



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Announced
Date of inspection:	03 December 2019
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0022879

About the designated centre

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

Fáinleog Teoranta is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit.

There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 3 December 2019	09:00hrs to 17:00hrs	Leanne Crowe	Lead
Tuesday 3 December 2019	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Inspectors met with residents and visitors on the day of the inspection, and reviewed 10 questionnaires that residents and relatives had completed prior to the inspection. Residents spoke positively about the centre, the staff and their quality of life within the centre. One resident described staff as being very empathetic, stating that they take time to listen to their wishes. Others talked about staff being helpful and kind. Overall, residents felt safe and comfortable in the centre.

Many residents were happy with the food that was served to them and confirmed that they could request other dishes that weren't on the menu. However, some felt that there could be more choice available and that the timing of meals could be improved.

Residents were happy with the communal facilities available to them, and many residents were observed socialising in several of these rooms throughout the inspection. Others liked being able to spend time in the courtyard, which was accessible from the lounge.

Many residents spoke positively about the activities that took place in the centre, particularly the live music shows and bingo. More frequent outings were requested by a small number of residents.

Capacity and capability

Overall, this centre provided a good standard of care to the residents living there. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, which had recently been revised due to the commencement of a new person in charge in October 2019. The person in charge facilitated the inspection and demonstrated a good attitude to regulation, good knowledge of the legislation and a commitment to providing a good quality service and enhancing the quality of life for the residents.

The inspectors followed up on the action plans from the previous inspection and found that they had been successfully completed. On this inspection, improvements were required in relation to written policies and procedures, premises, risk management, infection control, health care and residents' rights.

A number of pieces of unsolicited information had been submitted since the previous inspection. These related to medication management, environmental hygiene, privacy and dignity, falls management, resident's daily care and staffing levels. One

area was partially upheld on the inspection in relation to the recording of daily care given including care of feet and finger nails and the recording of resident's daily intake of fluids and diet.

The person in charge, health care manager and the registered provider representative were on site to facilitate the inspection. Overall, the inspectors saw evidence of good governance arrangements in the centre with clear lines of authority and accountability established. Information from audits and other quality checks was analysed in order to identify patterns and areas for improvement. There was evidence of clinical team meetings and regular staff meetings.

The number and skill mix of staff on the day of the inspection was adequate to meeting the needs of the residents. Staff underwent regular mandatory training to maintain their skills and knowledge, as well as additional training in other areas in order to support residents.

A complaints policy was in place which ensured that complaints were dealt with appropriately. Residents could describe how they would make a complaint and identified the person in charge as the complaints officer. Records indicated that complaints were investigated and resolved promptly.

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and has the required experience in the area of nursing older people. They commenced their post in October 2019 and are currently being supported by a healthcare manager and a member of management from another nursing home.

During the inspection, they demonstrated their knowledge of the regulations, standards and statutory responsibilities. They were observed meeting with residents and visitors throughout the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient staffing levels to meet the needs of residents. At least one nurse was on duty at all times in the centre. An action from the previous inspection, relating to supervision of residents, had been adequately addressed.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had up-to-date training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Staff were facilitated to avail of other training including cardiopulmonary resuscitation (CPR), infection control and dementia care.

There was adequate supervision of staff for the most part. However inspectors found that more effective supervision of carers was required in relation to

- ensuring daily care records of the resident's intake of food and fluids was kept up to date and accurate.
- ensuring that records of care such as the care of residents feet reflected the care given by staff.

An induction programme was in place for all staff, as well as annual appraisals thereafter.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was in place in the centre. This adequately insured residents against injury and also insured their belongings against loss or damage.

Judgment: Compliant

Regulation 23: Governance and management

The provider had made sufficient resources available to provide an effective service, in line with the centre's Statement of Purpose.

There was a clearly defined governance structure in place which specified the management team's authority and accountability.

The quality of care and experience of residents was monitored, reviewed and improved on an ongoing basis. The person in charge prepared weekly reports which were reviewed by the governance team. Data regarding key clinical indicators was gathered and analysed in order to identify areas for improvement. There was evidence that these reviews, as well as regular audits, ensured good oversight of the

service and informed the development of action plans.

An annual review, which included consultation with residents, had been completed for 2018 and was available.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer operating in the centre at the time of the inspection. A vetting disclosure had been obtained from An Garda Síochána for this person, and their role and responsibilities were set out in writing. They had also completed training in fire safety and in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the Chief Inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A summary of the complaints procedure was displayed prominently in the centre. There was a nominated person to deal with complaints. The complaints records viewed by inspectors indicated that both written and verbal complaints were documented. The records included information about the nature of the complaint, investigation of the complaint and action taken to address the complaint. The level of satisfaction of the complainant was also documented. An independent appeals process was in place.

Judgment: Compliant

Regulation 4: Written policies and procedures

The majority of Schedule 5 policies were in place and were being used to inform and

guide staff practice. However, the policy for staff training and development was not available for review at the time of the inspection. The policies were centre specific and all had been reviewed and revised in the previous three years.

Judgment: Substantially compliant

Quality and safety

Overall, the inspection findings showed that the designated centre was providing good quality care and support services. Inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards.

Residents were consulted about the running of the centre through a number of forums including residents' meetings and the completion of resident satisfaction surveys. While residents' privacy and dignity was respected for the most part, a number of the centre's twin rooms were not configured in a manner that ensured residents' privacy and dignity could be maintained at all times.

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed, that appropriate interventions and treatment plans were in place and that these were being implemented by staff. However improvements were required in relation to the recording of each resident's daily care records. Safe medication administration practices were demonstrated during the inspection.

The use of restrictive practices was closely monitored and the centre was working towards a restraint-free environment in line with national policy. Inspectors observed staff demonstrating positive behavioural support and person-centred care practices during the inspection. Residents who spoke with inspectors described positive experiences of living in the centre, and emphasised the kindness of staff. Residents described feeling safe in the centre.

Residents' nutritional and hydration needs were met. Individual food preferences and choices were respected and residents' feedback on mealtime experience was regularly sought.

The care home environment was homely, clean and well maintained, but some equipment required more thorough cleaning. While efforts had been made to improve the environment, such as a repainting programme, further work was required to ensure all flooring was in a suitable condition.

Suitable fire systems and fire safety equipment were provided throughout the centre and the documentation reviewed by the inspectors evidenced that services were completed at appropriate intervals. All staff were training in fire safety.

Regulation 17: Premises

The centre was a single storey building that accommodated a maximum of 42 residents in eight twin bedrooms and 26 single bedrooms. Five of the single bedrooms contained ensuite toilet and shower facilities, while all other bedrooms contained a wash hand basin. The majority of bedrooms were of a suitable size and were appropriately furnished, and some residents' rooms were decorated with lots of personal possessions. However, inspectors found that some twin rooms required review to ensure they are configured in a manner that maintain residents' privacy and dignity. This was discussed with the management team during the inspection.

There were sufficient sanitary facilities in the centre. In addition to the five ensuite shower rooms, there were three communal shower rooms and one assisted bathroom in the centre at the time of the inspection. Plans were in place to convert an existing toilet to a communal shower room.

A variety of communal rooms were available to residents, including a large dining room, a spacious day room, an activity room, a quiet room, an oratory and a large courtyard. Access to the courtyard was unrestricted, and contained seating, shading and shrubbery. A smoking room was also available for residents' use.

Overall, the centre was well-maintained, clean and decorated in a homely manner. However, some equipment was not adequately clean. While minor upgrade works had been recently completed, such as painting of rooms, further improvement was required in relation to flooring. For example, floors in bedrooms had not been adequately cleaned after the room had been recently painted. Flooring was damaged or torn in some areas and required replacement.

Handrails were in place along corridors to assist residents to navigate the building safely.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were appropriately assessed and any recommendations were communicated to staff and implemented effectively. Residents were offered choice in relation to their meals, and these meals were prepared and served in line with their preferences and specialist dietary requirements. Residents had access to fresh drinks and snacks throughout the day and outside of regular mealtimes.

During mealtimes, inspectors observed staff providing assistance to residents in an appropriate and discreet manner.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors were satisfied that essential information was being provided by staff when residents were transferred from one facility to another.

Judgment: Compliant

Regulation 26: Risk management

The centre had policies and procedures in place relating to health and safety. A risk management policy and a risk register were in place. While the risk register was regularly updated with any risks identified in the centre, it did not contain one of the five specified risks as required by regulation 26(c).

There was an emergency policy in place in the centre. There was evidence that incidents and accidents that occurred in the centre were reviewed to inform learning and continuous quality improvement.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had an up-to-date policy to inform infection prevention and control procedures in place. All staff received training in infection control practices. Hand hygiene dispensers were located throughout the centre and inspectors observed good hand hygiene practice throughout the inspection. Staff had access to personal protective equipment (PPE).

While the centre was clean and tidy, inspectors found that some equipment such as shower chairs, commodes and raised toilet seats were not sufficiently clean. While sluicing facilities were available in the centre, the sluice room was not of sufficient size to facilitate the appropriate cleaning and storage of equipment, such as commodes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had arrangements in place to contain the spread of fire.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's addressable fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for the quarterly servicing of emergency lights throughout the centre.

All staff received annual training in fire safety. Staff who spoke with inspectors were knowledgeable of the action to take in the event of a fire. The registered provider ensured that fire drills took place on a regular basis. Records indicated that these drills simulated staffing levels on both day and night duty.

There were comprehensive Personal Emergency Evacuation Plans (PEEPs) developed for each resident and these included residents' mobility needs and cognitive status to inform staff of residents' needs in the event of an emergency evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the inspectors were satisfied that the medication management systems in the centre were of a good standard and that residents were protected by safe medicine practices. The medication management policy was available, up to date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines. Nursing staff had completed training in medication management, and demonstrated safe administration practices during the inspection.

Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines.

The pharmacist was facilitated to meet their obligations under the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Continuous re-assessment of residents' needs was completed on a four monthly basis or sooner if warranted. Care plans were found to be person-centred, and there was evidence that residents and or their representatives were regularly consulted with about their care needs. Residents' will and preference was recorded in care plans. However, daily care records required improvement to ensure that dietary and fluid intake was recorded accurately and in line with the centre's own policies and procedures so that nursing staff were made aware if a resident had not had sufficient diet or fluids to meet their needs.

Judgment: Substantially compliant

Regulation 6: Health care

A high standard of evidence-based nursing care was provided to all residents with a focus on residents' assessed needs and choice. Residents had access to a general practitioner (GP) service and a range of other allied health care services such as palliative care, dietitian and physiotherapy services. Inspectors found that GP reviews were arranged promptly if a resident's health or well-being deteriorated however residents were not routinely reviewed by their GP on an ongoing basis.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents living with dementia were periodically predisposed to episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans were in place to support each resident, which contained relevant information that was person-centred in nature. Residents with responsive behaviours were appropriately assessed and well-managed; staff who knew the residents well implemented supportive de-escalation strategies as needed.

The person in charge and staff were committed to promoting a restraint free environment. A restraint register was maintained in the centre, which indicated that a small number of bed rails were in use at the time of the inspection. There was evidence that the implementation of any restraint was supported by a risk assessment and was regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. All staff had up to date training in the prevention, detection and response to abuse. The person in charge monitored the systems in place and ensured that there were no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. There was evidence that any allegations of abuse that were reported were appropriately investigated.

It was confirmed that all staff had An Garda Síochana vetting disclosures in place prior to commencing their posts.

The provider was a pension agent for some residents and the systems and processes in place were in line with Department of Employment Affairs and Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected in the centre and the ethos of care was person-centred. Residents' right to make choices about how they spent their day was promoted and respected by staff. Inspectors found that residents' independence was promoted at mealtimes, this was an improvement from the previous inspection.

Residents were supported to engage in meaningful activities, in line with their interests and capabilities. A programme of activities took place on a daily basis, which provided a range of group and one-to-one activities. Residents were observed participating in these activities during the inspection.

While residents' privacy and dignity was respected by staff, improvement was required in relation to the size and configuration of some twin rooms in the centre. For example, the placement of curtains in a number of twin bedrooms could not ensure privacy while personal care was being provided. Additionally, a partition door between two bedrooms resulted in sounds and conversations being audible from either room. This was discussed with the management team during the inspection.

Residents were facilitated to exercise their civil, political and religious rights. An oratory was located in the centre, and mass was said in the centre on a weekly basis. Residents had access to telephones and Internet facilities. An open visiting policy was in place, and visitors were observed being welcomed into the centre.

Independent advocacy services were available for residents, if required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0022879

Date of inspection: 04/12/2019

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Staff Training and Development policy is now included in the Schedule 5 Policy folder. Staff are aware that this policy is in place and where it is located and they have confirmed that they have read and understood the policy.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The configuration of the twin rooms is being reviewed to ensure they are configured in a manner that maintains residents' privacy and dignity. This includes the layout and position of the privacy curtains.</p> <p>Plans are in place to convert an existing toilet to a communal shower room. The PIC has implemented a schedule to address deep cleaning for the sluice room and equipment. We will ensure that expected standards of hygiene are maintained by implementing a system of regular monitoring, intermittent spot checking and maintaining a record of audits, corrective actions and spot checks.</p> <p>A plan to replace damaged flooring is in place.</p>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The PIC has updated the risk register to incorporate the following risks in relation to risk management:</p> <ul style="list-style-type: none"> (i) Unexpected absence of any resident (ii) Accidental injury to residents, visitors or staff (iii) Aggression and violence (iv) Self-harm 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The PIC has implemented a cleaning schedule for shower chairs, commodes and raised toilet seats to ensure expected standards of hygiene and infection control are in place, in accordance with regulatory standards at all times.</p> <p>A review of the cleaning and storage of commodes in the sluice room will be undertaken.</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:</p> <p>The PIC has ensured that all daily records for food and fluids are recorded as indicated for individual residents on the electronic record keeping system.</p> <p>We will monitor the records by conducting regular documentation audits to ensure that all required information is included and that it is appropriate and directs and guides the care needs of each resident accurately.</p>	
Regulation 6: Health care	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 6: Health care: An agreement has been made with the GP to undertake medical reviews for all residents as required. The CNM and Nurses will liaise appropriately with the GP to ensure that all medical needs are addressed during each GP round.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The configuration of the twin rooms is being reviewed to ensure they are configured in a manner that maintains residents' privacy and dignity. This includes the layout and position of the privacy curtains. The partition door between two bedrooms will be sealed to reduce sounds.</p>	

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	30/06/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	31/12/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/06/2020

	infections published by the Authority are implemented by staff.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2019
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	31/12/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	28/02/2020
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/06/2020

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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