



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

Issued by the Chief Inspector

Name of designated centre:	Dundalk Care Centre
Name of provider:	Tempowell Limited
Address of centre:	Inner Relief Road, Marsh South, Haggardstown, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0008237
Fieldwork ID:	MON-0037792

About the designated centre

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

Dundalk Care Centre is nestled on the edge of the peaceful townland of Haggardstown.

It is registered to accommodate 130 residents all in single ensuite bedrooms and offers an extensive range of short term, long term and focused care options to residents. The ethos of Dundalk Nursing Home is to provide quality person centred care, where residents are offered choice in their in their way of life and are consulted and participate in decisions regarding their care.

The nursing home is set in landscaped gardens with exceptional views across fields of outstanding beauty. There are a number of enclosed outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84
--	----

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 9 November 2023	11:30hrs to 18:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Residents spoken with were overwhelmingly satisfied with the standard of care they received. Residents told the inspector that they felt safe and secure living in the centre.

One resident described how they had felt unsafe living alone at home especially at night and explained how living on their own was lonely, but after a planned respite stay in Dundalk Care Centre they had made the decision to move into the centre on a permanent basis. They felt this was the best decision for them and had no regrets, a number of months later. The resident explained how feeling safe gave them a great 'peace of mind'.

The inspector walked around the occupied areas of the centre with one of the two assistant directors of nursing on duty. The centre was observed to be clean and tidy. The centre was bright and airy but the room temperature felt cold in some areas particularly in the communal rooms on the ground and first floor. The temperature display unit in each room was turned off and therefore, one could not determine the temperature of these rooms at the time. On further discussion with maintenance staff, the inspector and assistant director of nursing were informed that the heating was turned off daily between 9am and 5pm and between 9pm and 5am. The inspector observed a number of female residents with a second cardigan on, two male residents with a woolly hat on and a number of residents with blankets or shawls over their shoulders while having lunch in the downstairs dining room. The issue was discussed with the person in charge who promptly arranged for the heating to be turned on. The room temperatures were above 21 degrees Celsius and the rooms felt warm prior to the inspector leaving the designated centre.

The newly purpose-built centre remained in a good state of repair. The doors leading into both the dirty and clean side of the laundry were closed and staff working in the laundry knew how to turn off the emergency gas supply in the laundry. An additional stainless steel shelf had been installed to facilitate the folding of clothes.

The inspector observed visiting members of the multi-disciplinary team providing care to residents in a communal room. The privacy of residents was not being maintained during the provision of this care. The inspector observed other residents sitting waiting on their turn while the residents receiving care were in full view.

There was no clinical wash hand sink available in this room for the visiting members of the multi-disciplinary team to wash their hands between residents. In addition, the clinical wash hand sinks were not accessible to all staff and those available in the medication rooms on each unit did not meet the required standard.

The inspector saw that residents received food of their choice and that there were at least two options to choose from at each mealtime. Residents spoken with

expressed satisfaction with the meals and a choice of meals was available.

The inspector observed the lunch service and noted that there were further opportunities to improve the service to ensure residents could maintain their independence and serve themselves, where they were safe to do so. For example, residents had to ask staff for a drink and for additional gravy. While both were available, they were not made accessible to residents on the table they were dining at. Also, staff were observed clearing and scrapping clean plates in the dining room while other residents were eating their lunch, this took away from the peaceful dining experience.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The provider was working towards improved regulatory compliance as identified on this inspection, however further action was required to ensure a consistent high quality service was provided to the residents. This was evident in the repeated non-compliance identified in respect of care planning arrangements and healthcare, despite previous commitments received from the provider to address the non-compliance in respect of Regulation 5: Individual assessment and care planning and Regulation 6: Healthcare within a specific timeframe.

This was the third risk inspection carried out in Dundalk Nursing Home since it was registered on 26 August 2022. Tempowell Limited is the registered provider of Dundalk Nursing Home. The senior management team included the provider representative, person-in-charge, and three assistant directors of nursing. This team was supported by a director of clinical governance and quality, a chief operating officer, a group facilities manager, human resource staff, and administrative supports. The inspector found that the level of support provided to the person-in-charge had increased with two additional assistant directors of nursing employed since the last inspection in February 2023. Despite this strengthening of the management structures, all practices were not being monitored appropriately to assure of effective service oversight. The management team did not have a clear picture of the issues identified by the inspector as evidenced by the fact that overt breeches in residents' privacy during care interventions were not being recognised and addressed prior to inspector observing such institutional practices.

The provider had started to implement an auditing system. This was in its infancy and was not fully established. For example, the last nursing documentation audit had identified issues with incomplete nursing assessments and care plans but improvements had not been implemented to date.

Staff training had improved with all staff having the required mandatory training in place. However, the inspector found that staff required further training to ensure they had the knowledge to effectively identify and meet residents' needs.

Staffing was adequately resourced and there were enough staff available to meet the needs of residents.

Some policies required review to ensure they reflected practices in the centre. For example, the medication management policy had been updated to include the procedure for nurses to follow when checking controlled drugs on a daily basis and it outlined the procedure to return medications to pharmacy, however it did not reflect current processes.

Regulation 15: Staffing

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

The inspector noted there was a low use of agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Notwithstanding the completion of mandatory training, the inspector observed as evidenced in this report that staff required further relevant training to support them in the provision of person-centred care, specifically in the following areas;

- Staff nurses required further training in how to document residents end of life preferences in a person centred end-of-life care plan.
- All staff required further training in relation supporting and promoting resident's independence at all times.

Judgment: Substantially compliant

Regulation 21: Records

The actual and planned staff rosters were available and they reflected the actual staff on duty.

Staff files reviewed contained all the required documents.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the governance and management arrangements and responsibilities assigned to the management personnel to oversee the service, the inspector found that further strengthening of managerial systems and enhanced oversight of premises were required to address a number of issues identified on this inspection;

- Management systems did not ensure that premises were maintained in line with Statement of Purpose and condition of registration. For example, the centre was not heated to an adequate temperature at all times.
- Previous commitments given in the compliance plan from previous inspection had not been completed and some regulations remain non-compliant nine months after the last inspection.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that all the policies prepared in writing were detailed enough to guide practice and to ensure they were implemented in practice: For example;

- the medication management policy although updated required more specific details in relation to the storage of controlled medications and the procedure to return medications to the pharmacy. In their current updated format they did not outline the procedures followed by staff nurses.
- the updated staff recruitment, selection and appointment policy did not include the requirement to have completed garda vetting sought prior to staff commencing work in the centre.

Judgment: Substantially compliant

Quality and safety

Some improvements to the quality and safety of care provided to residents were

required to ensure residents received a high standard of quality care as stated in the registered provider's statement of purpose. Notwithstanding the progress made since the previous inspection, further improvements to the premises, nursing and medical assessments, nursing care plans, infection prevention and control practices and the service of food was required to ensure the centre was brought into compliance and that residents were supported to enjoy a high standard of quality care.

The inspector found that residents were not appropriately assessed on admission to the centre. A comprehensive assessment had not been completed for each resident within 48 hours of being admitted to the centre. In addition, a number of residents did not have care plans in place to reflect their identified care needs and guide staff in the provision of care in line with their multidisciplinary assessment. The failure to comprehensively assess a resident on admission and outline the care they required in a person-centred care plan had the potential to negatively impact the quality of care delivered to residents.

Two residents had not had a medical review completed post their admission to the centre. The inspector sought and received written assurance that they had been seen within 24 hours of this inspection. There was evidence that residents had access to all the required allied health professionals services and the inspector saw evidence that a variety of these practitioners were involved in assessing and caring for the residents.

The inspector observed members of the multidisciplinary providing care to residents in an open plan communal room. This practice failed to ensure the residents' right to privacy was upheld. The inspector observed that to date the wash hand sinks in the treatment rooms were accessible to qualified staff only. These wash hand sinks did not meet the required specifications for clinical wash hand sinks and no other clinical wash hand sinks had been installed, to ensure all staff had access to facilities that enabled them to wash their hands. This issue was identified but not addressed on the previous inspection report.

Premises were clean and uncluttered, all entrances and exits were clear. However, the centre was not heated appropriately for the time of year. Once brought to the attention of the person-in-charge this issue was rectified. However, the processes required review to assure the inspector that this would not occur again. In addition, the height of the outside balcony had not been increased within the timeline set by the provider on the previous inspection response.

Residents were receiving visits as and when required and they assured the inspector their right to have visitors was being upheld.

There was a safeguarding policy in place, all staff had received appropriate training in the protection of vulnerable residents prior to starting work in the centre. An Garda Síochána (police) vetting disclosures was sought and received prior to all staff commencing employment. The provider was not a pension-agent for any residents.

The medication management practices had improved. The administration practices in relation to control drug administration practices had improved and the inspector

observed the improvement in the records and the safe storage of medications.

Regulation 17: Premises

Notwithstanding the improvements that were made since the last inspection the following issues were highlighted;

- The inspector was informed that the safety risk to residents on the roof terrace in relation to the height of the parapet wall had not been addressed within the required time-frame given on the last inspection report. This area remained inaccessible to residents. This issue has remained outstanding since the centre was registered in August 2022.
- The inspector observed that the centre was not adequately heated.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The service of food was not reflective of best practice and required review;

- to ensure residents are facilitated and encouraged to remain as independent as possible.
- to ensure meal time is a dignified experience for the residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that processes were not in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements had not been made since the last inspection to ensure adequate precautions were put in place to prevent the potential spread of transmissible infections, specifically in respect of clinical hand wash sinks.

Staff did not have access to clinical wash hand sinks and there was no plan in place to replace the existing wash hand sinks in the medication rooms to ensure they supported effective hand hygiene practice and minimised the risk of acquiring or transmitting infection. This was identified on the last inspection report and has not been addressed to date.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had been provided with training on how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

The inspector observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some comprehensive assessments were not updated in line with regulatory requirements and the inspector observed a lack of detail in some care plans, which meant that staff were not effectively guided in the provision of care to the residents. In particular, end-of-life care plans.

Judgment: Not compliant

Regulation 6: Health care

Residents did not have a comprehensive assessment of their medical care needs completed post their admission to the centre. However, the inspector got written confirmation that these residents had a medical review complete post the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse, and it was being implemented in practice. The inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents and were obtained prior to staff commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy rights of residents were not upheld. Residents were not afforded the right to receive care in private and this did not ensure that residents dignity was preserved at all times.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dundalk Care Centre OSV-0008237

Inspection ID: MON-0037792

Date of inspection: 09/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • Our group CNS EOL will complete 3 training sessions with all staff nurses in January 2024 this will ensure all staff nurses can document each of their residents EOL preferences and ensure their EOL care plan is person centered and meets each need the resident has. • Training for all staff in relation to supporting and promoting residents’ independence will begin its roll out in January 2024. This training will follow the human rights approach and will be facilitated by the Clinical Governance support team including our Advocacy services Manager. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • To enhance the oversight of premises and strengthening of the managerial systems the Group Estates and Engineering manager completes a monthly review of the centre, this review will then be discussed, and action plan agreed at governance facilities review which takes place with the PIC, DCGQR(PPIM) and Estates and Engineering Manager. These reviews take place bi-monthly. 	

- Previous commitments not completed will be completed by end of quarter 1 2024.

Regulation 4: Written policies and procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The medication policies are under review and will be amended to reflect the findings of the inspection.
- All staff prior to working in the center have their garda vetting in place. This is now reflected in the updated policy.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The work required to ensure the roof terrace can be accessed by the resident will be completed by end of 1st Quarter 2024. Delays had been caused by external service providers not honoring agreed timelines with Silverstream. The work has since been assigned to a new contractor with an assurance that works will progress to completion in Q1 2024.
- The heating is on 24 hours per day with clear instruction now imparted to staff in how the heating system works and how to retain the temperature within the centre. A BMS Engineer is scheduled for 08/12/2023 to visit site and carry out a full review of the control strategy on the heating system and to provide the maintenance operative with refresher training on same.

Regulation 18: Food and nutrition	Substantially Compliant
-----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

To ensure compliance the PIC will have the following in place and implemented and actioned as required:

- To ensure residents are facilitated and encouraged to remain as independent as possible the PIC has completed a full review of the dining experience for residents. A staff member is now allocated daily to ensure compliance to this is maintained. This will be further enhanced following through training for all staff in relation to supporting and promoting residents independence will begin its roll out in January 2024. This training will follow the human rights approach and will be facilitated by the Clinical Governance support team including our Advocacy services Manager.
- Dining experience audits will be completed by the Clinical Governance support team to ensure it is a dignified experience for all residents.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- The required clinical hand wash basins will be in place by the end of quarter 1 2024. This will ensure facilities are available to staff to mitigate infection transmission.

Regulation 5: Individual assessment and care plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:

- A detailed care plan audit schedule has been implemented for the PIC and the clinical support team within the home. This team will be overseen by the Clinical Governance support team from the RPR. This audit review will be completed monthly to ensure all comprehensive assessments are in place and care plans are detailed in guiding and supporting the care that staff need to deliver to meet the needs of each resident. Our group CNS EOL will complete 3 training sessions with all staff nurses in January 2024 this will ensure all staff nurses can document each of their residents EOL preferences and ensure their EOL care plan is person centered and meets each need the resident has.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The appointed GP for residents has been requested as per SLA to ensure that all comprehensive medical assessments are completed for each newly admitted resident and 3 monthly thereafter. The PIC on a monthly basis will review all visits by GPs to ensure compliance is met. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • All staff have been reminded to ensure all care needs are met for residents in private this maintaining privacy and dignity. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2024

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/01/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals	Substantially Compliant	Yellow	31/01/2024

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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.	Not Compliant	Orange	28/02/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/02/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based	Substantially Compliant	Yellow	28/02/2024

	nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	15/12/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	15/12/2023