



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Millbrae Lodge Nursing Home Limited |
| Name of provider: | Milbrae Lodge Nursing Home Limited |
| Address of centre: | Newport, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 March 2018 |
| Centre ID: | OSV-0000419 |
| Fieldwork ID: | MON-0020914 |

About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms, activities room and visitors' room. Residents also have access to two secure enclosed garden areas. The centre does not accommodate residents with a history of violence, who require naso-gastric feeding or with tracheotomy tubes.

The following information outlines some additional data on this centre.

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| Current registration end date: | 30/09/2019 |
| Number of residents on the date of inspection: | 69 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|----------------|------|
| 20 March 2018 | 10:00hrs to 17:30hrs | Mary Costelloe | Lead |
| 21 March 2018 | 09:00hrs to 16:00hrs | Mary Costelloe | Lead |

Views of people who use the service

The inspector spoke with approximately 20 residents during this unannounced inspection.

Residents spoke highly of the service and care provided. Residents commented that the staff were very kind, caring and patient. Residents told the inspector that they enjoyed living in the centre and that staff were good to respond when they needed them.

Many residents mentioned that they enjoyed the range and variety of activities taking place, in particular the quizzes, choir practice and art. Some residents mentioned that they enjoyed attending weekly mass and reciting the rosary each evening in the centre. They said that there was always some interesting activity taking place. Others mentioned that they enjoyed reading the daily newspapers which were delivered each morning while some stated they enjoyed using their computers.

Residents were complimentary of the quality and choice of foods on offer many stating that the food was always lovely.

Residents were satisfied with the laundry service stating that mislaid clothing was not an issue.

Residents told the inspector how they liked their bedrooms and found them to be spacious, comfortable and quiet. They stated that their privacy was well respected and that staff always knocked before entering their bedroom.

Some residents told the the inspector how they liked to attend the regular in-house hairdressing service and also availed of the chiropody service.

Capacity and capability

This centre had a good history of compliance and there were no actions to be followed up with from the previous inspection.

There was an effective governance structure in place that was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management team included the two directors of Millbrae Lodge Nursing Home Ltd, who both worked in the centre and were involved in the day-to-day running of the centre. The person in charge was the person nominated to represent the provider and she worked full-time in the centre. The operations manager was also a director of the company and visited daily. The person in charge was further supported in her role by two clinical nurse managers (CNM2 and CNM1) and the administrator.

The person in charge knew the residents well and was knowledgeable regarding their individual needs. The person in charge was available to meet with residents, family members and staff which allowed her to deal with any issues as they arose.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. The team had continued to evaluate its compliance with relevant standards and regulations and there was a comprehensive audit schedule in place. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. Regular audits and reviews were carried out in relation to incidents, falls, medication management, use of bedrails, use of call-bells, pressure ulcers, staff training, complaints, deaths and end-of-life care, dementia care and residents' weights. There was a comprehensive, detailed review completed on the quality and safety of care in the centre for 2017 which included how improvements would be brought about during 2018. Feedback from residents' committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Safe and effective recruitment practices were in place to ensure that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. The management team ensured that all staff had Garda Síochána (police) vetting in place as a primary safeguarding measure and all documents, as required by the regulations, were available.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), early warning scores, dysphasia and cardiac pulmonary resuscitation. The management team ensured that mandatory training

requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

There was evidence of a commitment by management to leadership development in the centre. Nurse managers had recently completed training in the principles of management in the nursing home and the activities coordinator had been facilitated to undertake a Masters of Arts in education and well-being of the older person and was currently undertaking a Diploma in adult education. The management team had encouraged and facilitated staff to share and use their recent learning to enhance the quality of life for residents in the centre. A number of new initiatives including regular education classes for residents, were taking place.

The management team reviewed staffing levels on an ongoing basis to ensure the numbers and skill-mix were sufficient to meet the assessed needs of residents. The person in charge had the required experience and qualifications to manage the centre and meet its stated purpose, aims and objectives.

Staff spoken with said that all staff members played a role in delivering person-centred care and supports to residents. There was a low turnover of staff in the centre and no dependency on the use of agency staff, which ensured continuity of care for residents. There was a mutually respectful relationship between management and staff which led to effective communication and team work to ensure that residents' individual needs were met in a timely way.

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspector was satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She knew the individual needs of each resident. She had recently completed training in management and leadership, leadership for healthcare improvement and initiatives and food safety management.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team was committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined. The person in charge was a nurse and worked full-time in the centre. The clinical nurse manager 2 deputised in the absence of the person in charge. A clinical nurse manager worked at weekends in order to supervise the delivery of care. There was an on call out-of-hours rota system in place.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were given clear guidance about their roles and responsibilities and these were set out in writing. There was Garda Síochána vetting (police clearance) in place for all volunteers as a primary safeguarding measure.

Judgment: Compliant

Regulation 34: Complaints procedure

All complaints reviewed had been managed in line with the centre's complaints policy. Details of complaints including verbal complaints had been logged and investigated. Details of the outcome and action taken, along with the complainant's satisfaction or not with the outcome, was recorded. All complaints were regularly reviewed by the person in charge. Some staff had recently completed training on the management of complaints.

Judgment: Compliant

Quality and safety

Appropriate support mechanisms were in place to ensure residents were enabled to lead a fulfilling life. Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to

and avail of these services in-house as required.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents' up-to-date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist of their choice. The pharmacists were available to meet with residents in house.

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were regularly reviewed by the general practitioners (GP's). A clinical nurse manager had been assigned two days each month to check that all medicines received from the pharmacies were correct to ensure a reduced risk of medicines error to residents. However, gaps were noted in some of the medicines administration records, therefore, it was unclear if these medicines had been administered or not.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. A number of staff had received training to support the activities programme ('Sonas' a therapeutic programme specifically for residents with Alzheimer's or dementia and 'Fit for life' an exercise programme in which residents perform a variety of movements, stretches and some strengthening exercises to help improve function, reduce the effects of inactivity and help alleviate isolation). Residents had opportunities to partake in weekly education classes on a range of appropriate topics.

The programme of activities supported residents in developing and maintaining links with the community. There was regular visits from local musicians, school students, artist and volunteers. Fundraising events took place throughout the year to which families and friends were invited to, including the family fun days, 'Strictly come dancing' and 'Who wants to be a millionaire' entertainment shows. Residents made the decision to donate the money raised to a number of local organisations and charities.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was found to be accessible. There was a lift provided which allowed residents to independently access both floors. Appropriate signage was provided to assist residents find their way around the centre. Residents had access to safe, secure outdoor garden areas which were easily accessible from the ground floor day rooms.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were accommodated in single and twin bedrooms with en-suite shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms. Bedrooms were spacious, bright and

had been finished to a high standard.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. The menu varied daily and took into account feedback from residents. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. While systems were in place to safeguard and protect residents' property and money, additional safeguards were required to ensure that pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Most staff had completed training in dementia care and management of responsive behaviour and further training was scheduled.

Staff spoken with were knowledgeable about and could outline strategies for dealing with residents' responsive behaviours. There was evidence of regular review by the GP, as well as regular reviews of medicines. Nursing management closely monitored the use of prescribed psychotropic medications (PRN), medicines administered as required, and ensured that they were administered as a last resort when other strategies for managing responsive behaviour had failed.

Staff continued to promote a restraint- free environment. Some staff members had recently received training in positive practice with regard to the use of restraints and further training on the management of restraint was planned. Alternatives to the use of restraint including low-low beds and crash mats were in use for some residents. There were 23 residents using bedrails at the time of inspection, many at the residents own request. However, the documentation to support the use of bed rails required improvement in order to reflect national policy and best practice.

While systems were in place to promote safety and manage risks, improvements were required to ensure that the risk register was regularly updated and that the outcomes and learning were recorded following fire drills. There were policies and procedures in place in relation to health and safety, risk management, fire safety and infection control, and contingency plans were in place in the event of an emergency or the centre having to be evacuated.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free.

Residents' rights were protected and promoted. Residents were treated in a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a bi-monthly

basis. There was evidence that issues raised by residents were followed up by the management staff. A solicitor had recently attended and spoke with residents regarding their rights, a walking club had been formed and a 'pop up' clothing shop had visited following requests from residents.

Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy in place. The inspector met and spoke with a number of visitors during the visit. Relatives spoken with confirmed that they were always made to feel welcome by staff. There were several spaces available where residents could meet with visitors in private.

Judgment: Compliant

Regulation 13: End of life

Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Some staff members had completed 'What matters to me?' end-of-life training, and the person in charge had completed a European certificate in palliative care. The centre had received a 'Journey of change' award from the Irish Hospice following the completion of an end-of-life project. Facilities were available for relatives who wished to stay overnight.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely and accessible and provided adequate space to meet residents' needs. It was well maintained, clean and nicely decorated. There was a good variety of communal day spaces available to residents. Residents had access to enclosed paved and landscaped garden areas which were easily accessible from the ground floor day areas. The servicing records for all equipment was up to date.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary

requirements of each resident. The menu varied daily and took into account feedback from residents. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

The risk register required updating. It did not include all risks mentioned in the regulations such as the unexplained absence of a resident and other identifiable risks in the centre, such as use of chemicals, needlestick injury or back stairwell.

Judgment: Not compliant

Regulation 28: Fire precautions

There was regular servicing of all fire equipment and fire alarm. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place involving staff; however, the time, result and outcome were not recorded. Therefore, it may be difficult to follow up on any issues to ensure that there was learning from each fire drill carried out.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. However, there were some gaps in the medicines administration records. Medicine administration sheets allowed space to record comments on withholding or refusing medications; however, some administration records were left blank with no reason documented.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin

integrity. Care plans were in place for all identified issues. They were informative, individualised and guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of GP services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Documentation to support the use of bed rails required improvement in order to reflect national policy and best practice. While risk assessments had been completed, some did not specify what alternatives had been tried or considered and they did not include a clear rationale for the use of the bed-rail. The person in charge stated that regular checks were carried out on residents using bed rails however, these checks were not always recorded.

Judgment: Substantially compliant

Regulation 8: Protection

Additional safeguards to protect residents' finances were required by ensuring that guidelines issued by the Department of Social Protection were adhered to.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that

maximised their choice and independence. Residents had access to information and news, daily newspapers, monthly newsletter, notice boards, radio, television, the Internet and Skype were available and in use. Residents were supported to attend weekly education classes in house. Residents' varying religious and political rights were supported. Mass was celebrated in the centre weekly. Residents were facilitated to vote in house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Millbrae Lodge Nursing Home Limited OSV-0000419

Inspection ID: MON-0020914

Date of inspection: 21/03/2018

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 26: Risk management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management: Action taken to engage services of professionals to assist with meeting compliance in the area of Risk Management focusing specifically on Risk Register, Safety Statement and related policies. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: A qualified instructor has developed and will deliver the new Fire Training programme, which will be attended by all staff. The goal is to ensure a clear lesson plan is in place and evidence of learning will be documented. August 2018 | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medication administration records are now reviewed monthly by PIC and findings discussed with staff nurses. Random checks and extra supervision being carried out by CNM during medication administration rounds All staff nurse have completed on- line Medication Management Training. This course has been added to mandatory training to be completed by all staff nurses during induction. | |

June 2018

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:

A new training programme has been developed which will be attend by all staff nurse and HCAs. The main aim of this training is to ensure staff understand, that whilst the majority of bed rails are requested by residents and not used to managed behaviour; the same documentation to support their use applies. The training is designed to educate staff on the best practice for the use and documentation of bed rails.

An updated system for recording of checks has been added to the existing computerised logs. The new system allows for ease of checks along with compliance reviews and audits.

All assessment and care plans have been reviewed since the inspection to ensure in all cases, documentation pertaining to bed rails better reflects the national policy on restrictive practice

August 2018

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

In order to be compliant with this regulation I have made contact with legal and representative bodies to help me in exploring the possibility of opening interest bearing bank accounts for the residents who have nominated me the act as their Agent for their Social Welfare Payment. I wish to ensure this is done in a clear and transparent way ensuring protection for the resident, the nursing home and me as their agent

August 2018

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 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 | 31 October 2018 |
| Regulation 26(1)(b) | 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 risks identified. | Not Compliant | Orange | 18 October 2018 |
| 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 | Not Compliant | Orange | 31 October 2018 |

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| | control the unexplained absence of any resident. | | | |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 15 May 2018 |
| 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. | Not Compliant | Orange | 15 May 2018 |
| 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 as published on | Substantially Compliant | Yellow | 15 May 2018 |

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| | the website of the Department of Health from time to time. | | | |
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