs to 19:30hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

The overall feedback from residents and visitors was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff.

Upon inspectors' unannounced arrival to the centre, they were greeted by a staff member who guided them through the required COVID-19 infection prevention and control measures, including completion of hand hygiene and a temperature check. Following an introductory meeting with the general manager and person in charge, the inspectors spent time walking through the centre. There was a high level of activity observed, as staff were supporting residents to get ready for an outing that morning. Approximately 18 residents were travelling to Enniscrone for the day and it was clear that there was a lot of excitement about the outing. A number of other residents were attending the centre's hair salon in the morning, with residents emphasising how important it was to them to look their best.

It was apparent that residents engaged in a variety of activities. A recent art workshop that occurred over a six week period had recently come to an end and residents' paintings had been framed and displayed throughout the centre. A regular newsletter was also printed and distributed within the centre, which detailed recent outings and events amongst other items.

There was a relaxed and calm atmosphere throughout the day of the inspection. While many residents were sitting in various communal areas at the beginning of the inspection, it was clear that residents' routines were respected as other residents were sleeping or in the process of getting up.

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Inspectors spoke with a number of residents in the centre and their general feedback was that they were satisfied with the care and service they were receiving, saying that they enjoyed living in the centre.

As inspectors walked throughout the centre, they noted that residents were well groomed and appropriately dressed.

Visitors were observed coming and going throughout the day of the inspection. It was clear the visiting arrangements were flexible and residents were observed meeting with their loved ones in communal areas as well as their own bedrooms. Inspectors spoke with a number of visitors and received positive feedback, such as "I can't express how good this centre is", "it's as close to your home as you could get" and "you cannot improve perfection". Visitors confirmed that during the recent outbreak of COVID-19, staff communicated regularly with families regarding the residents' condition and well being.

The next two sections of the report will present the findings in relation to

governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, the findings of this inspection show that this was a well-governed centre which ensured that residents received high quality, safe care in line with their needs and choices.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. Following an inspection in February 2020, a restrictive condition was attached to the designated centre's registration requiring the provider to address non-compliances identified in governance and management, risk management, fire precautions and residents' rights, to the satisfaction of the Chief Inspector. A follow up inspection in November 2021 acknowledged significant progress has been made by the provider in achieving compliance with the regulations, including those that necessitated the attachment of the restrictive condition. The inspectors' findings at this inspection indicated that the provider had achieved compliance with these regulations and now met the requirements of the restrictive condition, however further improvement was required in some areas to bring the designated centre into full compliance with all of the regulations.

The provider of the designated centre is St. Attracta's Nursing Home Unlimited Company. A director of the company represents the provider entity. There was a clearly defined management structure in place, which included the centre's person in charge, a general manager, an office manager and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

Regular meetings took place with staff and management in relation to the operation of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed and the actions that were agreed. A programme of auditing was in place which monitored key areas of the service.

On the day of the inspection, there were 67 residents being accommodated in the centre. There had been some turnover in staffing in the centre over the past year and there were ongoing recruitment efforts in place to maintain safe and consistent staffing levels. With the exception of activity provision, inspectors' observations indicated that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies.

Residents views on the quality of the service provided was accessed through comprehensive satisfaction surveys and through resident meetings. An annual plan

for the quality and safety of the service was in place.

Regulation 19: Directory of residents

The centre maintained a directory of residents which contained all of the information required by Schedule 3(3) the regulations.

Judgment: Compliant

Regulation 22: Insurance

A current insurance contract was in place that had an appropriate level of insurance covering injury to residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. Staff were clear about reporting structures and had the information they needed to carry out their work safely and effectively.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. While the majority of these audits were seen to effectively identify areas for improvement and ensure the required actions were completed, a small number of these required review to ensure that they were sufficiently detailed and focused to guide staff in assessing compliance.

The centre was adequately resourced by the registered provider.

An annual review of the quality of the service in 2021 had been completed. This was aligned to specific standards of care and included details of quality improvement initiatives that were planned for 2022, such as training in end of life care and review of some risk assessment documentation.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services. Contracts were signed by the resident and/or representatives, where appropriate.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were content living in the designated centre. Residents received a good quality service and they had opportunities to engage in a variety of meaningful social activities each day that enriched the quality of their lives and well-being. However some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring medication management, fire precautions, premises, care planning, health care, residents' rights and infection prevention and control into full compliance.

Residents were supported to engage in meaningful social activities in the centre that met their interests and capacities, including live music, exercise, aromatherapy and art. Residents were also supported to attend regular group outings, as observed on the day of inspection. However, inspectors found that the staffing arrangements on days that large outings occurred did not ensure that an activity programme could be provided to those residents who remained in the centre for the day.

Residents' meetings were convened and areas needing improvement were addressed. Residents had access to local and national newspapers and were supported to maintain relationships with their loved ones.

Overall, the premises was clean and well maintained. Staff were observed to be following appropriate infection prevention and control guidelines in their work practices. While a good standard of environmental and equipment hygiene was observed on the day of the inspection, inspectors identified that some improvement was required to achieve compliance with Regulations 17 and 27.

Residents were accommodated in 17 twin bedrooms and 36 single bedrooms. Inspectors noted that while the dimensions of the twin bedrooms met the minimum requirements of the regulations, the layout of some of these bedrooms required

review to ensure they met residents' needs in terms of privacy and dignity.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There were sufficient staff available at mealtimes to assist residents with their meals. Residents who were assessed as being at risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. However, the oversight of medication administration practices did not ensure medications were being administered in line with professional guidelines.

Staff provided end of life care to residents with the support of their GP and community palliative care services. Facilities were provided to ensure residents families and friends could be present to support the resident at end of life. For the most part, care plans outlined residents' expressed preferences regarding the care they would like to receive at the end of their life. However, some care plans did not clearly set out the resident's preferences for medical interventions in the event of a sudden medical emergency.

Residents expressing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported and behaviour support care plans were sufficiently detailed to guide staff. Staff demonstrated a commitment to minimal use of restraint and practices and procedures were in line with national restraint policy guidelines.

The provider did not act as pension agent for any resident, but had a policy and procedure in place for the management of residents' petty cash. The inspectors reviewed a sample of these transactions and found that they were accurate and reflected the balances, which were stored securely.

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 13: End of life

The resident's preferences in the event of a sudden medical emergency was being recorded within the medical notes of the residents file. This meant that the information could not be accessed by nursing staff in a timely manner to ensure the most appropriate outcome for the resident. Additionally, records in relation to a small number of residents' end of life care needs could not be located on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

While the majority of the premises was in a good state of repair and met the needs of the residents, some shared bedroom accommodation did not conform with Schedule 6 of the regulations:

- The layout of some twin rooms meant that some residents did not have sufficient space around their bed to have a comfortable chair in which they could sit out
- The positioning of some beds resulted in the room's window being located within the bed space of one of the beds. This meant that if the curtains were drawn around this bed, in order to provide privacy to the resident, this would limit natural daylight for the other resident accommodated in the room. In addition this layout meant that the shared television would not be visible to one of the residents.

Some improvement was required in relation to the maintenance of equipment and the environment, which is discussed under Regulation 27, infection control.

Judgment: Substantially compliant

Regulation 27: Infection control

Further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018).

Some aspects of equipment or the environment was not consistently managed to

minimise the risk of transmitting a health care-associated infection. For example:

- Crash mats in use by residents were being stored communally in a store room during the day, which increased the risk of cross contamination. Some of these mattresses were covered by fitted sheets which were visibly dirty
- Some of the available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks
- While the majority of storage rooms were clean and tidy, one large storage room was very cluttered and items were on the floor of this room, preventing it from being appropriately cleaned
- While residents had individual hoist slings, a number of slings were being stored together in a bathroom and were found to be overlapping, which increased the risk of cross-contamination
- The surfaces of some equipment or items were damaged and therefore could not be appropriately cleaned. For example, rust was visible on some metal grab rails and the cushion in a bath was torn, exposing the porous interior filling.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant fire safety works had been carried out in the designated centre since the previous inspection to improve compliance with Regulation 28. Overall, there were adequate precautions in place to protect residents from the risk of a fire emergency. However, inspectors observed that oxygen cylinders were being stored in an office that contained combustible items and that the cylinders were not adequately secured in place. Furthermore, staff were relied upon to ensure a window was left open to ensure the room was always ventilated. This was not an appropriate way of ensuring the room was adequately ventilated and was discussed with the management team at the time of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some medication management practices required review:

- Medicinal products which were out of date, were not always segregated from medicinal products which were in use
- Transcribing of medication was not always in line with best practice. For example, medications were transcribed to a medication administration record (MAR), without cross checking against a general medical prescription or

medication kardex.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident care plans and nursing documentation. Inspectors found that further oversight was required to ensure that residents' care needs were appropriately assessed and that the prescribed care interventions to meet those needs were clearly set out for staff to follow. For example:

- A falls assessment reviewed by the inspectors did not accurately identify the resident's risk factors which could increase their risk of falls occurring, including medical history and use of psychotropic medication. As a result, the resident was not identified as being at risk of falls and a care plan was not developed to guide staff on care interventions to prevent a fall from occurring
- Wound treatment plans were not consistently reviewed at four monthly intervals or where a change of treatment occurred.

Judgment: Substantially compliant

Regulation 6: Health care

The system in place to ensure wounds were being managed in line with evidence based guidelines required review. Inspectors observed that changes to wound integrity were not being recorded into the daily nursing electronic notes. Consequently, this did not ensure timely intervention to arrange investigations and treatment where indicators of infection were observed.

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- Controlled drugs were not consistently administered in line with best practice professional guidelines. The practice of double checking controlled drugs prior to administration and at commencement of each shift, was not consistently adhered to
- The dose of the controlled medication administered was not consistently recorded.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. Referrals were made to specialist services that included a geriatrician and psychiatry of later life.

There was a restrictive practice policy in place to guide staff. Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. However, on the day of the inspection, inspectors noted that a number of staff, including the activity staff, were facilitating an outing for approximately 18 residents. While this was a positive experience for those that attended the outing, there were insufficient arrangements made to ensure that residents who remained in the centre could avail of activities that aligned with their capabilities and preferences.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0036331

Date of inspection: 26/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A review will be complete of all shared rooms to assess the optimum layout to meet the residents' rights, needs and preferences. The review will consider the following points: privacy, window position and access, door position and access, bathroom access, suitable chairs provided and access to TV. This review will be complete by 30th October 2022. All of the bedrooms meet the current regulations size requirements however with a view to the future, planning permission has been applied for to extend the nursing home. This plan (dependent on planning and finance) will ultimately convert several of the current twin rooms into single rooms.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A review is underway on the overall use of the crash mattresses in use and their storage. The plan is to create a storage solution which minimizes any risk of cross contamination. This will be complete by 30th September 2022. All future handwash sinks installed will meet specifications for clinical handwash sinks. The main storeroom identified on the day of inspection has since been cleared and all items removed from the floor. All residents have their own individual slings which have a hook in their own bedroom to ensure they are not shared. Staff re-education is underway to ensure these are not left in bathrooms. The inspector identified a sluice room shelf and bathroom grab rails that required replacing – this was complete the day after inspection and the bath cushion disposed of.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Oxygen storage has been risk assessed and a policy in place on suitable storage within the home. An oxygen storage cage has been obtained for outside the building. On the day of inspection there was a large cylinder indoors which should have been stored externally. This was removed immediately, and staff re-educated on the policy for oxygen storage and management. The storeroom referred to will have a vent installed into the wall to ensure continued ventilation. This will be complete by 30th October 2022.</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: All nurses complete medication management training annually and are aware of best practice and professional guidelines in relation to medication administration, recording disposal and transcribing of medication. Staff re-education has taken place since the inspection re-enforcing their professional responsibility in this area and highlighting the inspection findings. An audit of practice will take place to assess medication management compliance and or further training required. Due date for completion 30th October 2022.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All residents undergo a number of assessments to help inform their care planning. All residents who are prescribed psychotropic medication shall have a falls care plan in place based on risk assessment of the medication increasing their falls risk. Due date for completion 30th October 2022</p> <p>Wound treatment plans and documentation is managed separately from the electronic</p>	

resident record system. A review of how this is managed will take place to ensure wound treatment plans are consistently reviewed four monthly or when treatment changes.
Due date for completion 30th October 2022

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 wound care documentation is currently kept in a written central folder. Reference will be added to the residents electronic notes to reference this up to date folder. Due date for completion 30th October 2022

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
On the day of a large outing typically the activities team all attend the outing to ensure it goes as smoothly as possible. Eighteen residents attended the outing to Enniscrone on the day of inspection along with several staff. Whilst the residents were away the aromatherapist and physiotherapist were working with the remaining residents; in addition, several residents spent time in the gardens. We will continue to ensure that on the day of an outing the remaining residents can avail of activities which are aligned with their capabilities and preferences.

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	30/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	30/10/2022

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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	30/10/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and	Substantially Compliant	Yellow	30/10/2022

	will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/10/2022
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	Substantially Compliant	Yellow	30/10/2022

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	26/09/2022