



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Unannounced
Date of inspection:	18 July 2019
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0027323

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath, Co. Meath. The two-storey premises was originally built in the 1820's and is located on landscaped gardens. It now provides accommodation to 63 male and female residents over 18 years of age.

Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for.

Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have ensuite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including, sitting, dining and recreational facilities, and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor.

The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity co-ordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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
18 July 2019	10:20hrs to 18:40hrs	Leanne Crowe	Lead
18 July 2019	10:20hrs to 18:40hrs	Mary McCann	Support

What residents told us and what inspectors observed

Residents spoke positively about the experiences in the centre. One resident described how helpful staff were, while another stated that they were happy with the service that they received. A number of residents were complimentary about the food they were served.

A resident also spoke fondly about trips they had taken to Knock and Áras an Uachtaráin, which were supported by staff.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. Inspectors followed up on solicited information, such as notifications, submitted by the registered provider and person in charge since a previous site visit in May 2018.

There had been a change of person in charge in April 2019. The person in charge was on leave at the time of the inspection, therefore the centre's assistant director of nursing was deputising in their absence. The person in charge was supported by the registered provider representative, who visits the centre on a monthly basis. The registered provider representative and person in charge also meet weekly with the clinical governance and operations manager and other key stakeholders. The governance structure was clearly defined and supported by an extensive auditing programme that informed continuous quality improvement. However, inspectors found that some items, such as issues relating to the environment and care planning documentation, had not been identified in these audits and therefore required review.

Sufficient resources were provided to ensure that care was provided in accordance with the centre's statement of purpose.

There were appropriate levels of nurses, carers and housekeeping staff in place, who had the appropriate skills to meet the needs of residents. One activity co-ordinator was on a period of unplanned leave at the time of the inspection. While some action had been taken to address this deficit, the registered provider had been unable to deploy replacement staff for all of the rostered shifts.

Contracts were in place for all residents and were signed by the resident or their representative. An additional monthly fee was being charged for activities, and while the contract stated that residents were given the option to avail of activities,

inspectors were informed by a senior staff member that this fee was applied to all residents in practice.

A complaints procedure was in place which supported a timely response to any issues raised.

Regulation 15: Staffing

Inspectors found that the number and skill mix of staff met the needs of the 51 residents accommodated in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to complete a variety of training to maintain their professional competence. Records indicated that all staff had completed up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Almost all staff had completed training in dementia care and the management of responsive behaviours, and further training was planned in July to capture any outstanding staff.

There was evidence that staff were supervised by the nursing management team. An appraisal process was in place which included a self-evaluation as well as a review by a member of nursing management.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. An assistant director of nursing and three clinical nurse managers supported the person in charge, who in turn reported to various members of the parent company's senior management team. Regular meetings, some as often as weekly, were held to maintain oversight of all aspects of the service provided, such as health and safety, clinical governance, human resources and premises.

A comprehensive auditing system was in place to ensure that the service was monitored by management. These included monthly or quarterly audits of all areas of assessment and care planning, and also the environment. Reports of these audits were developed by the clinical governance and operations manager, who then

submitted their findings to the person in charge and assistant director of nursing for review. Action plans were developed for any areas requiring improvement and progress with these were monitored by the clinical governance and operations manager. Inspectors found that while this system supported a good level of oversight across various levels of management, further improvement was required to ensure that items were being identified and were also escalated as required. For example, inspectors noted a delay in replacing a bath with a shower in St Oliver's Unit. This bath had been decommissioned approximately five months prior to the inspection, as a second bath was already available within the unit. While it was initially unclear whether the bath was out of order or had been deliberately decommissioned, it was later clarified that the bath had been decommissioned in order to replace it with a shower, which would better meet residents' needs. However, no further action had been taken at the time of the inspection. Staff on the unit informed inspectors that no residents currently accommodated in the unit chose to use the alternative bath, resulting in 15 residents sharing one shower. Assurances were provided following the inspection that the second bathroom would be converted to a shower room within a number of weeks of the inspection.

Sufficient resources were in place for the effective delivery of care to the 51 residents.

An annual review for 2018 had been completed, which included residents' views on the service, training needs analysis and quality improvement plans for 2019.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. These were signed by the resident and/or their next of kin and stated the number of the room occupied and the number of other occupants in that room, if any. The contract of care also outlined the fees to be charged to residents. A fee in relation to activities was described as optional in the contract. However, according to a senior staff member, this was being applied as mandatory in practice.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints, which included an appeals process. There was a nominated person who dealt with complaints. A complaints log was maintained in the centre. These records were

reviewed by inspectors, who found that complaints were dealt with in a timely manner. Records of complaints were regularly reviewed by management team.

Judgment: Compliant

Quality and safety

The centre was decorated in a homely and comfortable fashion, and efforts had been made to improve the environment since the beginning of 2018. Bedroom and communal accommodation was dispersed throughout three units on the ground and first floors. Many bedrooms had been personalised with residents' ornaments and other furnishings, and were comfortably laid-out. A variety of large and communal rooms were available across both floors, including sitting and dining rooms, a quiet room and an oratory. A secure outdoor garden and secure internal courtyards also formed part of the premises, although inspectors noted that improvements were required to support residents to access these outdoor areas independently. While the majority of the environment was clean and well-maintained, the sitting and dining area in St Oliver's Unit required some maintenance and cleaning.

There were arrangements in place for the assessment, care planning and review of residents' needs, but inspectors found that some care plans did not contain adequate or appropriate information to guide residents' care. Residents had timely access to allied healthcare and community care professionals. Residents were offered their choice of general practitioner (GP).

Residents were involved in the planning and organisation of the centre, and their feedback was regularly sought by the management team in order to inform quality improvement. Residents' rights were respected and they were treated with kindness and courtesy by staff.

While an activity programme was carried out across the centre, a recent period of unplanned leave had resulted in staff members having less capacity to provide activities. Records of activities did not provide the necessary assurances that residents were supported to avail of activities in line with their preferences and capabilities. Following the inspection, the registered provider outlined how they would supplement the temporary deficit in resources.

Sufficient precautions were in place to mitigate the risk of fire. This included regular servicing of equipment, safety checks and staff training.

Significant efforts had been made of late to reduce the overall use of restraint in the centre. This was ongoing at the time of the inspection and it was clear that alternatives to restrictive practice were promoted by staff.

Regulation 17: Premises

For the most part, the designated centre was suitable for the number and needs of the residents. Both communal and private accommodation was brightly decorated and well-maintained, with the exception of one communal room in St Oliver's Unit, which is discussed below. Significant work had been carried out since the beginning of 2018 to provide additional communal space for residents. A quiet room was now situated in St Oliver's Unit, which was also used for sensory-based activities with residents. This was comfortably furnished and overlooked an internal courtyard. Two courtyards on the first floor were also being upgraded at the time of the inspection.

St Oliver's Unit also contained a room that functioned both as a sitting room and dining room. While this was used by residents throughout the day of the inspection, inspectors noted that it could only accommodate a small proportion of the unit's overall capacity. This was discussed with staff, who told inspectors that many residents chose to spend time in the communal spaces on the ground floor. This sitting/dining room required some maintenance work. For example, stains and chipped paint were visible on walls and skirting boards, a panel under a sink was water-damaged and the bin was in a poor condition. An audit of the general premises had recently been carried out and an action plan had been developed in response to findings, with a follow up audit to be completed at the end of July.

St Patrick's Unit contained a dining room and sitting room, which were homely, well-maintained and comfortably furnished. These were seen to be used by residents throughout the inspection.

Residents on the ground floor could access a number of communal areas, including a large sitting room and a dining room. A number of comfortable seating areas were available throughout the ground floor. A large hairdressing room and oratory were also located within the building.

There were a number of secure outdoor areas for residents, situated on both the ground and first floor. While these were in good condition, improvement was required to ensure that residents could easily access these areas as keypad locks were in place on these doors at the time of the inspection. The ground floor area had a large lawn with flowers, shrubbery and trees. Two courtyards, one to accommodate residents from each unit, were situated on the first floor. Upgrade works had recently commenced on these; brightly coloured murals had been painted onto walls and there were plans to install large planters of flowers. A smoking shelter was located in one of these courtyards.

As identified in previous inspections, movement between the first and ground floor is restricted for residents. A lift is located in the premises to access the ground and first floors but the doors to the lift required manual operation. For this reason, the lift was not reasonably accessible for most residents, who were therefore reliant on staff to accompany them. Plans to replace the lift forms part of construction works that are expected to be completed by 31 December 2020. These plans are bound by

a condition on the designated centre's current registration.

Bedroom accommodation for residents was spacious and pleasant. Many bedrooms were personalised with residents' own belongings and furnishings, and sufficient storage space for their items. Bedrooms contained sufficient furniture as set out in the regulations, but inspectors found that call bell cords were not attached to panels in a small number of rooms.

Sanitary facilities varied within each unit, but for the most part there were sufficient toilet and shower/bath facilities to meet residents' needs. Shower and bath rooms were spacious and contained appropriate equipment to support residents. Communal toilets were accessible and contained grab rails. Inspectors noted that a number of these also had raised toilet seats in place. Communal toilet doors had been painted red to enable residents to identify them. Each unit had a varying number of bedrooms with ensuite facilities and these were found to be in good condition. As noted in Regulation 23 - Governance and Management, inspectors were concerned that plans to replace a bath with a shower in St Oliver's Unit had not been progressed in five months.

Handrails were in place in corridors to support residents' safe movement throughout the centre. Photos of residents engaging in activities, as well as art and crafts created by residents were displayed throughout corridors also.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Systems were in place to ensure that adequate precautions were taken against the risk of fire. Staff were appropriately trained in fire safety, and fire drills had been completed. There was evidence that equipment was serviced when required, and checks of the premises were carried out in line with the regulations. Ensuring the closure of doors was discussed with the management team on the day of the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine procedures and practices in the centre. All nursing staff were trained in medication management. Residents' medications were prescribed by their general practitioner and were administered as prescribed with pharmacist advice. Medication reviews met regulatory requirements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission to the centre using validated tools and risk assessments were completed, which informed the development of dedicated care plans for residents' needs. Inspectors reviewed a sample of these on the day of the inspection. The majority of these were found to be written in a person-centred manner and were reviewed every four months or more frequently if required. However, some care plans were not reviewed in line with the regulations and others did not contain the information required to adequately guide care. For example, one end of life care plan had not been reviewed since 2015 and contained conflicting information regarding the level of medical intervention to be provided, in line with the resident's preferences. Another care plan relating to seizure activity had not incorporated advice provided by an allied health care professional and required further detail to support the provision of care. Additionally, activity care plans had not been developed for a small number of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate medical and health care was provided to residents in line with their identified health and social care needs. Residents had access to specialist health care services when required. However, there was insufficient evidence to demonstrate that all residents requiring these services were firstly referred to those provided under the General Medical Services (GMS) Scheme before availing of private services that charge a fee.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint free environment within the home, in line with national policy. On the day of the inspection, only 13% of residents were using bed rails. This represented a significant decrease in bedrail use within the last year. Alternatives to restraint were in use where assessed as being suitable.

A small number of residents exhibited responsive behaviours. Staff on the day were seen to engage well with residents and positively supporting those with dementia or cognitive impairments. A number of residents had care plans in place to support the

management of their responsive behaviours. Inspectors reviewed a sample of these and it was found that some of these had not included recommendations from allied health professionals. An action relating to this is included under Regulation 5 - Individual Assessment and Care Plan.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that interactions between staff and residents were person-centred, respectful and friendly.

An activity programme was in place in the centre, which included a range of activities facilitated by internal staff and external service providers. Examples of activities provided include pet therapy, arts and crafts, games, live music and exercise programmes. Artwork created by residents was displayed throughout the centre, as were photos of some activities or special occasions. The centre's annual garden party was scheduled to take place a number of weeks after the inspection, which would be attended by residents, their friends and families. Outings also took place, with a recent example of these being to the National Concert Hall. The assistant director of nursing also described plans to make dementia-friendly items available throughout the centre, such as rummage boxes and sensory blankets.

The programme was usually facilitated by one part-time activity coordinator; working three days a week, and one full-time activity co-ordinator; working between four and five days a week. The shifts were predominantly on weekdays, with one shift rostered for alternating Saturdays. However, at the time of the inspection, the full-time staff member was on unplanned leave for a minimum of six weeks. While efforts were being made to supplement this deficit with existing care staff, this had not been achieved for all rostered shifts. Additionally, the absence of the staff member resulted in a lack of some dementia-specific activities, as they were the only person to have completed the required training at the time of the inspection. Assurances that all shifts would be covered during the period of absence were provided following the inspection. Activity records were maintained for all residents, but a review of these records indicated that some records referred to care that was provided to residents rather than their participation in activities. Furthermore, the frequency of entries varied significantly from resident to resident. For example, records for some residents were entered daily while gaps ranging from seven to 10 days were identified in other residents' records. This did not assure inspectors that residents were being supported to engage in activities in line with the preferences and capabilities.

Residents were supported to remain part of their respective communities. Residents had access to newspapers, to Internet and telephone facilities, and to local media. "Smart" TVs and tablets were also available to residents to access the Internet. One

resident described going shopping independently in Ratoath town.

Residents' privacy and dignity was respected by staff, who were observed knocking on residents' bedroom doors prior to entering, and administering care in a discreet manner.

Residents were supported to exercise their civil, political and religious rights. These rights were respected by staff, and advocacy services were also available to assist residents, where required. Residents could vote in the centre and were supported by management to practice their respective faiths. Mass was held in the centre on a weekly basis, and Eucharistic ministers also visited the centre weekly.

An open visiting policy was in place. There were arrangements in place for residents to receive visitors in private.

Residents were consulted with regarding the centre, and their feedback was sought through a number of different means. Surveys were conducted with residents, as well as regular residents' and relative meetings. Inspectors reviewed records of these surveys and meetings and found that action plans were developed to address any issues raised.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0027323

Date of inspection: 18/07/2019

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. **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>A new system is being introduced to manage communication: Management meetings held on Monday, PIC will send email to head office by close of business on Friday for items to be discussed at meeting, decision then sent to PIC by close of business on Tuesday.</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>The inspectors have reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</p> <p>Our contracts of care were drawn up with input from our legal advisors. They were reviewed following the guidelines issued in May 2019 by the CCPC. We are satisfied that our contracts are compliant with Regulation 24.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The kitchen area identified will have the panels replaced and area decorated and completed by the 30th August 2019.</p> <p>First floor terrace access is open to residents at all times, and doors are left open, on day of inspection these appeared to be locked as there were murals being placed on these terraces to improve the quality life of the residents. DON checks this daily and they are always open for easy access.</p> <p>The code is now placed above the keypad on the ground floor to allow easy access for residents to the outdoor space.</p> <p>The plan is to replace the lift when completing the extension to the Nursing home in 2020.</p> <p>Contractors are on site and have stripped out the room, resurfaced it and tanked the shower & floor areas. We have to screed, lay vinyl & tile walls then do hard ware installation over the next week. The interior fit-out will be in line with the Stirling University guidelines for design for dementia.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>DON/ADON continue to audit care plans using the new tool introduced in June 2019 which is also used as an educational tool to guide Nurses on assessment and care planning. This tool is to ensure that all care plans are reviewed and updated to reflect the identified care needs of our residents. The PIC working group met on the 22nd August and agreed the care plan process re managing and documenting the End of life care plans for all residents. An Addition to the Allied Health care Audit will now include the review of the residents care plan to ensure all information gained from the review and visit is reflected into the residents care plan by the Clinical Governance Team and communicated to PIC.</p> <p>New system commenced for morning rounds which includes reviewing documentation for residents and action plans attached daily, this will improve the written documentation as it will encourage continuous learning.</p>	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Residents will be referred to the HSE for specialist healthcare services this will be reflected and documented in the relevant care plan, however if there is refusal by the HSE or a long waiting period they will be offered the option to avail of private services. This is documented in our Statement of Purpose.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Dementia specific activities were on- going as 2 HCA's and 1 Nurse attended a 2 day training course in DSIDC "Life story and Activity in Dementia Care". The roster is reviewed weekly by the PIC and all activity hours are covered for all planned leave. We will continue to endeavor to cover unplanned leave such as sick leave. Rummage boxes had also been introduced to the units at the time of inspection Improvement will be made regarding the recording of activities for residents and this will be discussed in upcoming HCA and activity coordinator meetings. An Audit on Activity notes is now ran weekly to ensure all residents have evidence within their care plans of their participation and experience of the activity they took part in recorded.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020
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	19/08/2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and	Substantially Compliant	Yellow	19/07/2019

	include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	22/08/2019
Regulation 5(4)	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.	Substantially Compliant	Yellow	22/08/2019
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a	Substantially Compliant	Yellow	21/08/2019

	resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	21/08/2019