



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0038861

About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10 minutes drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 42 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 January 2023	09:15hrs to 17:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the provider, person in charge and staff were working to enhance the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with a number of residents over the course of the inspection and spoke with four residents in more detail. The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff.

On arrival to the centre, the inspector was met by the person in charge who ensured that all necessary infection prevention and control measures, including hand hygiene were completed prior to accessing the centre. The front door was restricted and only accessible by a key code. Residents could come and go as they pleased but would require the assistance of staff to enter or exit. CCTV cameras monitored all exit doors and the corridors within the centre and there was a sign advising visitors and residents of this. Alcohol hand gel was available on entry at the front door and at regular points throughout the centre. The centre was in the process of installing hand hygiene sinks at various locations throughout the centre. An opening meeting was held with two of the directors, one of whom is also the person in charge. This was followed by a tour of the centre.

Woodlands Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in a rural area, close to the village of Dundrum, Co. Tipperary. It is a single storey facility that was originally a school that has been renovated and extended to reach its current capacity of forty two residents. Bedroom accommodation comprises sixteen single and thirteen twin bedrooms. Seven of the single rooms and one twin room are en suite with shower, toilet and wash hand basin. The remaining bedrooms have wash hand basins in the room and residents in these rooms share access to communal bathrooms.

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Residents appeared calm and relaxed as they spent time sitting in various communal areas throughout the day. Some residents chose to spend time in their bedrooms or quieter areas but were content to do so. Staff were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed.

There are various communal spaces within the centre, including a large sitting room with an adjacent dining room, a sitting room used as a quiet room, a second dining room and a visitors' room. There was also an activities' room, but this is mainly used to store activity related equipment. Residents also had access to two secure outdoor spaces should they wish to spend time outside.

Throughout the inspection, the inspector noted that the person in charge and staff

were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided.

A resident meal service was observed. The inspector observed that most residents had their meals either in the dining rooms and the sitting room but could have their meals in their bedrooms if they wished. Residents expressed satisfaction the quality and quantity of food provided in the centre. The inspector saw that residents were provided with a choice of food from a menu that was on display in the dining room but were also facilitated to have food that was not on the menu that day. Staff were observed supporting residents with their meals in a kind and caring manner.

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.

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a stable and dedicated team of staff that ensured that residents benefited from good continuity of care from staff who knew them well. There were adequate staff on duty during the day of this inspection. Adequate arrangements were in place for the supervision of staff. The inspector examined staff training records to ascertain if all staff had up-to-date training in areas to support them in their respective roles. While there was a high level of attendance at training, a number of staff were overdue attendance at some training. This is outlined under Regulation 16 of this report.

Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. The management team consists of a suitably qualified person in charge, a general manager and an assistant director of nursing. They were supported in their role by a team of nurses, healthcare assistants, domestic, activity and catering staff. Lines of authority and accountability, and roles and responsibilities were clear and understood by all staff. Staffing numbers and skill mix on the day of inspection were appropriate, to meet the individual and collective need of the residents, and with due regard for the layout of the centre.

There were systems implemented to monitor the service. A schedule of audits was being carried out in areas such as infection control, call bells and care planning. The registered provider had written policies and procedures as required under Schedule

5 of the regulations. A review of the accident and incident log indicated that most but not all notifications required to be submitted to the office of the chief inspector were not submitted within the required time frame. This is outlined in more detail under Regulation 31 of this report.

The inspector found that the information and records required by Schedule 2, 3 and 4 of the regulations were available for review. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place for all staff prior to commencement of employment. Staff personal files reviewed were predominantly maintained in line with the requirements of the regulations, however, some improvements were required. These are outlined under Regulation 21 of this report.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted all of the required information in support of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge of the designated centre. The person in charge is also a director of the provider organisation. She is a registered nurse and has the required experience and qualifications to be person in charge.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed that there were adequate numbers and skill-mix of staff to meet the care needs of residents. The provider was requested to keep staffing levels under review to ensure the needs of residents could be met at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff had attended refresher training in the areas of:

- the practical element of manual handling training
- safeguarding of vulnerable adults
- fire safety

Judgment: Substantially compliant

Regulation 21: Records

A sample of four personnel files found that references had not been obtained from previous employers for one member of staff and there were incomplete histories of employment for two members of staff.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure, where lines of authority and accountability were clearly defined. Monitoring and oversight systems had been put in place to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans evidenced an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose was revised and updated to reflect all of the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all notifications required to be submitted in accordance with the regulations had

been submitted within the required time frame. For example:

- a notification was not submitted in relation to an incident involving a resident that required immediate medical attention
- quarterly notifications for the period July to September 2022 had not been submitted

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as listed in Schedule 5 of the regulations were readily accessible on the day of the inspection. All had been reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were appropriately supported to live a good quality life and that their care and welfare needs were being met. Residents told the inspector that they were happy with the care they received in the centre. Care plans predominantly described residents' needs, the interventions to meet those needs and were written in a person-centred manner. However, the inspector found that wound care plans did not provide adequate detail on the management of individual wounds. Improvements were also required in the areas of the premises, fire safety, infection control and consultation with residents.

Residents had good access to a GP of their choice. Residents had access to allied health professionals, either through community services or privately where there were long delays in the public system. Referrals were seen to be made in a timely manner to specialist services such as psychiatry of later life. While there was access

to a wound care specialist through a nutritional supply company, this was not availed of in all instances for residents that had complex wounds. This is described in more detail under Regulation 6 of this report.

Residents told the inspector that their rights were respected in the centre. All residents seen on the day of the inspection were well dressed and were wearing appropriate clothing. Staff were observed to talk to residents in a kind and respectful manner. Staff were seen knocking on residents doors before entering. Residents were observed to be consulted and asked for consent prior to care intervention. Staff were aware of residents needs and were able to talk to residents in an informed manner, which aided the quality of the communication. Residents meetings were observed to be infrequent and therefore consultation of the day to day operation of the centre could be enhanced. This is discussed under Regulation 9.

The provider was working to ensure that restrictive practices were kept to a minimum and where they were introduced, they were reviewed on a regular basis. Throughout the day residents were seen to mobilise freely around the centre according to their daily routines. Residents had unrestricted access to an internal courtyard, however, due to inclement weather residents did not use the outdoor space on the day of the inspection.

There was good knowledge among most staff with regard to actions to take in the event of a fire emergency, this was reinforced by regular fire training, fire drills and participation in simulated fire evacuations. However, not all staff were familiar with progressive horizontal evacuation in accordance with the centre's evacuation procedure. There was also a need to ensure that fire evacuation maps accurately reflected the fire safety compartments. Records regarding the maintenance of fire safety equipment, fire alarm and emergency lighting were up to date and available for the inspector to review. Personal emergency evacuation plans (PEEPS) were in place for all residents and were kept under review. There was also signage on each bedroom door to quickly identify the evacuation needs of each resident.

The premises was generally well-maintained and clean. Systems were in place for the ongoing maintenance of equipment such as beds and hoists. There were some general maintenance issues in relation to the centre such as broken tiles and the incomplete fishing of a door surround. This is discussed under Regulation 17. Residents' clothing was laundered by an external laundry and adequate arrangements were in place for the safe return of their clothes. Residents were seen to have adequate storage for their personal belongings in their bedrooms. Staff facilitated a variety of activities throughout the day,

Generally, were good standards of infection prevention and control interventions found on this inspection, however, some improvements were required to ensure full compliance with infection prevention and control guidance. Staff were found to use standard precautions in accordance with national guidelines. Regular monitoring and oversight at governance meetings maintained vigilance and good practice in this area. The disposal of incontinence wear following personal care required review. There was also a need to review the use of the sluice room for replenishing the

cleaning solution in the mop bucket.

A safeguarding policy was in place, and residents were aware of who to speak to should they have a concern. Adequate arrangements were in place for the management of residents' finances.

Regulation 17: Premises

Some improvements were required to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. For example:

- there was no handrail surrounding one toilet to assist residents with a mobility impairment
- there was some damage to the surround of one of the exit doors
- there was some damaged tiles on one of the walls

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register in place which met the requirement of the regulations. For example, specific risks as outlined in the regulation such as aggression and violence, and associated measures and actions to control this risk, were included. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events were evident. The provider maintained a register of risks which identified risks in the centre and the control measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that the centre was fully compliant with infection control guidelines. For example:

- the wash hand basin in the cleaners room had evidence of dust
- cleaning staff topped up their mop buckets in the sluice room, which posed a risk of cross contamination
- a number of sanganic bins did not have lids
- there was a programme of upgrade underway to provide clinical wash hand basins at suitable locations around the centre. The newly installed wash hand

basins did not fully comply with HBN 00 - 10 requirements. The provider was requested to conduct a risk assessment to ensure the new wash hand basins were suitable for use in the centre

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety, including:

- the fire alarm system had recently been upgraded and new evacuation maps were on display in the centre. Some of the old maps were also on display and did not accurately reflect the fire zones
- there was a need to ensure that fire safety training was facilitated by a person suitable qualified to deliver this training

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a need to ensure that care plans provided adequate guidance on the care to be delivered for all aspects of care, such as wound care.

Judgment: Substantially compliant

Regulation 6: Health care

Action was required in relation to the management of wounds. For example, dressing changes were not always carried out in accordance with the dressing change schedule, where this was in place. Some residents would benefit from referral and review by a wound care specialist to ensure that optimal wound care is being provided.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Records and practices observed on the day of the inspection demonstrated that responsive behaviours were managed in the least restrictive way. Assessments and care plans for restraints were completed and seen to be used in accordance with the current national policy. The use of restraint was under constant review through regular restraint reduction meetings.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that An Garda Síochána (police) vetting disclosures were secured prior to staff commencing employment, for the protection of residents. The provider was pension agent for four residents and adequate banking arrangements were in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure arrangements were in place for the consultation of residents with regard to the day to day operation of the centre. Records were available for two residents' meetings in 2022. One was held in November and was attended by four residents and the other was held in August and was attended by thirteen residents. The system of consultation could be enhanced through more

frequent meetings and the addition of resident and relative surveys.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Woodlands Nursing Home OSV-0000304

Inspection ID: MON-0038861

Date of inspection: 05/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We have an extensive training program for all staff in place and will endeavor that all staff are up to date in all mandatory and desired trainings. We will follow up on our audits to ensure compliance. We will ensure that all outstanding staff have completed their trainings.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The reference for the new employee has now been received. Employment histories will be updated to include employment between ages 18-23 for those that are missing.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We have always returned notifications on time and to ensure this doesn't happen again we have set an alert and involved the ADON to flag the requirements of notification in the future</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The handrail around the toilet will be replaced. The exit door will be fixed. The tiles will be replaced.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: We will install a new mop sink for cleaners' use and hand wash basin in the cleaners' room that complies with regulations.</p> <p>We will purchase new Sengenic bins with lids.</p> <p>We have carried out a risk assessment of the new HWS to ensure suitability. Any new sinks purchased will be of HBN 00-10 standard.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have audited all fire maps to ensure that only current maps are on display We have sourced a qualified trainer to provide training</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 We agreed with the inspector that the Wound care plan did not provide enough guidance for staff to accurately follow guidance. We have reviewed all our wound care documentation and ensured that this is clearer and in line with best practice.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 We have since reviewed our wound care plans to outline a clearer plan and schedule of dressing changes. The resident concerned has been reviewed by a Tissue Viability Nurse

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 We will ensure that meetings with residents are held Monthly. We will develop a resident survey to improve care

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/03/2023
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	01/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	01/02/2023
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	01/04/2023

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	01/04/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	01/04/2023
Regulation 31(1)	Where an incident	Substantially	Yellow	01/02/2023

	set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Compliant		
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	01/02/2023
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	01/02/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	01/02/2023

	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 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	14/03/2023