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:	St Kieran's Care Home
Name of provider:	Laurel Lodge Nursing Home Ltd
Address of centre:	The Pike, Rathcabbin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0005584
Fieldwork ID:	MON-0036965

About the designated centre

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

St. Kieran's nursing home is a single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 23 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining and day rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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
Wednesday 1 June 2022	09:45hrs to 17:15hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and took place over the course of one day. On arrival to the centre the inspector was met by a member of staff. The inspector was informed that the person in charge had worked the previous night so was not present in the centre, however, she did return later in the morning. The previous inspection of this centre was conducted in October 2021 during which time the centre was in the midst of a significant outbreak of COVID-19. At that inspection many of the staff were new to the centre, either redeployed from the HSE or were employed through an agency as a large number of the centre's own staff had tested positive for the virus. Significant improvements were required following that inspection and this inspection was conducted to ascertain if required improvements had been implemented.

Overall, the inspector found that the residents living in the centre were very well cared for and supported to have a good quality of life. The atmosphere was relaxed and calm on the day of the inspection. Staff were observed to be compassionate and respectful towards residents. The inspector spoke with a large number of residents, predominantly in the sitting rooms, but also met with some residents in their bedrooms. Many of the residents who spoke with the inspector said they were content and happy with life in the centre.

St. Kieran's Care Home is a two storey premises located in a rural area of north Tipperary, not far from the Galway and Offaly borders. The centre is registered to provide care for 23 residents. There were nineteen residents living in the centre on the day of the inspection. All resident' accommodation and communal areas are on the ground floor. There are some staff facilities on the first floor but much of this area is currently unused. Bedroom accommodation comprises nine twin bedrooms and five single bedrooms. One bedroom has an en suite toilet and all other bedrooms share communal bathroom facilities.

Significant improvements were noted in the premises and it was seen to be in a good state of repair. A comprehensive infection control audit, which included an audit of the environment, had been conducted by an external consultant in November 2021. It was apparent that many of the required improvements identified in that audit had been addressed.

Throughout the day, most residents were observed to spend their day in the sitting room but were also seen to mobilise freely around the centre. The provision of care was observed to be person-centred and unhurried and there was a calm atmosphere present throughout the centre. Staff knew the residents well and provided support and assistance with respect and kindness.

There was an activities programme and there was a staff member allocated to the role of activity coordinator on a daily basis. The inspector saw residents enthusiastically participating in the programme of activities scheduled on that day.

Most residents had their meals in the dining room and mealtimes were seen to be sociable occasions. Overall residents were complimentary about the food and said they were offered choice at all meals. Food was seen to be attractively presented, including modified diets.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management systems in place were not effective to ensure the quality and safety of care provided to residents and to ensure compliance with the regulations. In particular, adequate systems were not in place to monitor the quality and safety of care delivered to residents. While many of the required actions required to minimise risks found on the previous inspection had been addressed, some action was still required by the provider to ensure the safety of residents living in the centre at all times.

The registered provider of St. Kieran's Care Home is Laurel Lodge Nursing Home Limited, a company comprising two directors. The management structure was clear with the management team consisting of a person in charge and a clinical nurse manager. However, the clinical nurse manager had recently resigned and had not yet been replaced.

Improvements were required in relation to governance and management arrangements to ensure that the quality and safety of care was appropriately monitored. Significant gaps were found in the audit system and there was no schedule of audits in place to ensure that risks were identified and addressed. An annual review of the quality and safety of care delivered to the residents in 2021 had been prepared and was available for the inspector on the day of inspection. While there were adequate numbers and skill mix of staff working in the centre on the day of the inspection, there was a need to ensure that the centre was adequately resourced with staff so that management did not have to work night duty to cover gaps in the roster. The person in charge informed the inspector that recruitment of nursing and care staff was ongoing in the centre to replace staff as vacancies arose and newly recruited nursing and healthcare assistants were anticipated to commence working in the centre in the weeks following the inspection. Staff spoken with had good knowledge of each resident's individual needs.

While there was programme of training underway and efforts were being made to ensure all staff had attended training relevant to their role, there were gaps in training in mandatory areas. Training was both provided online and face to face by an external training provider. Training had been provided to all staff in infection

control, hand hygiene and in donning and doffing of personal protective equipment (PPE).

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced a significant outbreak in October 2021 that impacted a number of residents and staff. Following the outbreak,an outbreak report was completed as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents on an individual basis within the centre was adequate, however, there was no audit conducted to identify trends in incidents as an opportunity for quality improvement. A review of the incident log maintained at the centre indicate that relevant incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. Residents were surveyed to seek their views on the running of the centre and their experience of living in the centre.

Regulation 14: Persons in charge

There was a person in charge who had the relevant experience and qualifications in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff were overdue attendance at training in mandatory areas of fire

safety and safeguarding residents from abuse.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of staff files indicated that a full employment history was not available for all staff.

The staff roster did not accurately reflect the staff on duty on the day of the inspection. The roster indicated that the person in charge was on duty, even though she had been on night duty on the previous night.

Judgment: Substantially compliant

Regulation 23: Governance and management

Significant improvements were required in relation to governance and management. For example:

- there were inadequate arrangements in place for the oversight and monitoring of the quality and safety of care delivered to residents. Since the last inspection conducted in October 2021 only one audit had been conducted and audits had not been conducted in high risk areas such as medication management, accidents and incidents or care planning
- while there was a comprehensive infection control audit, an action plan was not available to identify the person responsible for implementing each action in the plan, a date by which the action should be completed or sign off when the action was completed
- improvements were required in relation to staffing resources. The person in charge had worked night duty on the night prior to the inspection as there was a gap in the night duty roster due to inadequate number of nursing staff
- a clinical nurse manager had recently submitted their resignation and a replacement had not been identified. Due to the person in charge working night duty, the staff nurse working day duty was also responsible for overseeing the operation of the centre in the absence of a nurse manager

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. The complaints procedure was on prominent display. A review of the complaints log identified that one complaint had been record since the last inspection. A review of this record indicated that it was investigated and the outcome of the complaints process was relayed to the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were recently reviewed and updated. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents living in the centre were supported to have a good quality of life. There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspector found that while improvements had taken place since the previous inspection, improvements were required in relation to medication management, wound care records, fire safety and infection control.

In general, residents' health care needs were met to a good standard. There was a need, however, to ensure that adequate records were maintained of blood glucose monitoring. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy,and tissue viability nurse. Residents' records indicated that a comprehensive assessment was carried out for each

resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. While there was generally evidence of good assessments and care planning in in place, this was not the case for wound care assessment and care planning records. This is discussed in more detail under regulation 5 of this report.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The inspector observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome.

In general, residents' rights were protected and promoted. Individual choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to advocacy services if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre, however, visitors were not aware that visits did not need to be scheduled in advance.

The inspector saw that the centre was generally clean and significant improvements had been made in relation cleaning practices. There was a dedicated team of housekeeping staff and adequate procedures were in place to ensure that the centre was clean. While hand hygiene facilities had been enhanced since the last inspection through the installation of new wash hand basins for staff, these did not comply with recommended specifications for clinical wash hand basins. Laundry was now outsourced, which mitigated the previously identified risk associated with inadequate design and layout of the laundry area.

The inspector saw that fire fighting equipment was located throughout the building. Emergency exits were observed to be free of obstruction. Fire safety systems were supported by a fire safety policy. The fire alarm, emergency lighting and fire extinguishers were serviced in accordance with the recommended schedule of preventive maintenance. While there were regular checks of fire safety equipment, records of all of these checks were not always maintained. Staff spoken with knew the residents and their evacuation requirements and how to respond in the event of a fire in the centre. Frequent fire drills were carried out in the centre, however, these could be enhanced to through conducting a simulated full compartment evacuation based on the actual evacuation needs of each resident in that compartment. It was identified on a previous inspection that only residents that did not require evacuation aids, such as a ski sheet, could be accommodated in bedrooms A and B, due to difficulty in manoeuvring evacuation aids onto a narrow corridor. Personal evacuation plans for the residents currently occupying these bedrooms indicated that both residents could be evacuated without the need of an evacuation aid.

Regulation 11: Visits

Visitors were seen to come and go throughout the day of the inspection. While the inspector was informed that visitors did not need to schedule visits in advance, discussions with visitors indicated that they were not aware that visits did not need to be scheduled.

Judgment: Substantially compliant

Regulation 17: Premises

Significant improvements were noted in the premises. It was clean and in a good state of repair throughout. There was adequate communal space and a large number of residents were seen to spend their day in the main sitting. Residents also had ready access to outdoor space and some residents were seen to avail of this on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

A review of the accident and incident log found that incidents were documented, and actions to address learning identified following an incident.

Judgment: Compliant

Regulation 27: Infection control

A number of designated wash hand basins had been installed since the last inspection, however, these did not comply with recommended specifications for clinical wash hand basins.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there were frequent fire drills conducted, these were usually a component of staff training. The fire drill did not incorporate the simulated evacuation of an entire compartment to ensure that all residents could be evacuated to a place of relative safety in a timely manner.

The inspector was informed that the fire alarm was sounded weekly to ensure it was functioning appropriately, however, records were not maintained of these checks

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in relation to medication management, including:

- prescriptions were transcribed by nursing staff electronically and it was indicated on the prescription that it was checked by the pharmacist. While the nurse and the pharmacist's name were printed on the prescription, neither person signed the prescription to verify that it had been transcribed or checked by them
- transcribed prescriptions that were used to administer medicines did not always correlate with original prescriptions
- some transcribed prescriptions were not signed by the prescribing doctor

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in relation to assessment and care plan records associated with wound care. For example:

- wound care plans were not maintained detailing clear instructions for the management of wounds
- adequate records were not maintained of each wound dressing change, including an objective assessment of the wound

Judgment: Substantially compliant

Regulation 6: Health care

Records of blood glucose testing for residents with diabetes that were prescribed insulin were not always maintained

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful.

The centre was not pension agent for any residents. Staff spoken with were knowledgeable of what to do should a resident make an allegation of abuse. When there were allegations of abuse, these were investigated and safeguarding measures put in place while the investigation was underway. Residents had access to the services of an advocate and contact details were on prominent display in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted with residents through survey and regular residents meetings, on the organisation of the service

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Kieran's Care Home OSV-0005584

Inspection ID: MON-0036965

Date of inspection: 01/06/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: -Onsite training continues, with at least one training session per week. The current schedule sees all current employees having attended all mandatory training modules before July 31st.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Personnel files for all current employees have been reviewed and will be updated to ensure compliance with Regulation 21. -Responsibility for the regular updating of the staff roster in response to staff absences, shortages and sick leave has been delegated to the nurse on duty at the time of notification of such absences. July 1st	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
-A comprehensive, user-friendly auditing schedule has been introduced with responsibility for the completion of audits delegated to all department leads, along with the Person-in-Charge, with continuous oversight by the PIC.

-Following this inspection one full-time staff nurse and one relief staff nurse have joined our team. The process of replacing our Clinical Nurse Manager has become with an internal recruitment process and we expect this to be successful. July 31st

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
-Our visiting policy now reflects public health guidelines, and all family members/ nominated representatives have been informed accordingly. June 03rd

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Current hand-washing sinks for clinical use were installed due to space constraints and meet IPC guidelines (ie taps are elbow operated, there is no overflow point to prevent backflow of soiled water and stoppers are not in use). The taps are connected to the sink rather than wall-mounted, and this appears to be the only issue re compliance with guidelines.

Following consultation with HSE IPC CRST lead the following was confirmed, and as such sinks deemed to meet requirements:
-These sinks are dedicated to hand-hygiene for staff only and are easily accessible,
-Hand soap and paper towel dispensers are located at each sink, along with the means to dispose of used paper towel effectively,
-The cleaning of these sinks is incorporated into the current cleaning regime.
July 5th
When the centre is extended and renovated, new sinks installed will mirror those pictured on the current guidelines.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: -Records within the fire safety folder are now maintained in line with regulations, and will continue to be so, -Weekly fire drills are conducted, including the simulated evacuation of full compartments. June 8th	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: -All drug kardex' are now handwritten and co-signed by two staff nurses. New prescriptions are signed by the resident's nominated GP within 72 hours of receipt of said prescription, in line with local policy. All drug kardex' are reviewed and signed by both the resident's GP and pharmacist on a quarterly basis. June 8th	
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: -Nursing staff have been scheduled to attend formal training in resident's records, including wound care management and care plan development. July 31st	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: -Nursing staff have refamiliarized themselves with our policy in relation to the care of residents with a diagnosis of diabetes mellitus, and blood glucose levels for these residents are recorded in line with that policy. July 31st	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	03/06/2022
Regulation 11(2)(a)(ii)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless the resident concerned has requested the restriction of visits.	Substantially Compliant	Yellow	03/06/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022

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.	Substantially Compliant	Yellow	01/07/2022
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	31/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2022
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	Substantially Compliant	Yellow	05/07/2022

	staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	08/06/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/06/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	08/06/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	31/07/2022

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/07/2022