



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	16 September 2024
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0040596

## About the designated centre

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

The Sisters of Nazareth opened Nazareth House Dublin as a nursing home in 1970, which was refurbished in 2018. The centre can accommodate 120 residents in single en suite bedrooms, to both male and female residents over the age of 18 years. There are two units on the ground floor called Brook Green 1 and 2 with both providing 15 bed spaces in each unit. The first floor contains 60 bed spaces with 30 provided in Gahan unit and 30 bed spaces provided in the Holy Family Unit. Larmenier unit on the second floor has 30 bed spaces available for use. Facilities available to residents include a chapel, hair salon, conference, meeting/training room and activity room.

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

Number of residents on the date of inspection:	117
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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
Monday 16 September 2024	08:45hrs to 17:15hrs	Lisa Walsh	Lead
Monday 16 September 2024	08:45hrs to 17:15hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

Overall, residents in Nazareth House were supported to have a good quality of life. The residents spoken with on the day of inspection were mostly content and complimentary of the service provided. Inspectors spoke with both residents and visitors throughout this one day inspection. The feedback about the care was very positive. However, some residents did indicate that the lack of activities or things to do on a Sunday was poor. One resident said that they do not have visitors on a Sunday and they find the day very long.

Following an introductory meeting with the person in charge, inspectors were accompanied on a tour of the premises by the person in charge and a clinical nurse manager. It was clear that both were very well known to the centre's residents and visitors and aware of residents' needs.

The centre is set across three floors, and divided into five units referred to as, Brook Green 1, Brook Green 2, Gahan, Holy Family and Larmenier. Residents bedrooms were accommodated on each unit and were single occupancy with en-suite facilities. Each unit had also had a dining room, sitting room and quiet/visitors room. The centre's design and layout supported residents in moving throughout each floor, with wide corridors and sufficient handrails to accommodate residents with mobility aids. Communal areas were bright and spacious with comfortable seating, pleasant lighting, attractive furnishings and domestic features, such as, memory lane with old memorabilia, which provided a homely environment for residents.

On the ground floor, residents had access to a corner shop, a large bright chapel and a coffee shop which opened out onto a large secure garden area for residents. Residents in Brook Green 2 could also access a secure garden area from the sitting room. The garden areas were beautifully manicured and well-maintained for residents use with raised flower beds, shrubs, potted plants, an old style phone box and post box.

Inspectors observed lunchtime to be a sociable and relaxed experience, with residents eating in the dining rooms or their bedrooms, aligned with their preferences. Meals were freshly prepared onsite in the centre's kitchen, with menu choices displayed in the dining room. Many residents complimented the food served to them but there was also negative feedback provided from a small number of residents. The comments were 'its very stew or casserole like food', 'all served in sauce and can't tell what it is' and there is 'not a great selection'. The person in charge was aware of residents opinions and had discussed the residents concerns with the catering team.

Residents spoken with informed the inspectors that they felt safe living in the centre. Residents were complimentary about the care and compassion shown to them by staff. Inspectors observed kind and compassionate interactions between

staff and residents. The staff knew each resident's needs and requirements and attended to their needs and requests in an empathetic way.

Inspectors observed that residents had access to a range of media, including newspapers, telephone and TV. The registered provider had information displayed on notice boards relating to advocacy services available to residents. There was an activity programme in place with three activity staff during the week. This reduced to one activity staff from 2pm to 5pm on Saturday and Sunday. On the day of inspection, activity co-ordinators were present to arrange activities of residents own interest. Mass is also provided daily for residents in the chapel. For residents who cannot attend the chapel the Mass service is played on televisions. There was mixed feedback from residents about the activities provided. Residents said they enjoyed the activities provided, however, they thought that there could be more activities to be available to them.

The next two sections of this report will present 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 in the report under the relevant regulations.

## Capacity and capability

Although residents expressed a high level of satisfaction regarding the care and support provided to them, inspectors found that improvements were required in some areas of the service to ensure the service was safe, consistent and of a good quality. In particular, the systems in place with regard to oversight of staffing, individual assessment and care planning, infection control, healthcare, temporary absence or discharge of residents, premises and directory of residents.

This was an unannounced inspection which took place over one day, to monitor ongoing compliance with the regulations, by two inspectors.

The registered provider is Nazareth Care Ireland for Nazareth House. The registered provider is involved in the operation of a number of designated centres in Ireland. The findings of this inspection were that while there was a clearly defined management structure in place, the oversight required review. The person in charge of the centre reported to the Chief Executive Officer. It was clear that they were very well known to the centre's residents and visitors and aware of residents' needs. The person in charge was supported in their role by an assistant director of nursing, four clinical nurse managers, a team of nurses, healthcare assistants, catering, housekeeping, activity coordinators, and administration staff.

Recently, a Chief Clinical Nursing Officer role had been implemented to strengthen oversight at a group level. Inspectors were also informed that the registered

provider was planning on developing a quality and safety manager role at group level to further strengthen the governance arrangements.

The provider had an audit schedule covering areas such as, infection control, falls management, wound care and medication management. While systems were in place, they required strengthening to ensure that they identified key areas for improvement. For example, audits completed did not identify key areas of non-compliance identified on the day of inspection. Some actions from the previous compliance plan were completed, for example, ventilation issues in the clinical rooms had been resolved and were maintained at an appropriate temperature for the safe storage of medicines. However, some areas of repeated non-compliance were identified on the day of inspection. For example, expired hand sanitizer continued to be in use in the centre on the day of inspection.

The annual review for 2023 was available. It set out a quality improvement plan for 2024. It was evident that residents and their families were consulted in the preparation of the review.

In general, the provider had allocated sufficient resources to ensure effective delivery of care. However, a review was required at evening and night time to ensure there was appropriate management oversight within the centre. At night, the staff nurse on Brook Green who also provided clinical care to residents, undertook the supervisory role of staff within the centre; with the person in charge providing oncall support. The registered provider had recognised that the night time oversight arrangements required strengthening and had a plan in place to begin recruitment for management at night. There was also a reduction of activity coordinators working at weekends which limited the activities provided.

## Regulation 15: Staffing

A review was required of the number and skill mix of staff having regard to the needs of the residents and the size and layout of the designated centre to ensure effective delivery of care. For example:

- At night, a staff nurse who was providing clinical care to residents was also responsible for supervisory oversight of the centre in the absence of other management. This had impacted on the quality of care provided to residents. For example, from a review of falls audits from June 2024 to August 2024, the majority of falls in the centre were unwitnessed by staff and taking place after 4pm when there was no additional supervisory management available in the centre.
- There were insufficient staff at the weekend to provide meaningful activities to meet the needs of the 120 residents. There were three activity coordinators in place Monday to Friday from 10am to 5pm. This was reduced at weekends to one activity coordinator from 2pm to 5pm.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had a directory of residents maintain, however, it did not contain all of the information set out in Schedule 3.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems were not fully effective to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- Audits completed did not identify key areas of non-compliance identified on the day of inspection, for example, infection control audits.
- The management oversight of residents' individual care needs, assessments and care plans, and access to healthcare was not fully effective. This is further detailed under Regulation 5: Individual assessment and care plan and Regulation 6: Healthcare.
- The oversight of staff practices was not fully effective. This was evidenced by staff not implementing infection prevention, and control procedures, safe storage of records and areas of repeated non-compliance. For example, out-of-date hand sanitizer was in use. In addition, they were accessible to residents which posed a risk of residents drinking it.

A review was required to ensure that the registered provider had allocated sufficient resources for effective delivery of care. This is detailed under Regulation 15: Staffing.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All incidents that were required to be notified to the Chief Inspector were notified.

Judgment: Compliant



## Quality and safety

Notwithstanding the efforts made by the nursing and care staff to provide a good standard of care to the residents, inspectors found that further improvements were required. These are discussed under their respective regulations.

Residents told the inspectors that they were happy living there and they felt safe. There was a safeguarding policy that detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. Training records indicated that all staff had completed safeguarding training. Inspectors spoke with staff on the day of inspection and they were aware of their role in protecting residents from abuse. The staff who spoke with the inspectors said that the safety of the resident was their priority. The provider was not a pension-agent for any residents.

Residents' with communication difficulties were supported to communicate freely by staff and had appropriate care plans in place to reflect their needs. However, care plans for other identified needs required review. This is discussed in further detail under Regulation 5: Individual assessment and care plan. From a review of residents' records it was evident that residents were afforded the opportunity to outline their wishes in relation to the care at the end of their lives, which included access to pastoral support.

Where residents required input from additional professional experts this was not always provided. This is discussed further under Regulation 6: Healthcare.

While all relevant information was obtained by the designated centre from the discharging hospital where residents' had a temporary absence, inspectors were not assured that all relevant information required about the residents being transferred was being provided to the receiving hospital.

There was a risk management policy in place in the centre which has been reviewed regularly and a safety statement was in place. The registered provider had ensured there was a plan in place for responding to major incidents.

### Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communications.

Judgment: Compliant

### Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 17: Premises

Some areas of the designated centre were not in accordance with the statement of purpose. For example;

- The treatment room was not utilised for its intended purpose. There was an armchair, three walking frames and two timber units stored here.
- The clinical store room was found to have Christmas decorations, 11 suitcases and boxes of previous residents clothing stored there.
- The quiet room was found to be used to store previous residents belongings.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- Decor in some areas, such as corridors, communal bathrooms and bedrooms, showed signs of wear and tear, with visible damage to floors, walls, doors, and door frames.
- Ceiling tiles in some areas, such as corridors and storage rooms, had brown staining on them.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

On review of a sample of residents' records where the resident was temporarily absent from a designated centre, inspectors found that there was no evidence that relevant information about the resident was provided to the receiving hospital.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a comprehensive risk management policy in place. This policy identified risks both potential and actual which assessed and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

## Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example:

- The crash mats and bed bumpers were observed to be unclean.
- Wagons were in use to transport full waste bags to bins, however, these were not on a cleaning schedule. One wagon was observed to be heavily stained with dirt debris in it.
- A store room had clean and dirty clinical equipment stored alongside each other.
- Store rooms throughout the centre had objects and boxes stored directly on the floor, which would impact the ability to effectively clean the area.
- Clinical equipment, for example two zimmer frames, were stored in an assisted communal bathrooms.
- A clinical room had non-clinical items such as, two bags, slippers, a small bag of clothes stored in the room.
- A number of chairs in a communal room and a residents bedroom were ripped, this would impact effect cleaning of the equipment.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Of the care plans reviewed, it was identified that they were not formally reviewed at regular intervals or when necessary and there were changes in residents' condition. For example:

- One resident's care plan had two different consistencies of food prescribed which may pose a risk to the resident receiving the incorrect consistency.
- Residents at high risk of developing pressure ulcers did not have the type or setting for each residents pressure relieving mattress to be set at

documented in the residents care plan. This may put the residents at undue risk of skin break down.

Judgment: Substantially compliant

### Regulation 6: Health care

An example was seen where a referral for an allied health professional had not been made in line with the providers policy. One resident had not been seen by the speech and language therapist since 2021. The resident's file indicated that the resident had difficulty swallowing food and fluids in May 2024. However, this resident was not re-referred to the specialist required.

The pressure relieving mattresses for residents at risk of compromised skin integrity were not set as per the resident's weight. For example:

- One resident who weighed 87.7kgs had their mattress set at 130kgs.
- One resident who weighed 84kgs had their mattress set at 100kgs.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff had completed safeguarding training and staff spoken with confirmed that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse. The inspector found that all reasonable measures were taken to protect residents from abuse. The registered provider was not a pension agent for any resident.

Judgment: 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	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Nazareth House OSV-0000149

Inspection ID: MON-0040596

Date of inspection: 16/09/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Director of Nursing has reviewed the Clinical nurse manager and nursing roster. The Senior nurse manager team will be extended to 8pm seven days a week. This will ensure clinical governance in the evenings and will include evening shift handover.</p> <p>The activity programme has been reviewed and the Director of nursing is carrying out an audit as to what activities the residents would like to have access to in the home. The activity schedule has been increased to a full day on Saturday.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:            The Director of nursing has carried out a full review of the Directory of residents. The current Directory of residents has been updated to ensure full compliance.</p> <p>The Director of nursing and the senior clinical team has implemented the VCARE nursing management system to move to the Directory of residents from the paper version to the VCARE which will ensure accuracy and real-time documentation at all times. This will be audited weekly to ensure robust governance of the directory in line with regulation.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a new audit system currently under development for Nazareth care called Vi-Clarity and that project will be implemented by January 2025.</p> <p>Care plans and assessments:</p> <ul style="list-style-type: none"> <li>• The director of nursing and the clinical team have reviewed all residents care plans. The dietary requirements have been audited and any residents that required a review from the dietician have appointments booked and care plans updated.</li> <li>• Residents with pressure relieving mattress have been reassessed and there is a mattress daily to ensure no change in settings.</li> <li>• Clean desk policy implemented and staff education on the safe storage of records.</li> <li>• All hand sanitizer that was near or past the use by date has been disposed of.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The Director of nursing has reviewed all clinical and non-clinical rooms with the Chief nursing officer and the floor plans brought back in line with the statement of purpose.</li> <li>• The head of maintenance and the Director of nursing are actioning the wear and tear of the center to include the damage to floors, doors and door frames. A project plan has been initiated for each unit and communal areas.</li> </ul>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> <li>• The V-care nursing system in operation in Nazareth house Dublin has the National transfer document on which nurses have received updated training. This document will be sent with the resident on transfer or discharge and a copy kept on the resident's file.</li> <li>• The CNM on each unit will audit the compliance as part of the audit schedule.</li> </ul>	



Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Nazareth house currently has one Infection control link nurse and there is a second nurse completing the Infection control course in order to ensure better governance within the home.</p> <p>All bed bumpers and roll out mats have been cleaned and are added to the cleaning schedule to ensure daily checks</p> <p>All store rooms have been cleaned and cleared of any inappropriate items including boxes on floors.</p> <p>An audit of furniture has been carried out and any chairs with rips removed and replaced.</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 senior clinical team supported by the Quality and compliance manager will audit all residents care plan and assessments. Director of nursing will ensure audit outcomes are actioned in a timely manner.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Residents care plan have been reviewed and updated regarding nutritional care plans.</p> <p>Residents mattresses are checked daily to ensure correct settings on the pressure relieving mattresses.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	25/11/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	25/11/2024
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	08/11/2024

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	08/11/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	06/12/2024
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.	Substantially Compliant	Yellow	06/12/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which	Substantially Compliant	Yellow	04/11/2024

	the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	08/11/2024
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	20/12/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Substantially Compliant	Yellow	20/12/2024

	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.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	25/11/2024