



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Mount Cara
Name of provider:	Mount Cara Limited
Address of centre:	Redemption Road, Blackpool, Cork
Type of inspection:	Announced
Date of inspection:	29 January 2019
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0022379

About the designated centre

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

Mount Cara is a purpose built facility comprising 25 single bedrooms and is located in the north side of Cork city. The centre has charitable status and has a voluntary board of directors from a variety of backgrounds including medical, religious, legal and financial. It is built on an elevated site with panoramic views of the city. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years who can no longer live at home but are not in need of hospital or nursing home care. As the dependency level of residents increases, plans are put in place to find alternative accommodation in a nursing home that can meet the needs of residents with higher levels of dependency.

The following information outlines some additional data on this centre.

Current registration end date:	16/07/2019
Number of residents on the date of inspection:	20

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
29 January 2019	08:30hrs to 17:00hrs	John Greaney	Lead
30 January 2019	08:30hrs to 13:30hrs	John Greaney	Lead

Views of people who use the service

The inspector spoke to a significant number of residents throughout the two days of the inspection and all were very complimentary of the care provided and of the attention received from staff. Residents stated that the food was very good and they received generous portions at mealtimes. They said that staff were very kind and responsive to their needs. While they enjoyed the programme of activities, some residents stated that it would be good to have more activities.

Residents told the inspector that they liked their bedrooms and found them to be comfortable. They stated that their privacy was respected and that staff always knocked before entering their bedroom. Residents told the inspector that their individual wishes were always respected and they could choose how to spend their day.

Capacity and capability

This was a well governed and managed service. The person in charge was in the process of developing systems and processes to ensure that they had appropriate oversight and governance arrangements to enhance the quality of care received by residents. This system was not yet fully established and improvements were required in relation to reviewing fire precautions, the use of bed rails and the programme of activities. These issues are discussed in more detail under Quality and Safety in this report. During the inspection, the person in charge demonstrated adequate knowledge of her regulatory responsibilities and it was evident that she had good leadership qualities.

A new person in charge had been appointed in April 2018 and it was evident that she was an experienced manager. The centre was operated by a voluntary board of directors and the chairperson was a local general practitioner (GP). The board took an active interest in the operation of the centre and received regular reports from the person in charge at board meetings that are held approximately monthly. Minutes of these meetings were available for review and issues discussed included staffing levels, staff training, funding and the programme of activities. The chairperson is also available for advice and support via email and telephone.

While there was a clearly defined management structure, there was a need for deputising arrangements to be put in place to support the person in charge and to take charge of the centre in her absence. The nurse on duty each day assumed responsibility for the running of the centre on that day but did not fulfill a management role. The governance and management of the centre could be

enhanced by the nomination of a deputy to the person in charge. Some policies and procedures were not centre specific and the person in charge was in the process of reviewing and revising all of these but this had not been completed on the days of the inspection. Additionally, the annual review of the quality and safety of care had not yet been completed.

Care and support for residents were delivered by an appropriate number and skill mix of staff. There was evidence of safe recruitment practices and assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff and this was supported by a review of personnel files by the inspector.

Observations of the inspector supported the feedback from residents that staff were kind and caring. Records of staff training indicated that staff were supported and facilitated to attend training relevant to their role. Discussions with staff by the inspector indicated that training was effective. Staff were familiar with fire safety practices and also demonstrated a good knowledge of what to do in the event they had suspicions of abuse being perpetrated.

Regulation 14: Persons in charge

There was a person in charge of the designated that was a registered nurse and worked full time.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended up-to-date training in fire safety, manual and people handling, and safeguarding residents from abuse. A number of staff were overdue attendance at training in dementia and responsive behaviour.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

Records required under Schedule 2, 3 and 4 were available for inspection. These were stored securely and easily retrievable.

Judgment: Compliant

Regulation 22: Insurance

Evidence that centre was insured against relevant risks was available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management system with clear lines of accountability for the day to day operation of the centre. Some improvements were required. For example:

- there was no person identified as deputy to the person in charge
- the annual review of the quality and safety of care was not yet complete for 2018

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care that included the fees to be charged. The contract, however, did not identify the room to be occupied by the resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose. The document required review to ensure it contained adequate details of:

- the complaints process
- details of current registration
- facilities in the centre and in particular sanitary facilities.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in relation to the management of complaints. There was also a notice on display outlining the procedure for making complaints. Both of these required review as they did not adequately outline the independent appeals process.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures required by Schedule 5 of the regulations were available in the centre. These were in the process of being updated, however, this process had not yet been completed.

Judgment: Not compliant

Quality and safety

Overall, the inspector was satisfied that residents' healthcare needs were met to a

good standard. There were effective systems in place for the assessment, planning, implementation and review of healthcare needs of residents. Improvements were required in relation to social care, particularly in relation to the provision of activities. Improvements were also required in relation to fire safety practices and the management of restraint.

A review of residents' care records, the practices of staff, and feedback from residents found that healthcare needs were being met in a timely way and care provided reflected residents' preferences. A new general practitioner (GP) service had recently been sourced for residents of the centre and most residents availed of this service. Medical records indicated that residents were reviewed regularly. Discussion with the person in charge indicated that there was a significant wait for access to services such as dietetics and speech and language therapy. The person in charge was requested to explore services available in the area and to establish links so that when there was a need for these services, a pathway was established.

Residents were assessed prior to admission to ensure that the centre could meet their needs. Residents were also assessed on an ongoing basis as their level of need increased, in order to plan for transfer to a facility that could meet their increased needs in a planned manner. A sample of care plans reviewed were personalised and provided good level of detail on the care needs of each resident.

While the decor was somewhat dated, the centre was generally warm and clean throughout. Plans were in place for some redecoration using a small amount of funding sourced for this purpose. All residents were accommodated in single rooms, which supported residents' privacy.

Residents told the inspector that they felt safe in the centre and that staff were kind and helpful in how they addressed their care and personal needs. The inspector confirmed that all staff were Garda vetted, and in the sample of staff files reviewed there were vetting disclosures available. A review of records of finances indicated that there were adequate records maintained of transaction completed for and on behalf of residents. The centre was not pension agent for any resident.

Due to the admission criteria there were no residents presenting with responsive behaviour. A small number of bed rails were in place. While there was an assessment completed of the risks associated with the use of bed rails and this was reviewed regularly, bed rails had been in place for one resident when the risk assessment indicated that this was not appropriate. The person in charge was also requested to review the bed rails in use on beds to ensure they complied with recommended guidance with regard to safety.

Residents had access to the services of an advocate should they need assistance with any issues. The advocate visited the centre monthly but was also available at other times should the need arise. Residents had control over their daily routine such as when to get up in the morning, where to have their meals and when to go to bed. Consultation with residents took place formally through residents' meetings and these were held every few months. The person in charge also consulted with residents informally on a daily basis.

The programme of activities included exercise classes each Wednesday, which were facilitated by a physiotherapist and music fortnightly, which was facilitated by an external entertainer. Other activities included quizzes and bingo. Observations of the inspector, however, indicated that the programme of activities did not provide sufficient opportunities to participate in activities in accordance with the interests and capacities of the residents living in the centre. This was confirmed by some residents that told the inspector that they would like more activities. Outings to events and to local amenities were also limited and this is particularly relevant given the independent nature of the residents living in the centre.

While no significant risks were identified during the inspection, improvements were required in risk management practices. This included the need to review the risk management policy and also the need to ensure that the risk register was a live document that incorporated regular reviews and ratings of risk. All staff had attended fire safety training. Improvements were required in fire safety practices, particularly in conducting regular fire drills to ensure that staff and residents were familiar with the evacuation process.

Regulation 10: Communication difficulties

The communication needs of residents were met and clearly set out in care plans.

Judgment: Compliant

Regulation 11: Visits

There was open visiting and visitors were seen to come and go throughout the two days of the inspection. There were adequate facilities for residents to meet with visitors in private away from their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store personal property and possessions. There were adequate laundry facilities and adequate procedures for returning clothes to residents following laundering.

Judgment: Compliant

Regulation 17: Premises

The centre was bright, clean and generally in a good state of repair. All bedrooms are single occupancy and each room had a television. Residents were supported to personalise their bedrooms with personal memorabilia and photographs. There was adequate communal space and adequate sanitary facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of food at mealtimes. Residents spoken with were complimentary of the choice of food available and of the quantities provided. Residents had their breakfasts in their bedrooms at a time of their choosing. All residents had their lunch and tea in the dining room and these were seen to be sociable occasions.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy, however, this required review as it did not address all of the requirements of the regulations, such as the unexplained absence of a resident. The risk register also required review as it was not reviewed and updated regularly. Additionally the risk register did not adequately identify control measures that are in place for the risks identified and the impact of control measures on the risk rating.

Judgment: Not compliant

Regulation 28: Fire precautions

All staff had attended up-to-date training in fire safety. Staff spoken with were knowledgeable of what to do in the event of a fire. Some improvements, however, were required in relation to fire safety. For example:

- fire drills were not conducted regularly outside of annual training
- the fire alarm was not sounded weekly

- while the emergency lighting was serviced quarterly, relevant certification was not available to confirm that this was done in accordance with the relevant standard
- the smoking risk assessment for residents that smoke did not adequately assess the residents capacity to smoke independently or to identify the level of supervision required when smoking

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate procedures in place in relation to the management of medications. All nurses had completed recent training in medication management. Administration practices observed by the inspector were in compliance with recommended practices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed prior to admission. Following admission care plans were developed for residents and these were seen to be personalised and provided good guidance on the care to be delivered on an individual basis to each resident.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care. Residents were reviewed regularly by their GP. The inspector was informed that there were long waiting periods for access to speech and language therapy. The person in charge was requested to explore the availability of allied health services and to establish links so that when there was a need for referral, a pathway was established.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were no residents presenting with responsive behaviour on the days of the inspection. A small number of residents had bed rails in place at night time. Improvements were required in relation to the use of bed rails. For example:

- bed rails were in place for one resident when the risk assessment indicated that they were not appropriate
- a review was required of the bed rail risk assessment tool to ensure that it supported the assessor to make an objective decision of the risks associated with bed rail usage
- a review was required of bed rails to establish that they complied with relevant guidance in relation to safety

Judgment: Not compliant

Regulation 8: Protection

Residents spoken with by the inspector all stated that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful manner. There were adequate records in place in relation to the management of finances.

Judgment: Compliant

Regulation 9: Residents' rights

All residents looked well and were seen to have significant control over how they spent their day. Residents confirmed to the inspector that they were facilitated with choice over how they spent their day. Residents were consulted about how the centre was planned and run through residents meetings. Records indicated that issues raised at these meetings were addressed. Significant improvements were required in relation to the provision of activities for residents, including access to amenities and activities in the community.

Judgment: Not compliant

1 Appendix - 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Mount Cara OSV-0000747

Inspection ID: MON-0022379

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Identification of Deputy to PIC:</p> <p>Plan of Action</p> <p>Following on from a Board meeting February 26th 2019 it was decided to commence the process of recruiting a Deputy to the PIC. Depending on response/Suitability.</p> <p>Annual Review of the quality and Safety of Care 2018:</p> <p>Plan of Action:</p> <p>Commence the process of completing the Annual Review for 2018 in conjunction HIQA Guidelines and Regulation</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Identification of room number to be occupied by the Resident to be included in their signed Contract of Care.</p>	

Plan of Action:

Review all Contracts of Care in Resident's care plans and amend with immediate effect

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Complaints Process

Plan of Action:

Include the updated Complaints Policy identifying a clear line of reporting which includes the Appeals process.

Inclusion of Registration Certificate.

Clear identification of Centre ID 0747 Floor plans with particular reference to the Sanitary Facilities.

Plan of Action:

Review and update floor plans by clearly identifying showers, washrooms etc...

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Complaints Procedure

Plan of Action:

To review and update Policy to include clear lines of reporting including the Appeals Process.

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: In complete Schedule 5 Policies and Procedures</p> <p>Plan of Action:</p> <p>To complete outstanding Policies and Procedures.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk Management</p> <p>Plan of Action:</p> <ul style="list-style-type: none"> • To include in the Policy unexplained absence of a Resident. • To include relevant Control Measures in the Risk Register. • Audit and Review Risk Register regularly and document accordingly. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills</p> <p>Plan of Action:</p> <p>Conduct 6 monthly fire drills and include a night duty simulation.</p> <p>Fire Alarm</p> <p>Plan of Action:</p> <p>Activate weekly on a specific day while residents are in one area e.g Lunch time. Inform</p>	

<p>all residents, Staff and Visitors of procedure. Document in fire registry book.</p> <p>Emergency Lighting</p> <p>Plan of Action:</p> <p>Obtain relevant certification as required and keep on file.</p> <p>Risk assessments Smoking</p> <p>Plan of Action:</p> <p>GP to assess resident. Risk assessment to be completed.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Access to SLA services</p> <p>Plan of Action:</p> <ul style="list-style-type: none"> • Continue to follow up with relevant G.P. • Contact the Speech and Language Department on the Western Road to ensure open lines of communication. 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Bedrails</p> <p>Plan of Action:</p> <ul style="list-style-type: none"> • Review risk assessment Policy for Bed rails and ensure all staff are aware and compliant with same. • Conduct bed rail assessment with relevant Health and Safety Company. • Implement any changes required and document any findings. 	

- Review and Audit regularly.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Provision of Activities for Residents

Plan of Action:

Contact Community resources i.e Community Garda Representatives, Transport and Voluntary organisations with a view to enabling residents to access community Services.

Provide a structured Activities programme offering more variety and frequency in order to ensure Residents rights and dignity are continuously adhered to.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of	Substantially Compliant	Yellow	29/03/2019

	the Act.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	28/02/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	29/03/2019
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	29/03/2019
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	29/03/2019

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	31/01/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	29/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/03/2019
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an	Substantially Compliant	Yellow	26/02/2019

	appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
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 not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Yellow	29/03/2019
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	05/03/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy	Not Compliant	Orange	29/03/2019

	as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	08/03/2019