



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

Issued by the Chief Inspector

Name of designated centre:	Gahan House
Name of provider:	Graignamanagh Elderly Association Company Limited by Guarantee
Address of centre:	Gahan House, High Street, Graignamanagh, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0000545
Fieldwork ID:	MON-0037028

About the designated centre

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

Gahan House is located in the picturesque town of Graiguenamanagh in Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of Gahan House is overseen by a board of six directors. The centre caters for men and women from the age of 60 years. The centre manager is employed to work on a full-time basis. Residents do not require 24 hour nursing care and care is provided by a team of trained healthcare professionals with one nurse employed for 16 hours per week. According to the centre's statement of purpose, all applicants for admission must be mobile and mentally competent at the time of admission. Each resident is provided with single bedroom accommodation. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Tuesday 23 August 2022	09:30hrs to 17:45hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

Overall, on the day of inspection, the inspector observed residents being supported to enjoy a good quality of life by staff who were kind and caring. Residents expressed that they were happy in the centre and were very complimentary about the care they received. A resident described to the inspector how the "food is lovely" and the centre feels "like a family". Another resident stated they "would not want to be anywhere else".

The inspector arrived to the centre in the morning for an unannounced inspection to monitor ongoing regulatory compliance with the regulations and standards. The inspector was met at the entrance by the person in charge and following an introductory meeting completed a walkaround of the centre.

The centre is registered to accommodate 12 residents with one vacancy on the day of inspection. The inspector chatted to the majority of residents and spoke in more detail with five residents to gain feedback on their lives in Gahan House. Gahan House is two-storey house with all residents' rooms on the ground floor. In addition, the centre had a large open plan sitting and dining room, a small sitting room where residents could meet their visitors in private and oratory, all on the ground floor. The centre contained a decking area with a table and chairs off the dining room where residents could enjoy the sunshine and outdoors if they so wished. In addition, a seating area was at the entrance where a number of residents were observed to be outside chatting to each other. All residents had single rooms containing a wash hand basin. The rooms observed by the inspector all contained a television and small fridge. The rooms had been personalised with photographs, pictures and belongings from their home. A number of residents requested the inspector to look at their room where they proudly showed the inspector their personal belongings and photographs.

Resident activities were carried out by healthcare assistants. Bingo was taking place on the day of inspection and the inspector was informed that "knit and natter" took place on Thursdays along with live music. Residents were observed mobilising in and out of the centre, chatting to each other and a small number of residents went for daily walks to the town. Newspapers were readily available and residents were observed to be reading them in the sitting room. The majority of residents went out to their own hairdresser.

The dining experience was observed by the inspector. This was observed to be a social occasion with residents chatting to each other. The menu for the day was on display in the dining room and residents informed the inspector if the choice of food is not to their liking that they are provided with an alternative. Regular snacks and fluids were provided throughout the day.

Residents were observed to be well-dressed with their own individual styles evident. Open visiting was taking place in line with guidelines with visitors observed

throughout the day and residents observed to be going out with family and friends for day trips.

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

Capacity and capability

While improvements in the governance and management of the centre had been noted since the last inspection they were not sufficiently robust for the improvements to be sustained in the long-term. Furthermore non-compliances were identified in Regulation;17: Premises.

The centre had clear lines of accountability and responsibility. The registered provider Graignamanagh Elderly Association Company Limited by Guarantee was managed by a voluntary board of trustees and had a nominated provider representative. The person in charge reported to the provider representative who was a member of the board of trustees, worked full-time, was supported in the role by a registered nurse who worked 16 hours per week, healthcare assistants and catering staff. Gahan house is a low support service which does not require a registered nurse to be onsite at all times, however, the hours of the nurse had been increased by six hours since the last inspection. The assistant manager post was vacant for a number of months. This will be discussed under regulation 15: Staffing.

Staff had access to mandatory training including safeguarding and managing behaviours that challenge. In addition, a number of staff had completed a Fetac level 5 course in first aid. Fire safety training records were out of date, however, the inspector was informed that fire extinguisher training had taken place in December 2021. However, it is unclear how many staff attended this training. This will be discussed under quality and safety.

The majority of information required under schedule 2 of the regulations was available in staff records, however, gaps in employment history of employees was noted.

The inspector was informed that staff meetings did take place, however, meeting minutes were unavailable on the day. Improvements had been made around the contracts for the provision of service since the last inspection as new contracts now outlined the terms in which residents would reside in the centre. However, further improvements were required which will be discussed under the regulation.

The centre was compliant in regulations 31 and 34: Notification of incidents and Complaints procedure.

Regulation 15: Staffing

The centres' statement of purpose outlined that the centre had a 0.5 assistant manager post. However, at the time of inspection this post was vacant and had been for a number of months. The inspector was informed that the assistant manager post also included maintenance for the centre. The maintenance post was replaced covering 24 hours per week. Nursing hours were increased by six hours to compensate for the vacancy, however, 5 hours remained unfilled.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The majority of training records reviewed were in date. For example all available staff had completed safeguarding training and managing behaviours that challenge. However, it was unclear the number of staff that had completed fire training within the last year. This will be discussed under regulation 28: Fire Precautions.

Judgment: Compliant

Regulation 21: Records

A sample of staff records were reviewed. While the majority of records reviewed contained the requirements under schedule 2 of the regulations, it was identified that there were gaps in the employment history of two employees and two records did not contain any employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were required in the following areas in order to strengthen the governance and management of the centre:

- A cleaning audit and infection prevention and control audit took place in February and April 2022 but were not comprehensive enough to identify the issues identified on inspection.
- A medication audit completed in May 2021 and in June 2022 identified the same findings for example; medications were not always signed for and

allergy status was not always completed. While these were actioned verbally at the time the issues remained.

- The annual review of the quality and safety of care did not adequately incorporate an assessment of quality and safety of care against relevant standards.
- A small number of incidents were reported in 2022, all falls related, however, an action from a falls audit in 2021 included regular meetings with management to review the cause of the falls, however, there was no evidence that these meetings took place.
- While inspectors were informed that staff meetings did take place, no meeting minutes were available for review on the day.
- Risks identified on inspection such as for example; the laundry room, had not been identified, risk assessed and if required placed on the risk register.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care which were in place prior to the last inspection had not been updated to outline the terms in which residents would reside in the centre. Furthermore, no contract of care was available for one resident who had been admitted within the previous few months.

In addition, contracts of care did not outline the fees that were required for additional services, for example; chiropody.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the Chief Inspector in line with the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log indicated that there were no complaints in 2021 or to date in 2022. Management confirmed that they had received no verbal or written

complaints in that time period.

Judgment: Compliant

Quality and safety

The inspector found that residents had a good quality of life in Gahan House and where possible were encouraged to live their lives in an unrestricted manner, according to their own capabilities. Inspectors found that the healthcare needs of residents were met through good access to medical, nursing and other healthcare services if required. While the centre was working to sustain a good level of person-centred care, improvements were required around a number of regulations but specifically regulation 17: Premises.

The centre had an open visiting policy and visitors were observed in the centre throughout the day.

The centre had all single rooms containing a wash hand basin, two bathrooms containing showers and an additional two toilets. However, risks around the premises, identified on the day, required review and if not mitigated in the short term may have an impact on infection control in the centre. In addition, while resident areas that were in daily use were clean on the day of inspection, improvements were required in the cleanliness of a number of rooms for example; the small sitting room. Additional areas for improvement around infection control and premises will be discussed under the specific regulations.

The risk management policy required review to ensure that the measures and actions in place to control the specified risks were outlined in the policy.

Systems were in place for monitoring fire safety. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Each resident had a completed emergency evacuation plan in place to guide staff. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Two fire evacuations had taken place in 2022. Full evacuation of the centre was completed which took 5-6 minutes. A compartment fire evacuation with the local fire service had taken place in 2021 with all residents evacuated to the day room and took 1 minute 50 seconds. However, no evacuations of compartments including the largest compartment with the smallest number of staff had taken place in 2022. Residents were able to describe the evacuation procedure to the inspector and could identify the nearest exit to their room and assembly point. However, some improvements were required which are detailed under Regulation 28: Fire precautions.

As there was not a requirement for a registered nurse to be onsite at all times medication administration was provided by healthcare assistants. The oversight of medication practices had improved since the last inspection. Resident medications

and medication record were reviewed at a three monthly meeting attended by the general practitioner, pharmacist and nurse. The medication administration record was updated monthly. This contained the indication for each medication on the record. The pharmacist attended onsite four monthly and residents were advised when the pharmacist was attending so their medication queries could be addressed. The centre had a policy in place outlining the new processes. Face-to-face medication training took place yearly with staff.

The inspector observed a sample of care plans. Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Care plans were updated at least four monthly but generally more frequently. Validated risk assessment tools were used for example; waterlow score and a falls risk assessment tool. These were up-to-date. However, while a care plan had been completed on a resident that smoked, a smoking risk assessment had not.

Resident activities were undertaken by the health care assistants and a number of residents expressed satisfaction with them. In addition, while residents stated that they would raise issues with staff if they had any, residents had not been consulted about the running of the centre. A plan was in place to complete a resident survey in 2022 with a draft survey shown to the inspector, however no survey was completed in 2021.

Regulation 11: Visits

Open visiting was observed. Residents confirmed that their relatives and friends visited as they wished. An area was available for residents to receive their visitors in private other than their bedroom.

Judgment: Compliant

Regulation 17: Premises

A number of areas for improvement were identified to ensure that the centre was in line with schedule 6 of the regulations. For example;

- General wear and tear was noted throughout the centre including chipped paint on radiators, grab rails for example in a bathroom and chipped, damaged and unclean door in the laundry room. This hindered effective decontamination and cleaning.
- Bathrooms contained brick which was painted. This surface was not washable and therefore posed a risk of cross contamination.
- The washer disinfectant had not been serviced since 2019.
- The centre did not have a housekeeping room and a janitorial sink.

- Storage in the centre required review. For example there was;
 - Inappropriate storage of the cleaning trolley in the laundry room beside clean clothes that were drying.
 - Inappropriate storage of multiple items in a store room including duvets, games and a wheelchair.
 - Personal protective equipment (PPE) was stored in a room that contained multiple items including shoes and lockers. In addition, a small amount of PPE was out of date.
 - Inappropriate storage of detergent wipes in the garage and buckets used by housekeeping to staff to wash resident areas. The garage was unclean and should only be used for its' intended purpose.

Judgment: Not compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place. While the policy contained the five specified risks outlined in the regulations, it did not outline the measures and actions in place to control the specified risks.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example:

- The cleaning rota needed review to ensure that all areas in the centre were cleaned. For example; the laundry room, small sitting room and the nurses room. In addition the hand hygiene sink in the dirty utility was unclean.
- The centre did not have a dirty to clean flow of laundry. For example; clean clothes were hanging on poles to dry on the pathway to the washing machines which meant dirty linen trolleys travelled directly underneath clean clothes.
- The centre had only one dedicated hand hygiene sink in the dirty utility. This sink was not compliant with the required specification.
- The underside of multiple shower chairs had splashes of yellow coloured fluid and dust on them.
- The temporary closure mechanism was not engaged on the sharps bins observed by the inspector.
- The medication fridge was dusty.
- The door to a store room was not painted and the internal surround of the

door had exposed wood which had not been painted or sealed and therefore could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Areas for improvement were identified including:

- Inspection of fire doors was not consistently done on a monthly basis.
- Fire training records reviewed indicated that staff training was out of date since March 2021. However, management stated that two fire training sessions had taken place in December 2021. Documentation received following the inspection stated that fire extinguisher training had taken place.
- No evacuations of the largest compartment with night-time staffing levels had taken place in 2022.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While improvement had taken place in medication practices since the last inspection, potential areas for error were identified, including:

- Analgesia, prescribed as an as required medication (PRN) two to three times daily had four times daily indicated by times over a 24 hour period in the medication administration record. While this was offered to the resident four times a day, the resident had declined it and had only received it once daily.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

- A smoking risk assessment on a resident that smoked had not been completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a general practitioner and health and social care providers. The inspector was informed that health and social care providers when referred were reviewed within four to six weeks. Tissue viability advice and support was available through a local community hospital with no waiting time from once requested. Three monthly medication reviews were held with the pharmacist, general practitioner and nurse and the pharmacist attended onsite at four monthly intervals. Residents paid for chiropody services, of which the centre paid half the fee.

Residents observations and weights were consistently completed monthly.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required around residents rights. For example;

- Residents had not been consulted about the organisation of the designated centre in 2022. In addition, no resident survey was completed in 2021.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Gahan House OSV-0000545

Inspection ID: MON-0037028

Date of inspection: 23/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Update our statement of purpose in line with staffing number.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staffing details on their files to be updated ie references and employment history.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Laundry room to be added to risk registrar. Audits will be more comprehensive. Meetings will be available for review on next inspection. Evidence of management meetings took place regarding incidents and accidents and example will be attached.	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All residents have a signed contract of Care in their file.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • General wear and tear on the Premises will be fixed and painted. • A Janitorial sink will be installed. • The bathrooms will be upgraded with a washable surface (Gladding). • The sluice machine will be serviced. • A room will be dedicated to housekeeping. • Storage room will store appropriate items. • The storage of PPE has been organized and out of date stock removed. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Updating the risk management policy, to include the correct measures and actions to be put in place.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Cleaning Rota schedule will be updated and all areas of cleaning to be signed off. The Laundry layout will be changed to facilitate the flow of clean and dirty linen.</p>	

<p>Utility room sink will be replaced to standard required. Sharps bin will kept in the engaged temporary closed lock and a sign has been put up regarding the above.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors will be inspected and signed monthly. Fire training will be provided to all staff in line with regulation 28D. Night evacuation of the largest compartment will be completed.</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: Spoke to the Pharmacist and changes will be made to the Mar sheet for the PRN medication.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Smoking risk assessment to be completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

Regular Resident meetings occur on a 4-6 weekly basis but the folder was not produced on the day.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022
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	31/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	31/10/2022

	and are available for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	07/10/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Substantially Compliant	Yellow	30/09/2022

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/09/2022
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	14/10/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	14/02/2022
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Substantially Compliant	Yellow	14/02/2022

	includes the measures and actions in place to control accidental injury to residents, visitors or staff.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	14/02/2022
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Substantially Compliant	Yellow	14/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable	Substantially Compliant	Yellow	16/12/2022

	training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	07/10/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Substantially Compliant	Yellow	14/10/2022

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	23/09/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	23/08/2022