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:	Duleek Care Centre
Name of provider:	Arnotree Limited
Address of centre:	Duleek Nursing Home, Downestown, Co Meath, Meath
Type of inspection:	Unannounced
Date of inspection:	02 August 2023
Centre ID:	OSV-0008238
Fieldwork ID:	MON-0037308

About the designated centre

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

Duleek Nursing Home is located in a rural setting just outside the village of Duleek which is in the east of County Meath. Duleek is just 7.5kms from Drogheda and 17kms from Navan. The aim of the nursing home is to deliver high standards of quality care to a maximum of 121 residents. The centre offers an extensive range of short stay, long stay and focused care options. Each of the 121 bedrooms are single ensuite bedrooms and residents have access to a number of communal rooms spread over two floors. Residents have access to a number of landscaped garden areas which are safe and secure for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 August 2023	09:00hrs to 16:45hrs	Sheila McKevitt	Lead
Wednesday 2 August 2023	09:00hrs to 16:45hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents told the inspectors they received a high standard of quality and personalised care. This was confirmed by more than four different relatives who inspectors met and spoke with on this inspection. The overall feedback from all those spoken with was that the centre was a lovely place to live, with plenty of engaging activities and good quality food.

Following a short introductory meeting, the inspectors walked around the centre. The inspectors observed many residents were up and dressed and were participating in activities in one of the communal sitting rooms. There were three activities staff on duty and residents reported that the activities on offer were excellent, they were kept very busy with one resident saying there was lots to choose from. However, inspectors observed that the activities planned and facilitated in the secure dementia unit required review to ensure they were meeting the needs of the these residents who had been assessed as having complex care needs.

Residents' bedrooms appeared to be comfortable spaces and were clean and tidy, residents confirmed their bedrooms were cleaned daily. Residents had independent access to three enclosed gardens all accessible from communal sitting and dining rooms. All three contained garden furniture and residents spoken with said they had been making good use of it despite the bad weather. One resident put this down to the fact that gardens were so easily accessible and explained how they could take a quick walk around between the rain showers.

The inspectors spoke with many residents, all of whom were positive and complimentary about the staff and had only positive feedback about their experiences of residing in the centre. However, some relatives spoken with said they felt that the supervision of staff and residents in the secure unit on the ground floor required improvement.

Residents reported that their visitors were able to freely visit them and they had no concerns around visiting. Visitors spoken with confirmed this and also mentioned how welcoming the staff were.

From observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Many staff that the inspectors spoke with, reported that they enjoyed working in the centre. All those spoken with felt supported in their roles and said they were facilitated to take part in continuous training to enhance their role, both mandatory and non-mandatory training.

The inspectors observed that lunch in most of the centre's dining rooms was a relaxed and social occasion for residents', who sat together in small groups at the dining tables, where the daily written menu was displayed. However, the ambiance in one dining area could be improved to ensure it was aligned with the others and

all residents living in the centre enjoyed the same standard of mealtime experience. There was a choice of hot meals at lunchtime and a choice of a hot or cold option for the evening meal. The lunch was observed to be well presented and warm. Residents were also observed being offered frequent drinks and snacks throughout the day. The inspectors noted that the service of drinks and snacks required review to ensure residents were facilitated to remain independent and treated with an increased level of respect given their age and cultural background.

Infection control practices were overall good. However, some further improvements could reduce the potential risk of cross- contamination. The inspectors observed that while staff practiced good hand hygiene sanitisation between residents, they did not have easy access to clinical wash hand sinks. Those wash hand sinks installed in the clinical rooms did not meet the required standard.

Residents and relatives told the inspectors they would speak with the nurse in charge or any one of the staff if they had a concern. They knew the person in charge by name and those spoken with felt that when they raised issues they were addressed in a prompt and satisfactory manner.

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

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013.

Overall, the management of this centre was good. Some areas of improvement were noted in regulations inspected against on the last inspection, however a strengthening of oversight tools and practices was required to ensure areas of practice including nursing documentation, medication management and staff training and development were brought into full compliance.

There had been a change in the governance of this centre since the last inspection The provider of Duleek Nursing Home was Arnotree Limited. The provider representative remained the same however the person in charge had changed. The newly appointed person in charge was present on inspection and demonstrated a willingness to address further areas for improvement identified on this inspection. They demonstrated a good understanding of their roles and responsibilities with the lines of accountability clearly reflected in the statement of purpose.

The systems in place did not assure inspectors that the service provided was appropriate, consistent and effectively monitored. The established management

system in place was not consistently effective in ensuring the over sight of all practices. Inspectors found that the audit tools used were not capturing all areas of practice, and therefore the areas of non-compliance found on this inspection had not been identified by the management team and had led to gaps in the quality of care being delivered to residents.

The inspectors found that although the managerial resources had increased since the last inspection with an additional assistant director of nursing being employed, the supervision in some areas was not adequate to ensure the supervision of residents ensured their safety at all times. A qualified member of staff was not continuously available to supervise practices in the secure unit on the ground floor. Inspectors observed that the absence of supervision had the potential to lead to a negative impact on the effective delivery of high quality nursing care to residents in this unit.

Staff had access to mandatory and non-mandatory training which facilitated them to meet the needs of residents. However, inspectors found that staff required further training on restrictive practices, medication management and nursing documentation.

Overall, all the documents reviewed met the legislative requirements. Records such as individual investigations of each reported incident of abuse were readily available for review.

Regulation 15: Staffing

Inspectors were assured that appropriate numbers of skilled staff were available to meet the assessed needs of the 76 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors identified gaps in knowledge in particular around restraint, restrictive practice, medication management and care planning.

Inspectors found that supervision of staff, particularly in the secure dementia unit required strengthening to ensure the complex needs of the residents living in this unit were met to a high standard and their safety was maintained at all times.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The residents directory was reviewed and it was found not to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure the service was safe, consistent and appropriately monitored were not always effective.

The following issues were identified:

- The service oversight required strengthening particularly in relation to nursing documentation. For example, the recent audits completed in relation to the nursing documentation had not picked up on the findings identified on this inspection, as further detailed under Regulation 5; Individual assessment and care planning.
- Some audit tools in use were not comprehensive enough to cover all aspects of the area of care being audited.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The chief inspector had been informed of all incidents which occurred in the centre within the required timeframe.

Judgment: Compliant

Regulation 32: Notification of absence

The provider had notified the Chief Inspector of Social Services in writing of the recent change of the person in charge from the designated centre. This was done in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. It had been updated following the recent change in person in charge. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors found that policies were being implemented in practice. In particular, inspectors noted that the safeguarding policies were being implemented in practice.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider was aware of the regulatory requirement to inform the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre and had done so in a timely manner during the recent change in person in charge.

Judgment: Compliant

Quality and safety

Since the last inspection on 18 January 2023, some improvements were observed in relation to the quality and safety of care. However, further improvements were required particularly in relation to residents' assessments and care plans, medication management and the service of snacks.

Inspectors were assured that residents' were safe-guarded against abuse by the implementation of robust safeguarding policy, however as detailed under regulation 16; Training and staff development, the supervision arrangements in the dementia unit were not sufficient.

The premises were found to be clean, tidy and free from clutter. Fire exit doors were unobstructed and residents had unrestricted access to the secure courtyards.

In relation to infection prevention and control the provider had an external consultant complete an infection prevention and control audit in the centre. The audit had highlighted the absence of clinical hand wash sinks, which inspectors were informed were being considered for installation.

Residents' care plan and assessments did not guide practice. There was an assessment completed prior to a resident's admission which did not always identify all the health and social care needs of the resident. The care staff were asked by the inspectors about the residents they were caring for and the residents' needs. Although the care staff knew the residents' needs and showed care and compassion in their role, this level of detail was not reflected in the residents' care plan and each resident's identified needs.

Residents' transfer documents following admission to and discharge from the acute hospitals were available for review. Inspectors saw that the National transfer document had been implemented in practice.

Mealtimes were observed in two dining rooms together with the service of morning drinks and snacks. Residents had a choice of meals, drinks and snacks. However, the service of snacks required review to ensure it facilitated choice, independence, dignity and the safety of residents.

Although medication management practices had improved, some gaps remained. Inspectors noted that medication management practices did not always reflect best practice and therefore had the potential of increasing the risks of medication errors.

Regulation 18: Food and nutrition

The service of food required review to ensure the service was to a high standard and took into account the age group of the residents and their safety, while ensuring their dignity and respect was maintained.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, and the referral and transfer letters were maintained in residents' file.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in the following areas:

There were no clinical hand wash sinks installed in the centre, therefore, staff did not have access to clinical hand wash sinks in line with best practice and national guidelines, to facilitate them to perform hand hygiene effectively.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland (NMBI)which could potentially result in medication-related errors or incidents.

- Inspectors reviewed a sample of the resident's medication records and saw that the allergy status was not always recorded on the residents prescription chart.
- The opening date on some medicinal products in use was missing.
- Some medicinal products supplied for residents were not stored safely or in line with the product advice.
- Inspectors saw the temperature records for the medication fridges were recorded to be above the recommended temperature for some period of time and this had not been identified by provider's own auditing and checks system.
- Inspectors observed that oxygen was administered to a resident for a long period of time prior to it being prescribed.
- Inspectors observed that single use dressing were retained although they had already been opened and partially used. This impacted on their efficacy and sterility.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Gaps were identified in nursing assessments and care plans, from the sample reviewed. For example;

Residents' risk assessments and care plans clearly identified potential causes for responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), however the care records were inconsistent and did not always provide staff with a clear plan of how to intervene with an appropriate level of de-escalation for the resident when they became agitated or distressed. Some of the negative impacts associated with the lack of appropriate interventions included recurrent incidents of responsive behaviours.

Inspectors noted there was a duplication of some care plans, one resident had two rights based care plans, the information on one differed from the other. Other care plans containing conflicting information, for example, one nutritional care plan stated to weight the resident monthly and further down it stated to weight the resident weekly. The resident was weighed weekly. The conflict of information was a result of historical information that had not been removed from the current plan of care.

Some residents did not have a care plan in place for a care need identified on assessment. One resident admitted with poor appetite, did not have a oral nutritional care plan in place, although they had been prescribed supplements.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Residents that at times displayed behaviours that were challenging to themselves and other residents did not have a clear plan of how to manage and respond to these behaviours. While some good care plans on responsive behaviours were seen, others were not sufficiently comprehensive to guide care.

Inspectors found that the records of incidents of responsive behaviours were not detailed enough, therefore, an analysis of such behaviours did not result in any improvements in care practices.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. All staff were provided with refresher training on safeguarding and could demonstrate the principles of the training in practice. A sample of personnel records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Duleek Care Centre OSV-0008238

Inspection ID: MON-0037308

Date of inspection: 02/08/2023

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

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• A full review has taken place with all staff and residents regarding restraint and restrictive practice. Information sessions with all care staff have been completed and will be reviewed monthly at staff meetings.
• Medication management audits completed by ADON's and findings have been actioned and discussed with staff. Audits completed monthly and reviewed with the PIC and senior Clinical RPR team members.
• A full review of all resident care planning is underway. Part of this review includes planned training for all nursing in care plan writing and maintenance. This takes place each Wednesday in the centre.
• General supervision has been strengthened by the introduction of 3 ADONs to the centre. Each ADON has a specific role and function and reports directly to the PIC. The designation and responsibilities include ensuring staff supervision and support through reviewing the skill mix allocated to care for each resident group assigned.
• The staff in the secure dementia unit are now supervised by a staff nurse allocated to the unit 24 hours a day. A designated CNM is also assigned to support the unit 7 days a week. To support at night there is an allocation of on call support from clinical staff. A full review of the skill mix of the HCA staff has taken place and staff allocated to the unit all have the appropriate training in place. Plan to hire a dedicated care practitioner to support the dementia services provided.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance the RPR will have the following in place and implemented and actioned as required:
• To strengthen the service oversight the following is in place now : Monthly audits with clear findings and action plan with review monthly with DCGQR PPIM.
• All auditors have been appropriately trained and are supervised as required when undertaking any audits. This will ensure that any gaps are correctly identified and actioned as needed. 1 ADON is an accredited Train the Trainer in Auditing.
• Dedicated audit training on care planning has taken place to ensure findings identified are reviewed and followed up in a timely manner.
• An agreed audit schedule is in place and reviewed with DCGQR.
• A full review has commenced into all audit tools to strength them to ensure that the audits completed guide and support and identify any gaps, thus ensure improvement in care practices, follow up and learnings.

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 that the service of food meets the needs of all resident age groups and that the service is to a high standard while ensuring the resident safefty, dignity and respect is maintained, the following has taken place : A resident meeting has taken place and all food and dinning concerns have been discusseded and residents have given clear indicationbs of what they want do not want re their food and dinning experience.
• Each dinning experince is now supervised by a CNM to ensure a safe and respectful expoerince is had by all residents.
• Portion sizes have been reviewed and agreed with each resident which is documented in their care plan. The kitchen have a indivdual diet sheet for each resident which lists their wishes and requirements.
• The residents committee agenda item will always include food and the Dinning experinece. The Kitchen Manager attends this meeting.
Dinning experience Audit has been completed for each dinning area and will be repeated quarterly or more frequently if issues arise.

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:
• A full review is underway in the center to determine the best available locations for clinical hand wash sinks and to ensure where possible 1 sink to every 10 residents.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• All resident medication records now all record their allergy status. Each new resident admitted will have the medication records reviewed with 48 hours of admission to ensure all information recoded as required.
• All medicinal products in use and opened are dated with date of opening. Reviewed daily and audited monthly.
• All medicinal products are stored safely in line with product advice. Reviewed daily and audited monthly.
• Medicine fridges have been replaced. Temperature checks daily and any issues found actioned on the day.
• Any resident requiring oxygen has it prescribed by their GP.
• Single use dressing are disposed of after use. Each nurse instructed re same.

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 PIC will have the following in place and implemented and actioned as required:
• A comprehensive care plan audit of each resident's care plan is underway to identify all gaps in nursing assessments and care plans. Once identified, addressed and reviewed to ensure it correctly reflects the care needs of each resident. Duplicate care plans have

been removed. Care plans are completed by the staff nurse with support from the unit CNM and allocated ADON to ensure all information recorded guides and supports resident care is not conflicting.
• Particular focus is underway with all residents with a responsive behaviour pattern or history. Each care plan will be individual to each resident and will outline with a clear path how staff are to intervene with an appropriate level of de-escalation for the resident when they become agitated or distressed. This will limit and reduce recurrent incidents of responsive behaviours. Staff have recieved training in MAPA, dementia, descalation and responsive behaviour training. Training is scheduled and reviewed 1 monthly. Safegauarding training is completed monthly.
• An audit is completed by the PIC 48 hours post admission of a new resident. This is to ensure athat all indefived care needs have an approptrea care plan and assessment completed.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
To ensure compliance the PIC will have the following in place and implemented and actioned as required:
• All residents with a responsive behaviour pattern or history now have a care plan that is individual to each residents identified behaviour need and trigger. This outlines a clear path for how staff are to intervene with an appropriate level of de-escalation for the resident when they become agitated or distressed. This will limit and reduce recurrent incidents of responsive behaviours. Staff have received training in MAPA, dementia, descalation and responsive behaviour training. Training is scheduled and reviewed 1 monthly. Safegaurding training is completed monthly.
• Training will be provided to all nursing staff to ensure that records of incidents of responsive behaviour are detailed and this will ensure that an analysis of the insdiced clearly indefys the learbings required,and thus improving the care outcome for residents.

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	08/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/09/2023
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	08/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/12/2023

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/08/2024
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	08/09/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	08/09/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive	Not Compliant	Orange	08/12/2023

	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.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	08/09/2023