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:	Croft Nursing Home
Name of provider:	Croft Nursing Home Limited
Address of centre:	2 Goldenbridge Walk, Inchicore, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	15 November 2024
Centre ID:	OSV-0000028
Fieldwork ID:	MON-0042213

About the designated centre

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

The Croft Nursing Home is located just a few miles from Dublin city centre and within walking distance of Inchicore village. The home is a single-storey building providing accommodation for 36 long stay beds. Accommodation is configured to address the needs of all potential residents and includes superior single, companion and shared accommodation with assisted bath and shower rooms. There are a number of lounges and reading areas located throughout the building. The centre also has access to a secure garden area for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

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
Friday 15 November 2024	07:55hrs to 14:10hrs	Aoife Byrne	Lead
Friday 15 November 2024	07:55hrs to 14:10hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, the registered provider supported residents in having a good quality of life in the designated centre. Residents spoken with on the day of inspection were complimentary of the service provided to them. The inspectors met with most residents during the inspection. There was a relaxed and friendly atmosphere in the centre throughout the day. Residents were heard calling staff by their names, and the person in charge was well known to residents.

This was an unannounced inspection which took place over one day. On arrival to the centre, inspectors observed a relaxed and friendly atmosphere. While walking through the centre, inspectors saw that staff had a good rapport with residents and were assisting residents in an unhurried manner. Residents appeared to be content, appropriately dressed and well-groomed.

The designated centre is located in Inchicore, Dublin 8. It is laid out over a ground floor with 36 registered beds across 11 single occupancy bedrooms, 11 twin bedrooms and one triple occupancy bedroom. Residents had access to a garden and patio area at the rear of the premises and a secure area at the front of the premises. In the rear garden and patio seating was provided which allowed residents to sit and enjoy the outdoors.

The premises was found to be warm and bright with residents art work on display. Photographs of residents enjoying day trips to Pearse Museum and Farmleigh were seen throughout the centre. On the day of inspection the staff were decorating the centre for Christmas. The inspectors observed residents enjoy the activities observed with plenty of good humoured fun happening between staff and residents. There was a wide range of activities on offer including pamper days, baking, arts and crafts, bingo and games.

The lunchtime meal was observed by inspectors and saw, and the dining tables were nicely decorated with tablecloths and condiments. The daily menu was displayed, and it was evident that there was a choice available for each course. The meals served appeared wholesome and appetising. Residents were complimentary of the food and said that all their needs were catered for at meal times. The meal time was a social experience for the residents, and staff provided assistance when and where required by residents.

Visitors were observed in the centre during the inspection, and it was evident that the visitors were well-known to management and staff. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires.

While there was many positive aspects to the care residents received, the works to ensure a safe environment both externally and internally that were identified on the last inspection of June 2023 remained outstanding.

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

Capacity and capability

While there were good management systems in the centre to ensure oversight of care provided to the residents, improvements were required. Specifically, there was a failure to progress improvements in relation to actions relating to the premises from the previous inspection, as further described in this report.

Croft Nursing Home is operated by Croft Nursing Home Limited and is the registered provider of this designated centre and is part of the wider Silver Stream Health Care Group who operates a number of other designated centres nationally. The person in charge is supported in their role by an assistant director of nursing and a clinical nurse manager. There is a senior management team in place to provide management support at group level. A local team of staff nurses, health care assistants, activities, administrative, catering and domestic personnel complete the complement of staff supporting residents in the centre.

The inspectors reviewed minutes of meetings such as clinical governance meetings and staff meetings. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included care plan, medication management, infection prevention and control and pressure areas. However these audits didn't identify any learning actions or quality improvement plans devised from these issues.

The person in charge had prepared an annual review of the quality of care delivered to residents in 2023, and this included evidence of feedback and consultation with residents gathered throughout the year.

There was a complaints procedure which was on display within the centre. Residents' complaints were listened to, investigated and complainants were informed of the outcome and given the right to appeal.. Advocacy service contact details were displayed throughout the centre for support with complaints.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulation, including the name and contact details for the resident's next of kin and the date of the resident's admission.

Judgment: Compliant

Regulation 23: Governance and management

While there were good systems in place to oversee the clinical and social care of the residents. Further oversight systems required strengthening to ensure that areas of risk identified were addressed with timely action and mitigating measures. For example; inspectors identified repeated non-compliance with Regulations 17, Premises and 28 Fire Precautions that had not yet been fully addressed since the last inspection in June 2023.

Further managerial oversight is required to ensure the multi-occupancy bedrooms are reconfigured and to ensure the premises is a safe and comfortable living environment for all residents and to ensure compliance under regulation 17.

The registered provider did not take adequate precautions against the risk of fire and did not address all issues from the last compliance plan, this is further discussed under regulation 28.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring urgent medical attention, and the incidents of restrictive practice use in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed at the main reception of the designated centre. The complaints log showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome and the level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents in Croft Nursing Home were supported by a team of staff that knew them well. The inspectors observed that the staff were kind and compassionate and treated the residents with dignity and respect. Notwithstanding this positive approach to care and support in the centre, the systems to oversee aspects of residents' care planning, premises, infection control, fire precautions, medication management and individual assessment and care planning required review to ensure the best possible outcomes for residents.

The inspectors reviewed a sample of resident files and found evidence that each resident had appropriate nursing assessments and care plans in place. However, for some of the documents reviewed, residents' individual assessments and care planning required further improvement to ensure that they were accurate and up-to-date and provided personalised information for staff to follow when providing care. This finding is further detailed under the relevant regulation.

The risk management policy contained all of the requirements set out under regulation 26(1) and there was an emergency response plan in place.

While some areas of the centre were well presented and laid out to meet the needs of the residents, the registered provider had not ensured that the premises adhered to all matters within Schedule 6 of the regulations. Many of these areas were previously identified at the last inspection of the centre in June 2023, and inspectors found there was ineffective action to address all of the required findings, such as

poor storage, wear and tear, and sufficient personal space remained a finding during this inspection. This is further discussed under Regulation 17: premises.

Inspectors reviewed a refurbished twin occupancy room and were assured that the reconfiguration and update were completed to a good standard and that the layout and available space for residents to carry out their personal activities in private in the bedroom were in line with the regulations.

Furthermore, the premises required review to ensure that the environment supported and promoted good infection control practices. Some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), which will be discussed under Regulation 27.

The registered provider had committed to addressing fire safety concerns identified at the previous inspection, and the inspectors saw that some items from the fire safety risk assessment had been addressed. However, there were some areas identified on this inspection that required attention. These areas are discussed further under Regulation 28: Fire Precautions.

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines.

While there were some good practices in medication management, inspectors observed that not all medicines were safely stored in the designated centre and in line with the prescribed guidelines. This is further discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

Action were required to ensure compliance with regulation 17 and the matters set out in Schedule 6 to ensure that the premises promoted a safe and comfortable environment for all residents. For example:

Some areas were not kept in a good state of repair, for example;

- Paintwork was seen to be chipped on some walls, door frames, radiator covers and reception desk.
- Wear and tear to door frames and handrails throughout the corridors and bedrooms.
- Ceiling and walls in a store room and sluice room had holes in the plasterboard.
- The floor covering in the corridors throughout the centre was damaged and was repaired with black electrical tape. This did not provide a safe floor covering and posed a potential risk of falls.

Suitable storage was not available for equipment. For example;

- A communal conservatory was being used for the storage of food supplements and wound dressings.
- The ventilation of the treatment room in the centre was not adequate, as the room was found to be too warm for safe storage of medication.

Following the last inspection in June 2023, the registered provider had committed to reconfiguring the triple occupancy room. The layout and reconfiguration of this bedroom did not meet the criteria outlined in the regulations , which provide adequate floor space for residents which specifies that the 7.4sqm floor space area for each resident shall include the space occupied by a bed, a chair and personal storage space.

The 11 twin occupancy bedrooms identified as requiring review to ensure residents were provided with sufficient personal space and storage remained outstanding. It is acknowledged that one of these rooms was in the process of reconfiguration during the inspection, however there was no time frame for completion outlined.

Judgment: Not compliant

Regulation 20: Information for residents

The provider prepared a guide for residents that contained the requirements of the regulation, which included a summary of the services and facilities in the centre, terms and conditions relating to a residence in the centre, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place that assessed identified risks (potential and actual) and outlined the measures and actions in place to mitigate and control such risks. There was an Emergency response plan and Safety statement in place.

Judgment: Compliant

Regulation 27: Infection control

Some aspects of the environment and the storage of equipment were not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- A hand washing sink in a shower room was not in working order. This poses an increase in the risk of environmental contamination and cross infection.
- Shower rooms and toilets did not support effective infection prevention and control practices. In four shower rooms, the floor required repair where the outlet pipe went through the floor; the tiles stopped short and exposed concrete/plaster was visible. This posed an infection control risk as that area could not be cleaned.
- Inspectors observed a large volume of broken tiles in a shower room. This posed an infection control risk as that area could not be cleaned effectively.
- Medication trolleys were visibly dirty. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following the compliance plan from the last inspection, not all issues were addressed and action was required to ensure there were adequate precautions in place:

- While some of the fire doors had been replaced, inspectors observed fire doors that were damaged, with fire-rated hinges not properly latching or appropriately closing. The deficits in fire doors meant that fire doors were not capable of effectively restricting the spread of fire and smoke in the centre.

In some areas the registered provider did not make adequate arrangements to contain fires. For example:

- The smoke alarm was missing in the press room in Shower room 2.
- There were breaches in fire-rated ceilings, which required to be sealed up as it posed a fire containment risk. For example, inspectors observed holes in the ceilings, around the pipes and electrical installations.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication storage practices were not in line with best practices or local policy, which led to some unsafe practices. For example:·

- Some medicinal products supplied for residents were not stored safely or in line with the product advice. Inspectors saw the temperature records for the nurses's station where medication was stored, which showed a room temperature of 28 degrees Celsius for a number of days for a number of months. Labelling of the medications stated that storage was required at a temperature maximum of up to 25 degrees Celsius. This could pose risks with respect to the effectiveness of those medications.
- Some nutritional medicinal products were observed stored in a communal storage area in the sun room of the centre. This was not appropriate, and there were no temperature records available for those areas.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans required improvement to ensure that the plan of care was developed, updated and personalised based on the result of individual assessments and ongoing changes in residents' needs. For example;

- While the daily needs care plans and psychological/mood and behaviour/memory loss care plans were in place for 11 residents' care plans reviewed. They were mostly generic and displayed residents' needs; however, the plan of care for residents on how to guide staff in the care delivery was missing in the majority of the care plans.
- Residents' rights-based care plans were pre-populated, and while there was a section covering the 'Activities programme', this was generic and contained the same information for all eight residents reviewed. This care plan also advised to 'refer to the resident's social interaction and recreation care plan'. However, this care plan was not available for any residents whose care plans were reviewed.
- While there was evidence that the dates on the care plans review were updated on a four-monthly basis, the actual care plans' needs, and goals were not reviewed for one resident since August 2023. This posed a risk that the residents' care plans were not accurately reflecting the resident's changing needs and therapeutic intervention, posing a risk of potential errors in residents' care.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' civil, political and religious rights were promoted in the centre. The provider ensured that residents were supported to exercise choice in relation to their care and daily routines. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities and they reported that they enjoyed the activities programme. Residents also had access to independent advocacy services.

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 19: Directory of residents	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 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Croft Nursing Home OSV-0000028

Inspection ID: MON-0042213

Date of inspection: 15/11/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance the Registered Provider will have the following implemented and actioned as required: • The RPR Team will now review regulations 17 and 28 monthly with the PIC. This will further strengthen the oversight of these regulations. Any non-compliances found will be actioned in a timely manner. • The repeated issues found during the inspection are underway now and are reviewed and managed by the home's maintenance operative and the Silver Stream Technical Support Team. • Room configurations for all multi-occupied rooms will be completed by our contractors and the internal Silver Stream Technical Team as per the agreed schedule and information will be submitted to our inspector on a monthly basis. This work has commenced. • All issues identified in the last inspection under regulation 28 will be completed and updates sent to the inspector.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the Registered Provider will have the following implemented and actioned as required: • A full home review has taken place and a schedule has been agreed and commenced on actioning the following as identifed during the inspection. Paintwork that was seen to be chipped on some walls, door frames, radiator covers and reception desk are all under	

repair. Some of the larger communal rooms have been assessed and a plan agreed with the painting contractor to recoat these rooms.
A copy of the progress tracker was submitted to the inspector in support of this plan.
• The wear and tear to door frames and handrails throughout the corridors and bedrooms are currently under repair.
• All doors requiring paintwork in the home, to include bedroom doors, bathroom doors, corridor and communal doors will be painted by a painting contractor with a cost plan in place for same.
• The ceiling and walls in a store room and sluice room that had holes in the plasterboard are currently scheduled for repair and refurbishment.
• A plan has been agreed to repair or replace as necessary any flooring in the home that needs remedial work. This will now provide a safe floor covering, reduce the potential risk of falls and greatly improve on the overall aesthetic of the home.
• Suitable storage has been sourced and will be installed as required. All items will then be stored in a suitable area and manner.
• The ventilation in the treatment room was reviewed and a plan agreed to intall a ventilation unit. This will ensure medications are stored at the correct temperature. Once completed daily temperature records will be maintained by staff.
• The triple room will be reconfigured to ensure the 7.4sqm is available to each resident.
• The 11 twin rooms will all be configured as per layout agreed, this ensures each resident shall have included in their space, a bed, a chair and personal storage space for their use. A twin occupancy room will be kept vacant to allow us to complete one room at a time and minimise disruption to the centre and residents. This work has commenced in January 2025. A monthly update will be submitted to our inspector to ensure the compliance plan is met.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
To ensure compliance the Registered Provider will have the following implemented and actioned as required:
• The hand washing sink in a shower room is now in working order.
• The shower rooms and toilets that require new flooring are included in the schedule for floor repair/replacement.
• The tiles that stopped short and exposed concrete/plaster that were visible have been replaced to ensure the that area can be cleaned as required.
• The shower room tiles are scheduled to be replaced.
• Staff made aware that the medication trolley is to be clean and pose no risk of cross contamination at any time. Trolleys are inspected daily by senior staff members to ensure compliance.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance the Registered Provider will have the following implemented and actioned as required:
• The fire doors that were damaged, with fire-rated hinges not properly latching or appropriately closing will be reviewed and replaced and repaired as required. This will ensure that fire doors are capable of effectively restricting the spread of fire and smoke in the centre.The Register Provider has now employed a dedicated fire door specalist to review and maintain all fire doors.
• The smoke detector that was missing in the press room in shower room 2 will be installed.
• The breaches in fire-rated ceilings in some areas will be sealed up.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required:
• All medicinal products supplied for residents will be stored as indicated and required to ensure product viabilty. Daily temperature checks in place and any non-compliances noted will be adressed by the PIC.
• All nutritional medicinal products will be stored appropriately with temperature checks in a designated area within the centre, this will be actioned once our internal storage review is completed and a new storage unit is in place.

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:
To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required:
• The PIC is completing a full and comprehensive review of all residents to ensure the

care plans reflect the residents daily needs. Nurses are completing care plan training online to ensure a full understanding and to be competent in person-centred care planning. Training completed on 30th December 2024.
• A full review of the residents rights-based care plan will be person centred and include residents own preferences to activities. These care plans will be reviewed by members of the RPR Team to ensure compliance.
• All care plans will be reviewed at least every 4 months with the nursing staff, resident and or nominated representative. Any changes will be documented and communicated.

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.	Not Compliant	Orange	30/06/2025
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	30/06/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/01/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
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	Substantially Compliant	Yellow	06/01/2025

	used as a medicinal product.			
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	31/01/2025