Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Tralee Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Teile Carraig, Killerisk Road, Tralee, Kerry</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>19 August 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000566</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0027082</td>
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</tbody>
</table>
About the designated centre

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

Tralee Community Nursing Unit is a designated centre located in the urban setting of the town of Tralee. It is registered to accommodate a maximum of 43 residents. It is a single-storey facility set on a large site. Residents’ bedroom accommodation is set out in two units, Lohar unit with 22 beds and Dinish unit with 21 beds. Each unit is self-contained with a dining room, kitchenette, day room and comfortable seating throughout the units; each unit has an enclosed courtyard with garden furniture seating and tables, raised flower beds and shrubbery and paved walkways. Bedroom accommodation comprised single, twin and multi-occupancy wards, all with wash-hand basins, some had shower, toilet and wash-hand basin en suite facilities. There were additional shower and toilets and a bath room in each unit. The Rose Café is located at the entrance to the centre with café style seating and a seasonal life-size display as decoration; calligraphy adorned the pillars of the café. The atrium was a large communal space located between the two units with comfortable seating, where the group activities were held. The activities room with situated off the atrium. The ladies and gents 'Finishing Touches' hair salon, 'Oifig and Phoist' and 'Treasure Trove' had shop frontage of a bygone era as decoration. The quiet visitors room was located between both units. The oratory was situated on the corridor by the main entrance. Tralee Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 42 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 August 2019</td>
<td>07:40hrs to 16:00hrs</td>
<td>Breeda Desmond</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met with several residents during the inspection. Feedback was positive regarding care and attention, and the kindness and good humour of staff. Residents praised the encouragement that the activities co-ordinator gave them. One resident wrote short stories and poetry of her life in the centre and showed them to the inspector; these were insightful and portrayed a picture of compassion, encouragement and dedication of staff.

Capacity and capability

This inspection was undertaken following the non compliance and poor practice identified on inspection 25 February 2019. Overall, there were significant improvements noted and better atmosphere in the centre on this inspection. There was improved oversight of the service to enable care to be delivered in line with their statement of purpose.

The person in charge was on leave on the day of inspection and the clinical nurse manager facilitated the inspection in a professional, open and responsive manner.

There was a clearly defined management structure with defined lines of accountability and responsibility for the service. The person in charge was supported on site by the clinical nurse manager, nurses, care staff and administration. The general manager attended the centre on a monthly basis; the clinical development co-ordinator and project officer in clinical development supported the service in areas such as policy review, staff training, dementia awareness programme, resident care documentation, person-centred support programme and workplace culture analysis tool (WCCAT) assessments.

The general manager had provided significant support to the service to enable the service to come into compliance, for example, with group and individualised training programmes areas such as care documentation including end of life care, audit and workplace culture observational assessment tools. The statement of purpose was updated to reflect the requirements of the regulations and information contained within was current. The annual review for 2018 was in place. The audit programme included audit of practice as well as workplace observational assessments that provided insight into culture and practice; many changes were initiated following review of these to improve outcomes for residents. Segregation of care and household roles and responsibilities contributed to better outcomes for residents, particularly during mealtimes. In addition, mealtimes were now protected times for residents to enjoy their meals as social occasions where medication rounds were completed either before or after their meals, and cleaning occurred when all
residents had finished their meals in the dining room.

Nonetheless, there were still issues outstanding as the community physiotherapy outpatients continued to be facilitated in the middle of the Loher unit. Notwithstanding that, the CNM reported that this was due to be relocated by October 2019. The centre continued to be non compliant with Schedule 6 of the Regulations as the main kitchen for meal preparation was located off site in University Hospital Tralee.

Regulation 15: Staffing

There were adequate staffing levels for the size and layout of the centre to meet the assessed need of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Following on from the findings of the last inspection, training was provided for staff in areas such as report writing, care documentation including end of life care and several staff had completed ‘Final Journeys’. Other training included auditing and two staff had completed the workplace culture observational analysis tool; these culture observational audits had commenced.

Judgment: Compliant

Regulation 23: Governance and management

The statement of purpose was updated following the last inspection to reflect the conditions of registration including the restrictive condition, the registration date and the new governance structure. The annual review for 2018 was available.

Following on from the inspection in February 2019, significant work was done regarding the audit process. Work practices were now including when auditing to determine whether practice was in compliance with the centres policies, statement of purpose and best practice. The workplace culture observation analysis audit had commenced which highlighted issues that were subsequently addressed.

The communication book on each unit informed staff of audit results, as well as providing staff with any other updates. Quarterly staff meeting were convened where information was relayed to staff, and the CNM updated staff on a daily basis.
at hand-over meetings.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose was up to date and had the requirements as listed in Schedule 1 of the regulations.

Judgment: Compliant

**Regulation 31: Notification of incidents**

Notifications were timely submitted in compliance with the regulations.

Judgment: Compliant

**Quality and safety**

Most practices observed showed that staff actively engaged with residents and were attentive and kind, however, occasionally, there was evidence of task-orientated institutionalised practice, for example, residents continued to have their breakfast in bed or their bedrooms without choice in time or where to dine.

Residents praised the care and attention they received from staff. Residents gave positive feedback regarding the rehabilitation co-ordinator, the activities programme and encouragement to participate in activities. Activities were incorporated with rehabilitation to maximise the benefit to residents. Residents were encouraged to use the terra bikes, and to join the group activities in the morning and afternoons. Observation on inspection showed that residents enjoyed the one-to-one sessions and the group sessions and actively participated. Daily national newspapers were provided as well as local papers and magazines and newspaper reading was part of the one-to-one and group sessions.

At the time of inspection the atrium was being decorated for the Rose of Tralee festival and the 'Rose' was visiting the centre on 24 August. There were beautifully decorated single roses ready for the occasion. The Rose Café was furnished with old school desks and other paraphernalia reminiscent of school days. The two exercise bikes were also located here and residents were observed using these as
Activities included music sessions which were facilitated by staff, residents and family members; other activities included painting, baking, knitting, crochet, dog therapy, sonas and imagination gym. Photographs were displayed by the atrium of residents enjoying pet therapy. Staff member played the accordion for residents when she was on duty and residents appeared to really enjoy the music, sing-along and dancing.

Residents forum was held every two months and minutes showed that lots of issues were raised and discussed, and anything that needed follow up was appropriately addressed.

A sample of residents care plans and assessments reviewed showed an improvement in care documentation with person-centred information to inform individualised care and support. However, these required further review to ensure they were comprehensive and that the risk assessments were fit for their intended purpose. Behavioural observational records were not routinely initiated for residents to establish possible causes of challenging behaviour to identify and possibly mitigate recurrences, which could improve outcomes for residents. Restrictive practices were not reviewed in line with national policy.

The community physiotherapy clinic continued to be facilitated within the Lohar unit which impacted peoples' privacy and confidentiality. Rooms with hazards such as chemicals, sharps and clinical waste were secured to protect residents and prevent unauthorised entry. There was a current safety statement in place in line with best practice guidelines.

**Regulation 11: Visits**

Visitors were observed calling to the centre from mid-morning as per their routine. Visitors were known to staff and were made welcome.

Judgment: Compliant

**Regulation 12: Personal possessions**

All residents now had a minimum of a double wardrobe and bedside locker for their personal possessions; others had additional space such as a chest of drawers for storage.

Judgment: Compliant
### Regulation 13: End of life

Staff had completed ‘Final Journeys’ training and while there was an improvement in documenting people’s wishes, care plans were not updated following the implementation of ‘Let Me Decide’, in one care plan reviewed.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was warm and bright. There were several occasional seating areas throughout and residents and visitors were observed enjoying these areas. Residents had access to two enclosed courtyards. The entrance to one courtyard was upgraded following the last inspection to enable ease of wheelchair access.

The community physiotherapy clinic continued to be facilitated in Lohar unit. While the waiting area for the physiotherapy clinic was outside the unit, people had to come into Lohar unit to access the clinic, impacting residents' right to privacy and confidentiality.

The centre continued to be non compliant with Schedule 6 of the Regulations as the main kitchen for meal preperation was located off site in University Hospital Tralee.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents had access to speech and language therapy and dietician specialist. Residents gave positive feedback regarding their meals and variety of choice.

Catering supervisor and chefs from University Hospital Tralee attended the centre to discuss meals, choices and specialist textured diets. There was a three-week menu rotation to provide a varied menu choice. Menus were displayed on each table and had pictorial and written information on menu choice of the day, nonetheless, menu displays could be improved by having menus displayed on both sides of the holder so that all residents could easily read the menu choice. All meals came from the acute care hospital's main kitchen and these were plated on trays for residents. The inspector observed that gray was added to dinner plates outside the dining room and residents were not asked individually at their table whether they would like gravy. Three workplace culture observational tool highlighted that desserts were to be served separately after the main meal to reflect a normal dining experience, but the inspector observed that deserts were brought to the table with the main course,
reflecting institutional practice. Breakfasts continued to be given to residents either in bed or in their bedrooms with no choice of when or where to have their breakfast reflecting further institutional practice.

Judgment: Not compliant

**Regulation 25: Temporary absence or discharge of residents**

Documentation reviewed showed that all relevant information about residents was provided to the receiving care service; and all reasonable measures were taken to ensure that all relevant information was obtained upon their return to the centre.

Judgment: Compliant

**Regulation 26: Risk management**

Residents had personal emergency evacuation plans with photographic identification in line with best practice guidelines.

A current safety statement was in place in line with best practice. Monthly hydrant flushing was routinely completed to ensure viability and accessibility in line with the safety risk management policy.

Judgment: Compliant

**Regulation 27: Infection control**

Storage in sluice rooms was upgraded since the last inspection and all items were appropriately stored. The hand wash sink was accessible. New commodes and shower chairs were available. Good hand hygiene practices were observed and there were no inappropriate infection control practices observed.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

While medications were securely stored including temperature controlled medications, these were not dated when opened to ensure medications were
administered in accordance with the manufacturers’ timeline guidance.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

A sample of residents care plans and assessments reviewed showed an improvement in care documentation with person-centred information to guide individualised care and support. However, there was no risk matrix to inform the decision-making process for environmental risk, consequently, decisions made were subjective; in addition, these were not routinely assessed in accordance with the regulations. While the dewing wandering risk assessment was available to staff, this was not completed for a resident wearing a security bracelet. The lap-belt risk assessment did not assess the risk to the resident.

Judgment: Not compliant

**Regulation 6: Health care**

Residents had timely access to medical services, specialist consultants, dietician, speech and language, community mental health support services and tissue viability nurse specialist. Records showed effective oversight of residents' condition, medication management and responses to medications.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

While positive behavioural support plans were in place to support residents with specific care needs, observational assessments such as the ABC were not routinely recorded to inform staff as to possible triggers or suggestions for alleviating behavioural needs and improve outcomes for residents. There was a restrictive practice register in place which included bed-rails, security bracelets and lap-belts, however, this was not updated on a daily basis; in addition, bed bumpers were not included in the register. Bed-bumpers were not acknowledged as a restrictive practice and were not risk assessed; security bracelets were not risk assessed either. While residents had unrestricted access into and around the centre, doors to the enclosed gardens were locked, and this restrictive practice was not included in the notification NF39A returns.
Restrictive practices were not reviewed in line with national policy. The restrictive practice of a security bracelet was put in place for a resident with one episode of challenging behaviour. While the resident had their assessments and care plans updated in accordance with the regulations, the security bracelet had not been re-assessed and the resident was wearing this bracelet, unnecessarily, for 10 months.

Residents requesting access to their finances should be facilitated to access this whenever they request it; facilitating this request may prevent possible anxiety and upset.

**Judgment:** Not compliant

### Regulation 9: Residents' rights

Residents forum was held every two months and minutes showed that lots of issues were raised and discussed, and anything that needed follow up was appropriately addressed. Recent events included the Mad-Hatter’s tea party, visiting farm animals, a night at the dog track. The activities co-ordinator received free tickets for the Listowel races on the day of inspection. The Rose of Tralee was visiting the weekend following the inspection and they were in the process of decorating the library area for this occasion. Residents had access to the Irish Wheelchair Association and Kerry Family and Friends Association for support. Advocacy services were available to residents and information was displayed around the centre regarding this.

**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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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</table>
Compliance Plan for Tralee Community Nursing Unit OSV-0000566

Inspection ID: MON-0027082

Date of inspection: 19/08/2019

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. **Specific** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
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<tbody>
<tr>
<td>Regulation 13: End of life</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 13: End of life:

- 3 Staff Nurses will attend Advanced Care Directives ‘Let Me Decide” training
- The PIC / CNM2 will review each resident’s end of life care plan to ensure it is up to date and current with their wishes and choices; nursing healthcare records and End of Life policy, incorporating ‘Let Me Decide,” recommendations.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Not Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC will continue to communicate non compliance with Regulation 17;
- Due to location of Outpatients Physiotherapy Department. The relocation of physiotherapy outpatient services to proceed as planned.

A business case will be submitted to upgrade the main kitchen to comply with schedule 6 to facilitate the preparation of fresh cooked meals onsite.

<table>
<thead>
<tr>
<th>Regulation 18: Food and nutrition</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- The menus will be displayed on both sides of the menu holder.
Gravy boats have been provided and are in use at mealtimes. Desserts will be served separately during the main meal. Each individual resident’s wishes and choice at Breakfast time will be reviewed to ensure the preference for (a) time they wish to have breakfast and (b) preferred location to have breakfast; are met and any changes to choice and preferences will be communicated to the team at handover (daily).

**Regulation 29: Medicines and pharmaceutical services**

<table>
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<tr>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Fridge medications will be stored in accordance with best practice guidelines and the medication management policy. The PIC and CNM2 will monitor fridge contents to ensure the date the medication was opened is in place; medications that exceed usage date will be removed and discarded in accordance with medication management policy.

- Incidents will be managed in accordance with the Incident Reporting Policy; a record will be maintained on each Unit Log Book – Medication errors and near miss section 2. Reported to National Incident Management System (NIMS) and Monthly Quality and Patient Safety Committee.

**Regulation 5: Individual assessment and care plan**

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<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The risk management matrix for environmental risk assessments will be laminated and displayed. The risk management policy is accessible for staff to read and sign the declaration of understanding. This will be communicated to staff and itemized on staff meeting agenda.

- The February 2019 Action Plan – Regulation 5 (page 23) will be reinforced; The CNM2 will provide support and assistance to nurses; and monitor and review healthcare records. Issues will be highlighted with individual nurses and reported to the PIC.
- Practice Development; support structure available and accessible for nurses
- Protected Time is facilitated; nurses have been asked to utilize and ensure fulfillment when recording healthcare records.
Record keeping is incorporated in the local action plan; identifying responsibility and accountability for managing each resident’s individual assessment and care plan. Audit of the Individual assessment and care plan and reassessment to ensure record keeping relates to practice.

In addition; ongoing issues identified will be escalated and addressed as part of an individual review process (with the identified staff member) / individual action plan as appropriate.

<table>
<thead>
<tr>
<th>Regulation 7: Managing behaviour that is challenging</th>
<th>Not Compliant</th>
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<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Access to the courtyard gardens will be promoted and encouraged and the doors unlocked. Bed-bumpers will be added to the restraint register. A Restrictive Practice – Working Group Committee established to facilitate staff in meeting compliance with restrictive practices and addressing outstanding issues to include risk assessment tools i.e. Dewing wandering risk assessment, Lap Belt Risk Assessments, Bed rails and bedrail-bumpers, Lap belts and access to enclosed gardens.</td>
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</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 13(1)(a)</td>
<td>Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2019</td>
</tr>
<tr>
<td>Regulation 17(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/11/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>06/01/2020</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Regulation 18(1)(b)</th>
<th>The person in charge shall ensure that each resident is offered choice at mealtimes.</th>
<th>Not Compliant</th>
<th>Orange</th>
<th>01/09/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 29(5)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td></td>
</tr>
<tr>
<td>Regulation 5(2)</td>
<td>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</td>
<td>Not Compliant</td>
<td></td>
<td>07/10/2019</td>
</tr>
<tr>
<td>Regulation 5(3)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>07/10/2019</td>
<td></td>
</tr>
<tr>
<td>Regulation 5(4)</td>
<td>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.</td>
<td>Not Compliant</td>
<td>07/10/2019</td>
<td></td>
</tr>
<tr>
<td>Regulation 7(1)</td>
<td>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>07/10/2019</td>
</tr>
<tr>
<td>Regulation 7(3)</td>
<td>The registered provider shall ensure that, where restraint is used in a designated centre, it is only</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>07/10/2019</td>
</tr>
<tr>
<td>used in accordance with national policy as published on the website of the Department of Health from time to time.</td>
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