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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Fairy Hill Nursing Home
Name of provider:	Fairy Hill Nursing Home Limited
Address of centre:	Kennel Hill, Anabelle, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0005681
Fieldwork ID:	MON-0039485

## About the designated centre

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

Fairy Hill Nursing home is a designated centre registered to provide care to 22 residents. The centre is a split-level building situated on the outskirts of Mallow town and close to all local amenities. It is set in well-maintained grounds and has an enclosed courtyard with plants and garden furniture for residents' use. Bedroom accommodation includes a mixture of single and twin bedrooms some with en-suite toilet facilities, others with bathrooms in close proximity. Communal accommodation is provided in a choice of two lounges, a conservatory and a bright dining room. The centre provides residential care predominately to people over the age of 65. Twenty four hour nursing care is provided supported by a team of care staff, cleaning and laundry staff. Medical and other healthcare professionals provide ongoing health care for residents in the centre. The centre is owner-managed and the management team strive to provide a person-centred "home from home".

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

Number of residents on the date of inspection:	19
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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 8 March 2023	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

According to residents and relatives Fairy Hill Nursing Home was a good place to live where residents were facilitated to avail of comfortable accommodation and maintain their independence. On arrival at the centre the inspector observed that 12 residents were having breakfast in the dining room where a staff member was supporting those who required additional supervision. Additionally, three residents were sitting in the large comfortable sitting room which was cosy and lit with lamps and soft lighting adding a warm atmosphere. The inspector observed that staff were kind and saw that the rights of residents were respected in how they addressed residents. The inspector spoke with all residents, and with four residents in more detail to ask them about their experience of living there. The responses were all positive. A number of family members who were visiting on the day also praised the care, the management and the staff.

This inspection was unannounced. Having following the infection prevention and control measures including mask wearing and hand hygiene the inspector attended an opening meeting with the assistant person in charge and the provider. Following this, the inspector was accompanied on a tour of the premises. There was a busy morning atmosphere palpable with residents walking independently or being accompanied to and from their bedrooms and the dining room. Residents and staff were seen to chat and laugh together obviously enjoying each others company.

The centre was homely and nicely decorated. New stylish furniture had been purchased for the entrance foyer and this area was popular with residents who liked a quiet space or private visit. There were a number of hand sanitisers, for infection control purposes, in each hallway and staff and visitors were seen to use these regularly throughout the day. Nineteen residents were living in Fairy Hill nursing home on the day of inspection with three vacant beds. Two of these vacant beds had already been booked for new residents, both of whom had been on the waiting list. The provider stated that the new residents had visited the centre in advance of admission. Residents' bedroom accommodation was comprised of single and double bedrooms. A number of bedrooms had en suite toilet and wash hand basin while all residents shared three showers and other communal toilets. Bedrooms had been decorated with personal items from residents' homes such as an armchair, pictures and a bookshelf seen in one room. Resident said they were happy with their accommodation and felt they had adequate privacy.

Residents meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as infection control, food choices, events, visits and staffing were discussed with them. In a small sample of survey results reviewed the inspector saw that residents' felt their rights were respected in relation to their daily choices and residents and their families had been consulted about relevant issues. Comments such as "I am content living here" and "great care is given", were expressed by residents to the inspector. Residents confirmed

attendance at the meetings and also said that staff spoke with them daily to answer their questions and provide daily news.

The inspector observed that there was a good activities programme in place and residents were aware of the day's programme. There were two staff members allocated to the role of activity coordinators from the staff on duty each day. They were enthusiastic about the role, and it was evident they knew residents' personal preferences very well. On the day of inspection residents were seen to be well dressed in their choice of clothes and they had their hearing aids and glasses where required. In the morning the inspector observed them enjoying group activities, such as chair based exercises, one-to-one interaction and music. In the afternoon the priest visited to say mass and the inspector saw that residents enjoyed singing along with the familiar hymns. A snack trolley was brought around to each person on two occasions throughout the day and these treats and drinks were seen to be welcomed by residents. Choice was supported: a number of residents said they enjoyed reading the daily newspapers, watching TV and meeting with family members in their bedrooms, as an alternative to the mass or activity session.

The dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up for two residents to sit together. This arrangement also supported social distance to minimise any risks posed by COVID-19. Meals served at dinner and tea time looked very appetising with additional portions being served up where requested. A number of residents spoke with the inspector about how sociable mealtimes were. They spoke about the "lovely" food and said they wanted to thank the chef for "the good portions". When residents required help from staff with meals they were supported in a respectful manner. One resident stated that staff were "brilliant" and said "everything is perfect".

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

## Capacity and capability

The inspector found that while the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined, there were a number of issues which required review and action. These are described throughout the report. Nevertheless, areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents. Since the previous inspection a new assistant director of nursing had been appointed as well as a number of new staff nurses. However, some improvements were required

in the area of fire safety, records, infection control, medicines and premises upkeep, as addressed under the relevant regulations in this report.

The registered provider for the centre was Fairy Hill Nursing Home Limited. A director of the company, who was the owner, worked in the centre three days weekly in an administrative role and acted as the representative of the company for the purposes of regulation. The care team in the centre was comprised of the person in charge, an assistant person in charge, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. There was evidence of regular staff meetings to promote best practice. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at these meetings. Most of the information for the annual review of the quality and safety of care for 2023 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care including the use of antibiotics, were audited monthly.

The service was generally well resourced. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed to deliver manual handling training, fire training and training in dementia care. The person in charge was the infection control lead nurse. Staff handover meetings and staff meetings ensured that information on residents' changing needs was communicated effectively. Information in the daily communication sheet in residents' care plans provided further evidence that pertinent information was exchanged between day and night staff.

In the sample of staff files viewed the inspector found that most of the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance certificates were seen on staff files. Issues requiring action were highlighted under Regulation 21.

Copies of the appropriate standards and regulations were accessible to staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were easily retrievable for inspection purposes: for example, care plans, assessments, complaints log and incident reports.

#### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. She had the appropriate experience and qualifications.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection there were sufficient staff on duty to meet the needs of residents. The majority of residents had been assessed as having low to medium care needs. The skill mix on duty was appropriate and a registered nurse was on duty over the 24 hour period.

Judgment: Compliant

### Regulation 16: Training and staff development

A staff training matrix was maintained. This indicated that staff received a range of mandatory and appropriate training for their respective roles.

In the sample of staff files reviewed staff had the required professional certification and Garda Siochana (Irish police) vetting clearance in place.

Completed staff appraisal forms were also maintained in staff files in accordance with the centre's training and recruitment policy.

Judgment: Compliant

### Regulation 21: Records

The maintenance of staff files required action to comply with Schedule 2 of the regulations which sets out the regulatory documents to be maintained in staff files.

Similar to findings on the previous inspection the curriculum vitae (CV) for one staff member was not completed in a manner to outline periods of employment as well as any gaps in employment.

Under Schedule 2 of the regulations the registered provider is required to hold a full employment history, together with a satisfactory history of any gaps in employment, for each member of staff. This is to support robust recruitment of suitable staff.

Judgment: Substantially compliant

### Regulation 22: Insurance

An up-to-date contract of insurance was in place as required by the regulations for the sector.



A copy was made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored. More robust systems were required to ensure additional oversight. The outstanding issues referenced below, were described further under the specific regulations.

- Fire safety management issues:  
Oversight of fire safety issues required action as identified under Regulation 28.
- Premises issues:  
Upgrading of decor in the centre was overdue as outlined under Regulation 17. This was a repeat finding.
- Infection Control:  
Some aspects of infection control required action as addressed under Regulation 27
- Staff files:  
Oversight of staff files as they related to Schedule 2 of the regulations was required: this was a repeat finding.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts for residents was reviewed.

These included the residents' room numbers and the fees to be charged to the resident.

These had been agreed and signed by individual residents, or a relative where necessary.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was not compliant with the requirements of regulation :

- the number of whole time equivalents (WTE) of staff in the statement of purpose did not correlate with the staff numbers listed on the roster.

This was a repeat finding.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

#### Quality and safety

Overall residents in Fairy Hill Nursing Home were found to be supported to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted and residents spoken with affirmed that this approach was apparent to them in the way staff communicated and interacted with them. While findings on this inspection generally demonstrated good compliance with the regulations inspected, there were some aspects of premises, infection control, medicines and fire safety that required action.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to general practitioners, (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services as required under Regulation 6: Health-care. Residents' records provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which underpinned the development of an individualised, relevant plan of care.

The registered provider had upgrading the premises, which had a positive impact on the quality of life of those living there at present. For example, new furniture had been purchased, new pictures had been sourced and there was a commitment to continue to update the premises. The laundry area had been renovated and cleaned

and new work surfaces and cupboards had been installed there. However, despite this, flooring repairs remained outstanding since the previous inspection and a number of other premises issues were found to require action, as outlined under Regulation 17.

Following findings on the last inspection a number of fire safe doors (specifically designed doors which inhibit the spread of smoke of fire for periods of 30 or 60 minutes) had been serviced. However, there were a number of aspects of fire safety management, including confirmation that all such doors were fit for use, which had yet to be actioned, as highlighted under Regulation 28.

A safeguarding and prevention of elder abuse policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baked desserts and cakes were a daily feature of mealtimes and the kitchen was clean and well equipped. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets. Residents' nutritional status was assessed monthly and a dietitian was consulted if this was required.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and informally through the daily interactions with the management and care team.

## Regulation 11: Visits

Visiting was seen to be encouraged at times which suited the residents and their families.

Infection control guidelines were followed and there were various locations available for residents, in which to sit with family members and enjoy family celebrations.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had not ensured that all aspects of the premises conformed to the matters set out in Schedule 6 of the regulations.

- Flooring in a number of bedrooms required replacement and repair as found in the previous inspection.

- There was a hole in the flooring in the hall which could present a trip hazard.
- A door on one wardrobe required repair and could not be closed due to misaligned hinges.
- A window in an en-suite bedroom required repair as it was broken and could not be closed to prevent draft and cold, particularly during the night time hours.

Judgment: Substantially compliant

### Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA were implemented.

This included:

- Sinks required cleaning, particularly the sink in the staff office which was seen to be visually unclean.
- The sink in the housekeeping room was cracked: this had the potential to lead to cross infection as it could not be adequately cleaned,
- Tiles were broken in one toilet area: this meant that the area could not be adequately cleaned for infection control purposes,
- Dust was visible on exposed pipes and the corners of one bathroom.
- The window sill area in one bathroom was not clean and contained broken and stained items.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were a number of issues identified that did not ensure that adequate precautions were taken against the risk of fire, and these required action.

- Action was required in the hot press in relation to how items of bedding were stored covering the light fitment, which could increase the risk of fire. Above the top shelf of the hot press the inspector found that there was a need for "fire-stopping", where the pipes and services passed through the ceiling into the attic. Spaces around these pipes would allow the escape of smoke or flames into the attic space in the event of a fire, thereby potentially accelerating the spread of fire.

- This action was completed on the day following the inspection.
- A cylinder of oxygen was not stored in a safe manner in a trolley in the conservatory room. There was no signage on the trolley or on the door of the room to indicate that there was a combustible (capable of accelerating a fire) gas stored there.
- Assurance was required that all fire doors had been serviced by a suitably qualified person as a number of doors checked were not closing properly, as required to ensure that the "fire containment" aspect of the doors was facilitated: that is that the doors would close fully and effectively to prevent the spread of smoke and fire for a defined period of 30 to 60 minutes.
- One such door was adjusted during the inspection with assurances given the others would be also.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicine management required action to comply with the regulations:

- In the sample of medicines reviewed the medicines dispensed by the pharmacy did not correlate with the GP prescription. While this issue was known to staff and staff were administering the correct medications , 11 days had passed since the dispensing error was noted. This presented a high risk that the wrong medicine would inadvertently be administered particularly if a nurse was unfamiliar with the prescription. The excess medication was seen on the day of inspection not to stored in a secure manner while awaiting return to pharmacy.
- One medicine did not have a prescription label attached. This could lead to an error or omission.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were informative and person centred. They were well maintained on a paper system and were updated on a four monthly basis. They contained relevant details and guidelines to direct care. Each care plan was underpinned by an evidence-based clinical risk assessment.

Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had been

consulted in the development of their care plans which were found to reflect residents' social and medical needs.

Judgment: Compliant

### Regulation 6: Health care

Health care was well managed:

It was evident from documentation seen and entries in residents' files that medical staff responded to residents' health care and mental well-being needs.

A physiotherapist came to the centre each week and residents said they enjoyed the individual and group exercise sessions she facilitated.

The chiropodist, the hairdresser, the optician and the dentist had been availed of by residents.

The dietitian and the speech and language therapist (SALT) were made available to residents through a nutrition company supplying nutritional supplements, as prescribed by the GP.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of restraints (such as bedrails) in use since the previous inspection and generally where restraint was used it was risk assessed and used in line with the national policy.

Residents exhibiting responsive behaviours (how residents with dementia respond to changes in their environment or express distress or pain) were well managed and staff were observed to respond appropriately to such residents throughout the day. Staff had received appropriate training in this aspect of care and care plans reflected best practice, including the use of a clinical assessment tool to analyse any antecedent and describe the consequence of the behaviour.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse:

Staff were trained in recognising and responding to abuse. Finances were carefully managed according to a sample seen and records were maintained of residents' personal money transactions.

The centre did not act as a pension agent for residents.

Bed rails and other restraints were managed, risk assessed and applied in line with the national policy.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Residents said they felt safe and had access to their families, social outings, activity, religious services, external and internal celebrations.

Residents felt that they could complain about any aspect of the service and their opinion would be listened to.

Activities were meaningful to them and they praised the accommodation, the staff and the support provided.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Fairy Hill Nursing Home OSV-0005681

Inspection ID: MON-0039485

Date of inspection: 08/03/2023

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All the records have been updated and completed. CVs are now updated, and the employment gaps are rectified.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Carpenter was on site last week and checked all the fire doors and closers, replaced two sinks as suggested. Flooring job will be commenced on the 04/04/2023 with a view to complete by the end of April.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose is now updated.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The flooring will be completed by the end of April, wardrobe door is now fixed and secured. Our engineer is due to certify the doors in April, once we receive the certificate, we will forward a copy to the inspector.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Toilet and cleaning room sinks are now replaced.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  All the fire doors are checked by the carpenter and adjusted. Fire seal is done in the hot-press. Sign is in place on emergency trolley. Fire and safety engineer is due to certify.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Meeting conducted with pharmacist regarding the dispensing errors, we have received assurance from the pharmacy.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2023
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.	Substantially Compliant	Yellow	31/03/2023
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	Substantially Compliant	Yellow	30/04/2023

	effectively monitored.			
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	31/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
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	Substantially Compliant	Yellow	31/03/2023

	provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	31/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2023