



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

## Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	St Martha's Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 January 2023
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0037157

## About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

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

Number of residents on the date of inspection:	26
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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
Thursday 12 January 2023	10:00hrs to 16:45hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that St. Martha's Nursing Home was a good place to live, where management and staff provided them with the help and support they required, and encouraged their independence. There was evidence that residents were provided with high standards of care and support by staff who were familiar with their individual needs and caring in their approach.

The inspector arrived to the centre unannounced in the morning and met with the nurse on duty. Throughout the day, the management team including the person in charge and the provider representative were in attendance to facilitate the inspection. The centre was at full capacity, with 26 residents living in the centre. The nurse on duty accompanied the inspector on a tour of the premises. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, other residents were relaxing and other residents were mobilising freely throughout the centre. Staff maintained an unhurried atmosphere despite this being a busy time of the day. The inspector observed residents being attended to promptly when requesting assistance. This walkaround of the premises provided observational evidence that the staff were well-known by residents, who frequently stopped to chat to them. Residents with whom the inspector spoke were complimentary of the care and attention the management team afforded them.

The inspector interacted with the majority of residents and spoke in more detail with a total of eight residents on the day of the inspection. Residents told inspector that they were very happy with their life in the centre and that they could have visitors, or go on outings with no issues. One resident described the centre as 'the best you could imagine' and said they never had a thing to complain about. Another resident told the inspector about the various activities on offer, including the weekly game of Bingo, where there was great competition to win prizes. The inspector also spoke with family and friends who were visiting on the day, who echoed the positive feedback given by residents. One visitor described how their family member was very happy every time they visited, and they were content that she was well looked after in the centre. All of the feedback from the residents in relation to the overall service provided, their experience of living in the centre and their ability to retain control of their personal lives, was positive. There were a number of residents who were unable to articulate their views due to their medical diagnosis, however, these residents were observed to be content and comfortable in their surroundings.

The centre was maintained to a high level both internally and externally. There was communal spaces for residents to use including a sitting room, dining room, quiet room and conservatory. These rooms were stylish in decor and comfortably furnished. There was sufficient storage space for resident equipment such as assistive hoists and activity supplies. The corridors had grab rails available to assist residents to mobilise safely. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms

were observed to have sufficient space and included appropriate furniture and storage areas for personal belongings. The building was well lit, warm and adequately ventilated throughout. Call-bells were available in all areas used by residents. There was access to an enclosed garden for residents to use. This required staff to open the locked door. A smaller garden area had unrestricted access via the sitting room. These spaces included a variety of suitable seating areas, garden furniture and an array of seasonal flowers and plants. The low temperatures on the day of inspection meant that residents chose to stay inside the warm home. The medical treatment room was the only area of the centre seen to be cluttered and not cleaned to a high standard. This is discussed further in the Quality and Safety section of the report.

Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. There was good choice available at mealtimes and residents praised the food on offer, which was well-presented in appropriate portion sizes, and modified to each residents need, as appropriate. A choice of refreshments and snacks were available to residents throughout the day. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

Group activities were facilitated for residents and included external musicians at the weekends as well as the in-house programme which was facilitated every day. Residents told the inspector they were happy with, and enjoyed partaking in, the current activities programme. Activities on offer included arts and crafts, exercises, newspaper reading and general knowledge quiz. On the day of inspection, residents had gathered in the main sitting room and were enjoying each others company and the company of staff. There was a warm atmosphere and the residents told the inspector that they were happy in the centre.

Overall, the inspector found that the staff team were responsive to the needs of the residents, ensuring a person-centred service was delivered. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that a good level of compliance was maintained in the centre, underpinned by a dedicated management and staff team. Resources were made available to ensure that the needs of the residents were met. This inspection found increased compliance levels with the regulation overall, however aspects of the management systems in place continued to require strengthening, to identify any areas of learning and improvement. Further oversight into the management of required notifications is also required.

This unannounced inspection was carried out to monitor the ongoing compliance

with the regulations and standards. The registered provider of this designated centre is St. Martha's Nursing Home Limited. This company is comprised of two directors, who are both fully engaged in the daily delivery of care and the overall organisation of the centre. One director is a registered nurse and is the person in charge of the centre. The other director provides operational and maintenance oversight and is the designated provider representative for regulatory matters. While there was good day-to-day oversight of the operations within the centre, improvements were required to ensure that the service was adequately monitored. For example, there had been no improvement in the level of auditing since the previous inspections in February 2022 and June 2021. The system of both clinical and environmental audit in the centre was well-structured, at regular intervals, however the information and statistics gathered were not subsequently analysed or reviewed to identify areas for improvement, as discussed under regulation 23: Governance and management.

The person in charge has overall responsibility for all administrative aspects of the centre, as well as being the director of clinical care. A review of the staffing rotas identified that the person in charge spent approximately 50% of the working week in a supernumerary capacity, which was a marked increase since the previous inspection. A senior nurse was appointed to deputise for the person in charge for any planned or unplanned absences. Overall, staffing levels across all departments were stable, and there was a minimum of one registered nurse on duty at all times. The person in charge and provider representative were supported by a team of registered nurses and healthcare assistants and a team of domestic and catering personnel. There had been a change in the activity staffing since the previous inspection; the role was now built into the role of the healthcare assistants on duty daily. The inspector found that this change had not resulted in any poor outcomes for residents, and did not curtail the level of activities on offer for residents. This is discussed further in the Quality and Safety section of the report. There were good systems of communication with staff, through formal meetings and daily shift handovers. Staff spoken with were aware of their individual roles and responsibilities, and the management structures and reporting systems in the centre.

The centre had successfully managed an outbreak of COVID-19 in April 2022, which had affected a large number of residents and staff. Engagements with the inspector at the time of the outbreak, and a review of records pertaining to the outbreak during this inspection provided good assurances as to the overall management of the outbreak. The centre had maintained good liaison with the local public health department and residents were well-supported by access to medical reviews with their General Practitioner (GP) as required.

Improvements were seen in relation to contracts of care, which now contained all of the required information for residents or their representatives. Policies and procedures had recently been updated and a review of these showed that they contained relevant, up-to-date information in line with best practice guidance. There was a low level of serious incidents and accidents occurring in the centre. These were seen to be recorded in an incident log book, and the records were comprehensive. As identified on the previous inspection, the systems for ensuring

that reportable incidents were notified to HIQA, in line with regulatory requirements, required review.

### Regulation 15: Staffing

From a review of rosters, and from observations on the day, the inspector was satisfied that there was a sufficient number of staff, of an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The systems in place did not always ensure that the service provided was consistently and effectively monitored;

- While incidents were reported in the centre with the majority being falls related, reviewing and trending of incidents was not taking place. This is a missed opportunity to share learning from incidents and implement quality improvement plans to address any findings from the review
- Clinical audits including infection control, care planning and restraint were provided to the inspector for review. While information was collated, the audits were not comprehensive enough to identify learning or remedial actions required. There was no time-bound action plans for implementation or review.
- The annual review of the quality and safety of care delivered in 2021 had not been completed. No formal consultation or feedback with residents was collated to inform this review.
- Oversight of medication management practices continued to be insufficient, as identified on the findings outlined under regulation 29: Medicines and pharmaceutical services.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A sample of three residents' contracts of care were reviewed. These were seen to be agreed on admission to the centre and included the terms on which the resident resides in the centre, including the terms related to the bedroom to be provided and



the number of other occupants of the room. Residents' contracts clearly set out the services to be provided and the fees incurred under the Nursing Homes Support Scheme, and any other additional fees.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the centre's incident and accident records identified two occasions whereby an injury to a resident occurred, which required immediate medical and hospital attention. These had not been submitted to HIQA, as required under Schedule 4 of the regulations.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The required Schedule 5 policies were in place. These had recently been updated in line with the three year time frame set out in regulations.

Judgment: Compliant

## Quality and safety

The inspector acknowledged that the management and staff of the centre ensured that residents were provided with a quality service, good levels of medical and nursing care, and an environment that promoted safety. Residents rights were predominantly observed to be upheld, however, the process of formal consultation with residents could be improved to ensure feedback on the service provided was gathered and analysed. This would ensure that residents were involved in the organisation and development of the centre, further promoting a rights-based approach to care and support.

Following February 2022, the registered provider had implemented some improvements to the infection prevention and control procedures in the centre. Further staff training had been undertaken, both in-person and online to strengthen staff knowledge. This was supported by the installation of clinical hand wash sinks at strategic locations which promoted best practice hand hygiene. COVID-19 and Influenza vaccination uptake among residents and staff was good and procedures were in place to facilitate testing and isolation of residents should the need arise.

Cleaning staff were provided with appropriate equipment and had a dedicated storage room which contained a janitorial sink for disposal of dirty water. Flat mop heads and cloths used by domestic staff were laundered in the centre, and there was a system in place to ensure segregation of these items from resident's clothing and linen. Notwithstanding these good practices, there were some issues identified on the previous inspection that had not been fully actioned, for example the treatment room was not cleaned and organised to the appropriate level, audits did not support effective oversight of infection prevention and control.

Fire safety management records were reviewed by the inspector and improvements were noted since the previous inspection. Appropriate certification was evidenced for servicing and maintenance. Records confirmed that there were daily, weekly and monthly checks of equipment. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Each resident had an up-to-date personal emergency evacuation procedure completed, and an overview of this was discreetly available within the resident's bedroom, to aid in speedy evacuation. Staff spoken with were knowledgeable about the methods and routes of evacuation. Risks associated with the smoking area and storage of oxygen, identified on the previous inspection, had been assessed and the current arrangements did not pose unnecessary risks to residents.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. Based on the sample of records examined by the inspector, residents were assessed prior to and on admission to the centre. Care plans were completed within 48 hours of admission, in line with the regulations. Care plans were personalised and detailed the interventions required to meet residents' needs. There was good management of responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that there was a clear process in place to ensure that residents displaying these behaviours were responded to initially in the least restrictive manner. While there had been some improvements in the medication management systems in the centre, for example, a reduction in the storage of old and unused medications, further oversight is required to ensure that medication is administered in accordance with the prescriber's instructions, and in line with the published Nursing and Midwifery Board of Ireland (NMBI) guidelines for nurses. Activity provision in the centre continued to be of a high quality, ensuring that residents' social needs were met. The registered provider had reverted to a previous arrangement whereby the healthcare staff on duty were responsible for the implementation of the activity programme, in conjunction with their other duties. This arrangement was seen to ensure a social model of care was promoted. Social assessments on admission were completed, which informed individual socialisation and activity plans. There was sufficient space for residents to partake in activities in large and small groups and residents were provided with TV's and access to Internet, newspapers and radio in communal areas and the privacy of their bedrooms. Where possible, residents were encouraged to mobilise freely and residents who reside on the smaller first floor were seen to be assisted to the ground floor and enjoy the company of others in the dining room, sitting

## Regulation 11: Visits

The registered provider had made appropriate arrangements to facilitate visiting in the centre. Residents could meet their visitors in the privacy of their bedrooms or in designated visiting areas in the centre.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents clothing was carefully laundered on-site. Systems were in place to ensure residents own clothing and soft furnishings such as throws and blankets were identifiable, which minimised the risk of items become misplaced. Within their bedroom accommodation, residents were each provided with appropriate facilities to store their personal possessions and clothing including a lockable storage area.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider generally met the requirements of regulation 27 and the National standards for infection prevention and control in community services (2018), but some action is required to be fully compliant.

- Infection prevention and control audit tools lacked detail and did not identify the relevant areas for improvement
- Clinical waste was not managed in line with national guidelines. A clinical waste bin was kept in the treatment room, which was the area where sterile supplies and equipment were stored. The clinical waste bin should only routinely be kept in the dirty utility (sluice) room
- A sweeping brush was used in resident's bedrooms for dust control. The use of a vacuum or dust-attracting dry mop is recommended prior to wet mopping
- The treatment room required a deep clean and de-clutter. Open-but-unused portions of 'single-use only' wound dressings and used bandages were observed in this room. Once the package is opened it can no longer be considered sterile.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. All staff had received suitable training in fire preventions and emergency procedures including evacuation procedures.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector identified examples of medication management which were not in line with best practice guidance, and were also found on the previous inspection in June 2021 as follows;

- A stock of medication, previously dispensed for one resident, was being administered to other residents. Additionally, a small number of medications were found on the drug trolley which were no longer required. Medications which are no longer required by a resident are required to be segregated from other medications and returned to the pharmacy
- An insulin pen was incorrectly stored in the medication fridge, which could lead to potential ineffectiveness of the medication
- PRN (pro-re-nata) "as required" medications did not always include the the indication for administration, or the maximum doses to be administered within 24 hours.
- The pharmacist did not always review residents' medications which had been prescribed to be administered in an altered format, such as crushed. This could lead to medications being administered in this format, which are unsuitable for crushing. For example, a medication which had been prescribed in an altered format to ensure there was no difficulty in swallowing the medication, was supplied as a capsule. This was a repeat finding from the previous inspection. A full review of the prescription of medications in altered formats was required.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Assessment and care planning documentation was available for each resident in the centre. The resident assessment process was seen to involve the use of a variety of validated risk assessment tools and care plans were found to be person-centred and

sufficiently detailed to direct care. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Restraint use in the centre was well-managed and residents had a risk assessment completed prior to any use of restrictive practices such as bedrails. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Judgment: Compliant

### Regulation 9: Residents' rights

While it was observed that residents' rights to privacy, dignity and choice were upheld in their day-to-day lives, there was no formal consultation with residents about the organisation of the centre. No feedback was sought through resident's or family satisfaction surveys. Minutes of residents meetings described in detail events taking place within the centre but did not include evidence of time allocated for questions or suggestions from residents. This was a repeat finding from the previous inspection.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0037157

Date of inspection: 12/01/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Further detailed review of audits to be carried out and action plan implemented accordingly.</p> <p>Annual review to be completed.</p> <p>Residents surveys to be completed.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>HIQA to be notified of any incident occurring that required medical and hospital transfer as per regulations.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Areas of improvement to be identified in infection, prevention and control audit tools.</p> <p>Clinical waste to be stored in sluice room only.</p>	



Deep cleaning and de cluttering of treatment room to be carried out. Use of vaccum at all times for dust control.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

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

Return of all medicines no longer in use to pharmacy in a timely manner.

Review of prescription medication in altered formats to be discussed with pharmacist.

Correct storage of insulin pen once opened.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Allocated time to be given and documented at residents meetings for questions or suggestions.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/06/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	01/06/2023

Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	01/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/02/2023
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.	Not Compliant	Orange	01/02/2023
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	Not Compliant	Orange	01/02/2023

	provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	01/02/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	01/02/2023
Regulation 9(3)(d)	A registered provider shall, in	Substantially Compliant	Yellow	01/02/2023

	so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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