



**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: | Grange Con Nursing Home     |
| Name of provider:          | Grange Con Quarters Limited |
| Address of centre:         | Carrigrohane,<br>Cork       |
| Type of inspection:        | Unannounced                 |
| Date of inspection:        | 06 June 2024                |
| Centre ID:                 | OSV-0000233                 |
| Fieldwork ID:              | MON-0043763                 |

## About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 22 |
|--|----|

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                 | Times of Inspection  | Inspector     | Role |
|----------------------|----------------------|---------------|------|
| Thursday 6 June 2024 | 09:30hrs to 18:00hrs | Mary O'Mahony | Lead |

## What residents told us and what inspectors observed

According to residents and relatives Grange Con Nursing Home was a good place to live, where residents were facilitated to avail of comfortable accommodation and maintain their independence. This inspection was unannounced. On arrival at the centre the inspector observed that a number of residents were having breakfast in the dining room, where a staff member was supporting those who required supervision. Additionally, eight residents were sitting in the large comfortable sitting room reading, and relaxing at the start of the day. The inspector observed that staff were kind and saw that the rights, and dignity, of residents were respected in how they addressed and interacted with residents. The inspector spoke with all residents, and with five residents in more detail to ask them about their experience of living in Grange Con. The responses were complimentary of all aspects of the centre. A number of family members who were visiting on the day also praised the care and said they felt their relative was safe and comfortable.

Grange Con Nursing Home is located in a scenic, rural setting approximately six kilometres from Blarney and Ballincollig in Cork. It is a family run nursing home. Residents enjoy lovely views of the local golf course from the grounds. On arrival, the inspector attended an opening meeting with the assistant person in charge (ADON) and a director of the centre, who was also the operations manager. Following this, the inspector was accompanied on a walk about the premises. The inspector observed residents walking independently, or being accompanied to and from their bedrooms and the dining room. Residents and staff were seen to obviously enjoy each others company, and chatted happily together. The centre was seen to be homely and nicely decorated. The stairs to the office area upstairs was newly carpeted and all internal areas had been painted and re-floored, recently. Twenty two residents were residing in Grange Con nursing home on the day of inspection with two vacant beds. The ADON stated that where possible, new residents would visit the centre in advance of admission. The aim of this visit was to assist them in getting to know the staff and see their proposed accommodation. Residents' bedroom accommodation was comprised of eight single rooms, six twin bedrooms and 1 three bedded room. The majority of the bedrooms had en suite toilet, shower and wash hand basin, while other residents shared communal showers and toilets. Bedrooms were seen to be decorated with personal items from residents' homes, such as, pictures, personal bed linen, books and small items of furniture. Residents said they were happy with their accommodation and said they had adequate privacy. Staff were seen to knock on bedroom doors and to ask residents if they were ready for the activity or to introduce the inspector.

There was very good Wi-Fi connectivity in the centre. The provider had invested in this, as a response to residents' requests. As a consequence a number of residents were seen to enjoy Sky Sports channel, and said they were looking forward to the upcoming soccer tournament, golf competitions and Wimbledon. In addition, they were able to access their mobile phones, computers and laptops with easy.

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. Residents confirmed attendance at the meetings and also said that staff spoke with them daily to answer their questions and provide daily news. 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 that they had been consulted about relevant issues. Comments such as "they pass on all aspects of care" and " I am very happy here", were expressed by residents to the inspector.

The inspector observed that there was an improved activities programme in place and residents spoken with, were aware of the day's programme. There was a staff member allocated to the role of activity coordinator, 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 were wearing their hearing aids and glasses, ensuring that communication was optimised for them. In the morning, the inspector observed the group enjoying activities, such as chair based exercises, one-to-one interaction and music, in particular 'Abba' music, which was a great favourite. In the afternoon, the weekly physiotherapy session was facilitated by the external physiotherapist, who was involved in the post admission assessment, and manual handling approaches, for each resident. In addition, a great sing-along was heard to the aforementioned 'Abba', with participation from staff and residents. A snack trolley was brought around to each person on two occasions throughout the day. The home baking, treats, supplements and drinks were seen to be welcomed by residents. Choice was supported. A number of residents said they enjoyed reading the daily newspapers, going out on the patio, or meeting with family members in their bedrooms, as an alternative to sitting in on the activity sessions.

The bright, dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up for two, or three, residents to sit together, with condiments, ketchup and fresh flowers, on each table. There was no rush to finish meals and residents were afforded two sittings at dinner time, to ensure that they had plenty space, and time, to eat their meal. Meals served at dinner and tea time looked very appetising, with additional portions being served. A number of residents spoke with the inspector about how sociable mealtimes were. They spoke about the "tasty, varied" food and said they wanted to thank the kitchen staff for their attention. One resident stated that staff were "kind" and said "they couldn't do enough for you".

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 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. A number of 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. Some action and improvements were required in, medicines management and in some aspects of fire safety.

Grange Con Nursing Home, set up in 1988, was operated by Grange Con Quarters Ltd, the registered provider, which was a company consisting of four directors. At the time of the inspection the overall day to day governance structure was well established. The person in charge, who was also the director representing the provider, worked in the centre each day as person in charge. This staff member was currently on a planned absent period. The assistant person in charge (ADON) was the person in charge at the time of the inspection, and was supported by a senior nurse. Another director, who was the governance manager, worked in the centre daily and attended the feedback meeting, at the end of the inspection day. The care team in the centre was also comprised of, a team of nurses and health-care staff, as well as, catering, household and maintenance staff.

The information for the annual review of the quality and safety of care for 2023 had been collated. Complaints management and key performance indicators (KPIs, such as falls, restraint and weights) were reviewed and discussed at staff and management meetings. The audit schedule was set out at the beginning of the year and where action was required for improvement, this took the form of an action plan, assigned to a named staff member. The registered provider had a number of written policies and procedures in place to guide care provision.

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, responsive behaviours and fire training. Staff handover meetings, and staff and management meetings, ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet, contained in residents' care plans, and in the minutes of the meetings reviewed, provided evidence that relevant information was discussed and documented. Copies of the appropriate standards and regulations were accessible to staff.

Incidents and accidents were recorded and were notified to the Chief Inspector, as required. Complaints were well managed and documented. A new complaints policy had been developed, in line with the recently amended regulations.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed, and these were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff

prior to commencement of employment. The centre did not act as a pension agent for any resident.

#### Regulation 14: Persons in charge

The person in charge at the time of this inspection fulfilled the requirements of the regulations. They had the appropriate experience and management qualifications.

Judgment: Compliant

#### Regulation 16: Training and staff development

The roster reflected discussions with management which provided assurance that adequate staff were employed.

- 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 nurses had the required professional registration in place, as well as An Garda Siochana (Irish police) vetting clearance (GV), for all staff.
- Completed staff appraisal forms were also maintained in staff files, in accordance with the centre's training and recruitment policy.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents was well maintained:

The required details were entered in the directory, for example, the address of the resident and next of kin, as well as cause of death, where known.

Judgment: Compliant

#### Regulation 21: Records



The records required to be maintained under Schedule 2, 3, and 4 of the regulations were available to the inspector.

Judgment: 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

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed, to ensure the service provided was safe, appropriate, consistent and effectively monitored. When issues requiring improvement were identified, a plan was in place to address this.

Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

There were updated policies in place conforming with the requirements of Schedule 5 of the regulations:

In addition, other appropriate policies for the care sector had been developed, based on residents' needs and staff training requirements.

These were updated every three years and more often if the environment changed, such as the infection control policy.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Grange Con Nursing Home, which was respectful of their wishes and choices. There was evidence of residents needs were being met through good access to health care services and opportunities for social engagement. However, in this quality and safety dimension of the report, the inspector found that improvements were required in the management of medicines and fire safety.

The inspector was assured that residents' health care needs were met to a good standard. There was weekly access to the general practitioner (GP) who was described as "readily available". There were appropriate referral arrangements to other health care professionals such as the dietitian, consultants and the physiotherapist, who came to the centre weekly.

Residents' hydration and nutrition needs were assessed and revised when necessary. The dietitian and the speech and language therapist (SALT) were seen to have assessed anyone identified as "at risk" of malnutrition. The GP prescribed supplements, if this was suggested, and there was a good supply of these in stock. Residents who required modified and fortified diets were provided with meals and snacks prepared, and served, as recommended. The chef, who had worked in the centre for over 20 years, said that they met each resident on admission to ensure they understood their likes and dislikes. There was a choice of cod or beef on the day of inspection. If residents did not like either of these choices, alternatives were seen to be offered. When residents required help with meals, they were seen to be supported in an attentive manner.

Medicine administration charts, and controlled drugs records, were maintained in line with professional guidelines. Medicine administration practices were being monitored and medicine errors were documented and actioned. Nevertheless, some improvements were required in the management of medicines, as outlined under Regulation 29: Medication and Pharmaceutical services.

Overall, the premises was clean and well maintained. Staff were generally observed to be following appropriate infection prevention and control guidelines in their work practices. Painting and maintenance was ongoing on a weekly basis. In relation to communal space, there were two comfortable sitting rooms and a large dining room, with a conservatory attached, for residents' use. The governance manager stated that signage was being discussed, to aid independence and orientation around the building.

The centre promoted a restraint free environment and there was one resident allocated bed rails on the day of this inspection. Alternatives to bedrails such as, low-low beds and crash mats, were in use and staff were knowledgeable about the rights of residents, in relation to the use of restraint and the promotion of residents'

freedoms. Residents' autonomy was respected when assessing the need for any type of restraint, including having access to the outdoors and outings.

The centre had a risk management policy in place, setting out the specific risks as required by the regulations, and listing the controls in place to mitigate such risks. Fire Safety equipment was serviced annually and quarterly servicing was undertaken on the emergency lighting system and the fire alarm. Records of these events were made available to the inspector. The inspector found that staff were knowledgeable about fire safety, and said that they found the training to be very educational. Daily and weekly records of fire safety checks were maintained. Aspects of fire safety, which required action, were highlighted under Regulation 28, in this report.

Residents were consulted about any changes in the service and about their experiences in the centre. Minutes of residents' meetings indicated that there was good participation and a wide range of subjects were discussed. While informal consultation was ongoing, the frequency of the formal meetings required review, as it provided a forum for discussion and dissemination of information, to the group as a whole.

### Regulation 10: Communication difficulties

Care plans were in place for residents who had communication difficulties. These were detailed and included strategies for staff to ensure effective communication with residents.

Movement activity sessions were available, and staff explained how these activities stimulated communication and interaction. Residents who had communication difficulties were seen to be treated equally, and were included in all activities by staff, who were familiar with their needs.

Specific devices had been made available to those who could not communicate verbally, such as i-pads and writing pads. Staff were seen to communicate through basis sign language, with one such resident.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre, and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

The centre had been newly painted, new carpet had been fitted to the stairs to the administration area and new flooring was seen on the downstairs hallway also. In addition, part of the roof had been replaced.

All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Residents had access to a small enclosed garden with colourful, raised flower boxes and pots planted by residents and staff.

Judgment: Compliant

### Regulation 26: Risk management

The policy related to risk management was updated and detailed.

Risks within the centre had been assessed.

These included the risk of smoking, choking, fire, the prevention of abuse, COVID-19 and falls.

Judgment: Compliant

### Regulation 27: Infection control

The provider had addressed many of the findings of the previous inspection, to ensure that infection control procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

For example:

- Residents wash basins were now washed in a clean area, separately from other equipment,
- All "sharps" containers (sealable containers for used needles and other sharp medical devices) were seen to have the temporary closing mechanism in use, to prevent any needle stick injury.
- The frequency of infection control audits, and cleaning check lists, had increased, to provide more efficient oversight of infection control practices in the centre.
- Hoist slings (resident movement slings) were designated for individual resident's use, to prevent cross-contamination.

Judgment: Compliant

## Regulation 28: Fire precautions

The following findings required action by the provider to ensure adequate precautions were in place and to protect residents against the risk of fire:

- A "fire safe" door in the upstairs area did not close properly (these doors are designed to delay the spread of fire or smoke for a designated period once they close securely).
- Fire stopping was required in some of the en-suites of bedrooms, and in the linen press: i.e. there were gaps in the ceiling where pipes were located, which could allow smoke to enter the attic area, in the event of fire.

On the day of inspection there was a contractor on site, engaged in servicing all "fire safe" doors, so these issues were highlighted and addressed, without delay.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The following matters required action, in relation to medicine management, to ensure that medicines are managed in line with An Bord Altranais agus Cnaimhseachais na hEireann guidelines for Nurses 2020.

- A lock was required on the medicines' fridge.
- In use, out of date, or no longer in use, prescribed topical ointments, were seen on a number of residents' lockers. These were open longer than the recommended time-line. This meant that the effectiveness of the ointment could not be assured or it could have been used inadvertently. In addition, all prescribed products should be stored securely and not kept on residents' lockers.

These were discarded by the nurse on duty on the day of inspection and those still in use were placed in the medicine trolley.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans were detailed and comprehensively maintained.

In the sample of care plans reviewed, it was apparent that validated assessment tools were used to identify clinical risks such as, malnutrition, choking or maintaining

skin integrity. These assessments underpinned detailed care plans, which guided staff in delivering person-centred care, focusing on the rights of residents.

Where necessary referrals were made to health care professionals, such as the dietitian, the occupational therapist (OT) and the speech and language therapist (SALT).

Reviews were carried out at intervals not exceeding four months, or as necessary.

Judgment: Compliant

## Regulation 8: Protection

The provider had taken measures to protect residents from abuse.

- Throughout the day of inspection, staff interactions with residents were seen to be kind and respectful.
- According to the records seen, all staff had received training in the prevention, detection and response to abuse.
- Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management.
- Where any allegations had been made appropriate steps had been taken to address this.
- Finances were well managed and the centre did not act as a pension agent for any resident.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents and relatives spoken with felt that dignity and rights were respected in the centre.

- Residents felt that their concerns would be listened to and addressed in a fair manner.
- Activity provision had increased since the previous inspections and there was a seven day programme in place, including art, bingo and yoga. Yoga, physiotherapy and hairdressing was also delivered to residents who were in their beds, or in the bedroom, so all residents benefited equally, from these relaxing, therapeutic activities.
- A weekly music session was organised by the provider, to enhance the lived experience of residents, who all liked to listen to live music.
- The physiotherapist came to the centre on a weekly basis.

- Residents had availed of fish and chips from a well-known "chipper", at their request.
- Residents' pets were welcome to come in with visitors.
- An independent advocacy service had visited the centre and spoke about the service available to all residents.
- Residents were accompanied to external activities and places of interest by family, friends and staff. Photographs were on display of interesting, relevant events and outings.
- Residents' meetings were held and residents' choices, and autonomy, were respected.
- Staff had undertaken training in human rights-based care, to ensure optimal, personal care and the development of a more homely, respectful approach, to support a fulfilling and meaningful life for residents, in their older years.

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 16: Training and staff development        | Compliant               |
| Regulation 19: Directory of residents                | Compliant               |
| Regulation 21: Records                               | Compliant               |
| Regulation 22: Insurance                             | Compliant               |
| Regulation 23: Governance and management             | Compliant               |
| Regulation 4: Written policies and procedures        | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 10: Communication difficulties            | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 26: Risk management                       | Compliant               |
| Regulation 27: Infection control                     | Compliant               |
| Regulation 28: Fire precautions                      | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan    | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |



# Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0043763

Date of inspection: 06/06/2024

## 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 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Work will be carried out to ensure the “fire safe” door in the upstairs area closes properly.<br/>           Fire stopping audit complete and remedial work is underway to fill the gaps in the ceiling where pipes are located.</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:</p> <p>The Medication fridge (located in the locked treatment room) has now been fitted with its own lock.</p> <p>All nurses reminded about the policy regarding medication administration</p> <p>All medication including eye drops, topical ointments to be locked in medication trolley or medication fridge. Nurses to take it out to use, and lock it away in the medication trolley or medication fridge after use.</p> <p>Since 17/06/2024 a documented weekly medication audit is in place to check for any medication out of date, or out of recommended time. The Nurse responsible for the audit checks the medication trolley, medication cabinet and medication fridge. If any medication is found to be expired or out of recommended time, it is to be discarded.</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 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      | 31/08/2024               |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.   | Substantially Compliant | Yellow      | 31/08/2024               |
| Regulation 29(4)    | The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.  | Substantially Compliant | Yellow      | 13/06/2024               |

|                  |   |                         |        |            |
|------------------|---|-------------------------|--------|------------|
| 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 | 17/06/2024 |
|------------------|---|-------------------------|--------|------------|