



**Health
Information
and Quality
Authority**

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:	Rosenalee Care Centre
Name of provider:	Rosenalee Care Centre Limited
Address of centre:	Poulavone, Ballincollig, Cork
Type of inspection:	Announced
Date of inspection:	27 November 2024
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0044270

About the designated centre

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

Rosenalee Nursing Home is a family run designated centre and is located within the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility with two lifts, chair stairs lift and separate stairs to enable access to the upstairs accommodation. 23 residents are accommodated upstairs and 43 residents reside downstairs. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas included dining rooms both upstairs and downstairs, day rooms, library quiet room, oratory, conservatory sitting room. There are additional seating areas at both entrances to the centre, by the corridor near the main entrance and at the nurses' station upstairs. Residents have access to an expansive paved enclosed courtyard with seating, parasols, garden furniture, raised flowerbeds and large bandstand. Rosenalee Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Wednesday 27 November 2024	09:10hrs to 17:40hrs	Siobhan Bourke	Lead
Wednesday 27 November 2024	09:10hrs to 17:40hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This announced inspection was carried out by two inspectors of social services over one day. Residents spoke very positively regarding their experience of living in Rosenalee Care Centre. The inspectors met with many of the residents living in the centre and spoke with 15 residents and five visitors during the day. Inspectors also spent time observing care practices and interactions between the staff and residents throughout the day. Feedback from residents was positive and residents praised staff for their dedication and kindness. One resident told the inspectors how they would "be lost without them" and another that staff, "couldn't be better." Based on the observations of the inspectors, and from speaking with residents, it was evident that the staff were committed to providing person-centred care to residents.

Rosenalee Care Centre is a family run, large two storey centre, located in the suburban town of Ballincollig and registered to accommodate 66 residents. Residents' private accommodation includes 23 single bedrooms upstairs and 43 residents reside downstairs in mainly single and a small number of twin bedrooms. The majority of bedrooms had ensuite showers and toilets and there was toilet and shower facilities in close proximity to bedrooms that were not ensuite. The inspectors observed that the centre was clean throughout, well-maintained and was warm and comfortable. Many residents bedrooms were personalised with family photographs and memorabilia. Residents told the inspectors that cleaning staff ensured their rooms were "spotless" and the inspectors saw that rooms were renovated as they were vacated and new flooring installed, when required.

The centre had a number of communal rooms, where residents could rest in private or enjoy social interaction with other residents and staff. There were two large dining rooms downstairs, a café style library, a cosy, homely, sitting room, a sun-room and a day-room. The library had access to a coffee machine, where residents and visitors could share a cup of tea or coffee together. Upstairs there was a large spacious day-room that overlooked the courtyard. There was plenty armchairs and couches throughout the centre in areas where residents could also sit and rest. Throughout the centre, corridors and walls were decorated with pictures and paintings and home style furniture to give the centre a homely feel.

The centre had a large well maintained courtyard garden with raised beds, mature plants and trees. The courtyard also had a band stand and a water-feature and was a very restful space for residents. Residents could easily access this area from the sun room or the day room on the ground floor.

Many of the residents were very complimentary regarding the quality and choice of food served in the centre. The inspectors observed the dining experience at lunch time. One resident told the inspector how they looked forward to the different meal choices and that the food was "delicious". Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, where necessary. Inspectors saw that food was well presented for

residents who required texture modified meals. The dining experience was observed to be a sociable one with residents and staff chatting together and enjoying their meals in an unhurried fashion. The inspectors saw that desserts were served separately and were brought to the dining room in a cold trolley after the main courses were served. The inspectors observed snacks and drinks being offered to residents during the day. Residents who chose to dine in their bedrooms told the inspector that they were happy with this arrangement and the food was served hot.

Visitors attending the centre, throughout the day of the inspection, were welcomed by staff. Residents and visitors were satisfied with the visiting arrangements in place. They confirmed that these arrangements were flexible. Inspectors observed many person-centred interactions between staff and residents during the inspection. Staff were observed to knock before entering residents' bedrooms and were observed to respectfully support residents with their mobility and care needs. Residents appeared well groomed in their own personal style and gave positive feedback regarding the laundry service in the centre.

During the morning of the inspection, many of the residents were watching mass, that was live streamed to televisions in their bedrooms, or some were watching mass on large televisions in the communal rooms. Following mass, a number of residents were participating in a knitting group, which they told inspectors they enjoyed. In the afternoon an external musician, who attended the centre every two weeks, provided a lively sing song and music session, which was attended by many of the residents. A small group of residents had written a song about the staff and their lives in the centre and residents sang this with the external musician. One of the residents also participated in making a newsletter for the centre, which shared national events, activities schedule and crosswords for residents to enjoy. Residents told the inspectors how they had been facilitated to vote earlier in the week for the upcoming national elections. A number of residents and their relatives told inspectors that the activities programme could be enhanced as it had previously been more varied. Minutes of the most recent residents' meeting from July 2024 also supported this finding, where more musical activities were requested. The provider acknowledged that the activities programme had been impacted by the resignation of activity co-ordinators and that a new member of staff had been recently appointed and was undertaking training relevant to the role.

As part of this announced inspection process, residents were provided with questionnaires to complete, to obtain their feedback on the service. In total, 11 surveys were received. Overall, residents and their relatives conveyed that residents were happy living in the centre and described a warm and cheerful atmosphere and how staff were exceptionally kind and caring. Three surveys indicated that more activities were required for residents living in the centre.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection, carried out over one day to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, findings of this inspection were, that this was a good service and a well-managed centre, where management and staff worked together to ensure residents received person-centred care and support. The management team was proactive and responsive to issues as they arose and many of the findings of the previous inspection had been actioned. Further action was required to ensure compliance as outlined under the relevant regulations.

Rosenalee Care Centre is operated by Rosenalee Care Centre Limited, who is the registered provider. There are four company directors, one of the directors worked as the general manager in the centre. There was a clearly defined management structure in place. The person in charge was in a full-time position and was supported in their role by an assistant director of nursing, a clinical nurse manager, a team of nurses, care staff, housekeeping, catering and administrative staff. A new activity co-ordinator had been recently appointed for the centre.

There was an appropriate number and skill mix of staff working in the centre to meet the assessed needs of the 58 residents living in the centre on the day of inspection. The provider ensured staff had training appropriate to their role. Oversight of uptake of training was monitored by the management team. The provider was implementing a new training matrix at the time of inspection. From a review of training records, it was evident that staff were up-to-date with mandatory training as required.

The provider ensured that there were effective management systems in place to monitor the quality and safety of care provided to residents. There was a schedule of audits in place including care planning, medication management, falls, infection control and hand hygiene. The inspectors saw that action plans were developed in response to audit findings.

An annual review of the quality and safety of care delivered to residents in 2023 was available in the centre for review.

Notifications were recorded electronically in the centre and from a review of these records, it was evident that incidents were notified in line with the regulation. The complaints procedure was displayed in the centre and residents who spoke with inspectors were aware how to make a complaint. However, action was required to ensure that all complaints were recorded and that written responses were provided to complainants in line with the regulation as outlined under Regulation 34 Complaints procedure.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. They were actively engaged in the governance and day-to-day operational management of the service. It was evident to inspectors that the person in charge was knowledgeable regarding residents needs and preferences.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 58 residents living in the centre on the day of inspection. There was a minimum of two registered nurses working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training in both face to face and online formats. Small group face-to-face sessions on infection control and safeguarding had recently commenced and the person in charge outlined plans that these were to increase for the coming year. The provider was in the process of implementing a new training matrix in the centre to monitor staff uptake of training. Staff were appropriately supervised in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there was a clearly defined management structure in place and staff who spoke with inspectors were aware of their roles and responsibilities. There were effective management systems in place to monitor the quality of care provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose. An annual

review of the quality and safety of care provided to residents in 2023 was prepared and available for review.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure compliance with the regulation as evidenced by the following;

From a sample of complaints reviewed, complainants were not always provided with a written response, outlining whether complaints were upheld, if any improvements recommended and the details of the review process as required in the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents living in Rosenalee Care Centre were provided with a good standard of care by kind and dedicated staff who were responsive to their needs. Residents' health and social care needs were well met through good access to health care services and received person-centred and safe care. Some action was required in relation to care planning and residents' rights as outlined under the relevant regulations.

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from a local practice and a physiotherapist was on site three days a week to provide assessments and treatment to residents. There was evidence of appropriate referral to and review by health and social care professionals where required. There was evidence of timely access to tissue viability expertise as required. Each resident had a nutritional assessment completed using a validated assessment tool. Residents

were weighed regularly and any weight changes were closely monitored. Where weight loss was identified, the nursing staff informed the general practitioner and referred the resident to a dietitian.

The provider had recently implemented a new nursing and healthcare electronic record system. Inspectors reviewed a sample of records and saw that validated assessment tools were used to support the development of care plans for residents. While each resident had a care plan in place, care plans were not always reviewed, following a change in the residents' condition. Consequently, care plans were not always reflective of the resident's care needs. These and other findings are further detailed under Regulation 5 Individual assessment and care plan.

There was a low use of restrictive practices evident in the centre and the person in charge promoted the use of alternatives such as low-low beds and sensor mats. Residents told the inspectors that staff respected them in the centre. Staff were observed to speak with residents in a kind and respectful manner and to ask for consent prior to any care interventions.

The centre was laid out to meet the individual and collective needs of residents and was in line with schedule 6 of the regulations. The inspectors saw that many residents' bedrooms were personalised and there was a programme of ongoing maintenance in the centre.

The clinical nurse manager working in the centre was assigned as the clinical lead for infection prevention and control and had completed the link nurse course as recommended in the national standards. There was evidence of good oversight and monitoring of healthcare-associated infections, such as MDROs in the centre. There was good resources available for cleaning in the centre and inspectors saw that residents' bedrooms and communal areas were visibly clean. Residents confirmed that their rooms were cleaned daily. Action had been taken by the provider to ensure that cleaning trollies and supplies were appropriately stored and hand signage had improved since the previous inspection. Action was required in relation to alcohol dispensers as outlined under Regulation 27 Infection Control.

The provider ensured that daily and weekly fire safety checks were completed. Personal emergency evacuation plans were in place for each resident and updated four monthly or if a resident's condition changed. There were regular fire drills and simulations of compartment evacuations to ensure all staff could respond safely in the event of a fire in the centre.

Residents had access to advocacy and a representative from the National Patient Advocacy Service had attended the centre during the summer. On the day of inspection, the inspector saw that there were activities such as a knitting club and an external musician provided a lively music session in the evening for residents. While residents meetings were held in the centre in January and July, the frequency of these meetings was not in line with the statement of purpose where they were to be held every two months. Feedback from residents and their relatives was that improvement to the variety and availability of activities required improvement as outlined with other findings under Regulation 9 Residents' rights.

Regulation 10: Communication difficulties

The inspectors saw that residents, who required assistance with their communication needs, were supported by staff and appropriate assessments and referrals, where required, had been completed.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw numerous visitors attending the centre during the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. The premises and external courtyard garden were well maintained with freely accessible outdoor spaces for residents and their relatives. The design and layout of the centre ensured that there were plenty communal and private spaces for residents' use along with their bedrooms. The inspectors saw that many bedrooms were personalised. There was a programme of ongoing maintenance in place and as bedrooms were vacated, they were renovated and decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors saw that residents were offered a choice of courses for the lunch time meal and many residents were complimentary regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents who required assistance received it in an unhurried and respectful

manner. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed in a timely manner.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. There was a major emergency plan in place for the centre should a major incident occur.

Judgment: Compliant

Regulation 27: Infection control

As found on the previous inspections, dispensers containing alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had a fire safety policy in place and annual fire training was provided for staff. Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. The provider ensured regular fire evacuation drills were practiced in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Action was required where residents were supported by staff to self administer medications. For example, the centre's policy did not contain sufficient detail to guide staff with this practice. There was inconsistency with administration records

and oversight of storage of medications for these residents, which may result in errors in care.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some action was required in individual assessment and care planning to ensure that residents' documentation reflected their care requirements and could direct care delivery. For example:

- Care plans were not always updated to reflect changes in care needs such as recommendations by a dietitian
- Responsive behaviour care plans did not contain sufficient detail to guide care and inform the staff of triggers to responsive behaviours and of de-escalation methods for staff to use to aid and support the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Records reviewed showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents' clinical care by management. Residents had timely access to a General Practitioners and there was evidence of regular reviews. Residents were also supported with referral pathways and access to allied health and social care professionals such as a dietitian, speech and language therapist and chiropodist as required. A physiotherapist attended the centre three days per week and an occupational therapist attended monthly. Wound care practices were seen to be in line with evidence based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of bedrails and sensor equipment in use since the previous inspection and were focusing on moving towards a restraint free environment. Where restraint was used the inspectors found residents were assessed appropriately and it was used in line with national policy. Staff were up-to-date with training in responsive behaviours. The inspector observed staff providing person-centred care and support to residents who experience 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).

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed to achieve full compliance with residents' rights:

- The frequency of residents' meetings was not in line with every two months as detailed in the statement of purpose. Residents' meetings had been held twice in 2024 in January and July 2024.
- While frequent surveys were undertaken to seek feedback from short stay residents, the same opportunity was not provided to long term residents. These meetings and surveys are required to ensure residents are consulted about and participate in the organisation of the centre.

Feedback from residents and relatives to inspectors and from review of minutes of residents' meetings was that facilities for residents' occupation and recreation and opportunities to participate in activities was limited and could be enhanced in particular in relation to more live music in the centre and dementia specific activity programmes.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0044270

Date of inspection: 27/11/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We have updated our policy to address this requirement fully. The recommendation has been implemented, and providing written responses is now part of our standard procedure.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We acknowledge the importance of reducing the risk of contamination and appreciate your recommendation to transition to disposable single-use cartridges.</p> <p>We are pleased to inform you that we have decided to implement this change. The transition will be carried out gradually to ensure minimal disruption, and we will replace the existing refillable containers with disposable single-use cartridges as recommended.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Our medication self-administration policy has been updated to provide clearer guidance for staff. Additionally, all nursing staff have been familiarized with the updated policy to ensure consistency in administration records and oversight of medication storage for these residents

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 We have implemented ongoing training for all relevant staff to enhance their understanding of comprehensive care planning, ensuring updates are made promptly to reflect changes in care needs, such as dietitian recommendations. Furthermore, our training emphasizes the development of detailed responsive behavior care plans, including identifying triggers and outlining de-escalation strategies to support residents effectively.

To further strengthen our approach, we have introduced regular audits of care plans to ensure their accuracy and completeness. Additionally, we have appointed a care planning lead to oversee compliance and provide support to staff in creating individualized and detailed plans.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 A schedule for residents' meetings has been developed for the year ahead.
 Our feedback forms are currently under review going forward, feedback forms will be distributed equally to both long-term and short-term residents to ensure all voices are heard and considered.

We are reviewing our activity programs based on resident feedback and plan to introduce different activities to better meet the needs and preferences of our residents.



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 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	19/05/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	06/01/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Substantially Compliant	Yellow	06/01/2025

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	20/01/2025
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	25/02/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities	Substantially Compliant	Yellow	03/02/2025

	for occupation and recreation.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	20/01/2025