



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0029980

About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia. Communal space comprises a large combined sitting and dining room, a sitting room and a smaller room that can be used for residents to meet with visitors in private. There is also secure outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

27

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2020	09:15hrs to 16:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector observed that there was a nice atmosphere in Riverside Nursing Home, and that staff demonstrated good knowledge and understanding of the needs of the 27 residents living there. There was adequate communal space, and the majority of the residents were availing of the comfortable day rooms. There was evidence of social stimulation, and residents were observed to be laughing, joining in with games and singing with staff.

As visiting had been restricted due to the COVID 19 pandemic, visitors were observed meeting their families in the conservatory at the front of the premises for 30 minutes each, and there was appropriate monitoring of this by management. One visitor told the inspector that she looked forward to the day the restrictions would be lifted and she could take her relative to Ballybunion beach, as it had been a weekly outing for them. Feedback from residents was positive and complimentary about the care provided in Riverside Nursing Home. Residents stated that staff were kind, considerate and approachable. The inspector observed that staff knew residents well, took time when delivering care and actively engaged with residents.

Capacity and capability

This was a one day risk based inspection, to monitor compliance with the regulations. The last inspection of this centre had been in October 2018. Findings on this inspection were that overall residents received a good standard of care and were happy living in the centre. However, the inspector also found that improvements were required in infection control practices, medication management and fire precautions. There was a requirement for increased oversight and monitoring of the service, by the registered provider and the person in charge.

The accommodation at Riverside Nursing Home is suitable for a maximum of 27 residents. The centre is a single-storey bungalow, situated just outside Abbeydorney Village in County Kerry. There was evidence of an ethos of respect and dignity for residents. Although the centre did not have a dementia specific unit, at the time of inspection there was a significant proportion of the 27 residents living in Riverside Nursing Home with a diagnosis of dementia. The inspectors observed good communication between staff and residents, and staff were seen to be caring and responsive to residents needs.

There was a clearly defined management structure. The registered provider and person in charge were present in the centre each day from Monday to Friday, and residents were very familiar with them. By a review of staff rosters and from

observations of the inspector, it was evidenced that there were sufficient numbers and skill mix of staff to meet the assessed needs of the 27 residents living in Riverside Nursing Home. The centre had appropriate policies on recruitment, training and vetting of new employees. Staff received a two week induction prior to commencing their role, as per the registered provider, however, there was not documentary evidence of this. Staff confirmed that there was a good level of ongoing training in the centre. Records viewed by the inspector confirmed that staff had completed mandatory training in areas such as protection of vulnerable adults, management of responsive behaviour, manual handling and fire safety.

There were systems in place to manage critical incidents and risk in the centre. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All incidents had been notified to the Chief Inspector as per requirements of the legislation. Good systems of information governance were in place, and the records required by the regulations were maintained effectively. A synopsis of the complaints procedure was displayed in the centre, and records demonstrated thorough investigations of formal complaints. All residents had a contract of care in accordance with the regulations. Written policies and procedures as listed in Schedule 5 were in place and they described centre specific practices.

Regulation 14: Persons in charge

The centre was being managed by a full-time person in charge, who was in an interim position since May 2020. She had previously held a management position in the centre. She had the necessary experience in management and in nursing the older adult that is required by the regulations. She knew each resident, and was well informed in relation to their current clinical care requirements. she had just completed a formal academic qualification in management.

Judgment: Compliant

Regulation 15: Staffing

The staff complement and skill-mix was appropriate to meet the assessed needs of the residents on the day of inspection. The person in charge supervised care delivery when on duty Monday to Friday.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive training programme, and all staff had up to date mandatory training. In response to the COVID 19 pandemic, additional training in infection control, hand hygiene and the donning and doffing of personal protective equipment had been provided to staff. However, there was not evidence of a comprehensive induction in place for new staff. There was also no evidence of a performance appraisal process for existing staff.

Judgment: Substantially compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4, to be kept in a designated centre were all maintained and made available to the inspector. The inspector reviewed staff files and found they were well organised, easily retrievable and stored securely. However, more robust procedures were required in staff recruitment. This was in particular in relation to ensuring that a reference was sought from the most recent employer in all instances, and gaps in Curriculum vitae were not accepted. An Garda Siochana (police vetting) disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff, as required under Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The centre had adequate resources to ensure the effective delivery of care in accordance with the statement of purpose. The person in charge was supported in her role by the registered provider representative who worked in the centre full time. The management team had invested time and resources in a COVID 19 preparedness plan, which was clear and informative.

However, the inspector found that there were not systems in place to ensure that service delivery to residents was safe and effective, through the ongoing audit and monitoring of outcomes. Further commitments were required to ensure continuous improvement and quality assurance. This was also a finding on the previous inspection. There was also not evidence of staff meetings occurring in the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

contracts of care required to be addressed after the previous inspection of October 2018. On this inspection it was found that each resident had a contract of care. These contracts contained all the information as required by the legislation.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were discussed with management on inspection, and records were reviewed. It was evident that an effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. The person in charge and the management team had reviewed and updated policies recently and they were found to be centre specific. Relevant policies had also been updated, in response to COVID 19.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Staff knew residents well, and they were observed being treated with dignity and respect at every opportunity. Improvements required as found on this inspection, were in relation to the centres infection control practices, medication management and fire precautions. Enhanced oversight was required by the registered provider and the person in charge, to ensure that the service provided is safe and consistently monitored.

Residents had good access to medical practitioners and allied health care professionals. Residents were comprehensively assessed on admission by the person in charge, and at regular intervals thereafter. Evidenced based assessment tools were used for issues such as risk of malnutrition, risk of falling, risk of developing pressure sores and dependency levels. Care plans were developed based on these assessments. Each resident had an individual assessment and care plan documented. However, improvements were required in care planning and wound care documentation to ensure that these documents reflected the quality of care provided and could guide and support care delivery. The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. End of life care plans for residents were person centred and informed personal preferences.

Visiting was restricted, as per national guidelines in light of the COVID 19 pandemic. Visiting was being facilitated by appointments and was managed and monitored effectively. The inspector found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents were observed getting up at different times during the day, and there was evidence that they were consulted through residents meetings. The inspector observed residents interacting well with the two very enthusiastic activities coordinators, and being stimulated by social activities over the day of the inspection.

The health and safety statement of the centre was reviewed yearly. The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. However, as per the findings on

the previous inspection, the process for determining risk was not evidenced and was unclear.

The premises was found to be suitable for its intended purpose and was homely, however, it was noted that some upgrades were required. Infection control practices within the centre required review and were discussed in detail with the registered provider and the person in charge. This is addressed in detail under regulation 27, and was found to be especially pertinent due to the COVID 19 pandemic. As per the findings of the previous inspection some fire precautions needed to be addressed. Although some actions from the previous inspection had been addressed, it was found that some remained outstanding. Improvements were also required in the centres medication management procedures as the inspector found that drugs that required strict controls were not effectively monitored, and oversight of expiry dates of medications that required refrigeration was not evidenced.

Regulation 11: Visits

Visiting was restricted as per national guidelines issued by the Health Protection and Surveillance Centre (HPSC). The centre had strict procedures in place to monitor visiting in the centre. The inspector met with two visitors, who expressed their satisfaction about the care delivered to their family member, particularly in relation to the excellent staff.

Judgment: Compliant

Regulation 17: Premises

The location, 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. Residents had access to an enclosed garden which was easily accessible. The inspector found the majority of the premises to be well maintained, however, some rooms were observed to require painting and some furniture such as bedside tables and bedside lockers required to be repaired or replaced. The two communal day rooms had a variety of comfortable furnishings, were beautifully decorated and were domestic in nature.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector was informed that when residents are temporarily absent from the

centre, for example transferred to the acute hospital, a transfer letter accompanies them with relevant information. The inspector viewed documentation in relation to this and found that information pertaining to medical diagnosis and medications were not always included.

Judgment: Not compliant

Regulation 26: Risk management

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Risks in relation to COVID 19 had been identified, and there was a COVID 19 contingency plan in place, which addressed these specific risks. However, as found on the previous inspection, although risks were rated low, medium and high, it was not evident what process was used to determine these risks.

Judgment: Substantially compliant

Regulation 27: Infection control

Staff were observed by the inspector adhering to the national guidelines in relation to the wearing of face masks, hand washing and social distancing as issued by the HPSC. However, significant improvements in infection control practices were required, as the inspector noted the following:

- There was no regular oversight or monitoring of the overall environmental hygiene of the centre
- A resident that was isolated post a stay in the acute sector, did not have signage on the door, to indicate that the space is an isolation area.
- Although residents had individual hoist slings, they were not found to be used. Two communal hoist slings, that were being used, were found to be frayed and not fit for purpose. The inspector requested that they be replaced.
- There was inappropriate storage of equipment in communal shower room.
- Inadequate sink facilities for hand washing. There was one sink in the nurses clinical room, however this did not have a hands free system.
- Some furniture such as bedside lockers and bedside tables required replacing, as the surfaces were not sealed and cracked. Cleaning of these could not be guaranteed, as the surfaces were not intact.
- The environment was cluttered in the clinical room, therefore cleaning could not be assured
- There was inappropriate use of a sanitizer for nail scissors and hairbrushes.

This was situated on the nurses desk which would not be in line with best practice in infection control.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector acknowledged that emergency lighting and emergency signage had been upgraded since the previous inspection. However, further actions were required in relation to fire safety. It was noted:

- Staff were not familiar with the boundary lines of a compartment, including the management team.
- The procedures to be followed in the event of a fire were not on prominent display in the centre.
- There was also no evidence of fire evacuation drills taking place to provide assurances that a successful evacuation could be completed in a timely manner, especially when there is reduced staffing. This was also found to be an area that required attention on the last inspection.
- Four residents that had been assessed as requiring evacuation sheets were awaiting delivery of them. The inspector was informed the day after inspection that they had been put in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in medication management practices as the following was found on inspection:

- A review of nurses signatures in the controlled drug record book, which is checked at change of shift, showed gaps in signatures for numerous days over the past two months. Therefore effective monitoring of controlled drugs could not be assured.
- Topical medications stored in the refrigerator did not have a date recorded of when they had been opened, therefore it was not possible to determine if they were expired.
- Medication found to be expired in the drug trolley

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector viewed a sample of residents assessments and care plans and found that they were detailed and person centred. Validated tools were used to assess risk and inform care plans. They were updated four monthly as required or if the needs of the resident changed. However, the inspector found that some residents files were not well organised and contained outdated information, and therefore it may be difficult to determine and direct individualised care.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. GP's visited the centre on a regular basis. Access to allied health was evidenced by reviews by the dietician, speech and language, chiropody and psychiatry of old age as required. Although there was a low incidence of pressure sores in the centre, the inspector found that improvements were required in the assessment and monitoring of wounds.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The registered provider did not act as a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected and supported. Residents had control over their daily routine, such as when and where to have their meals, what time to get up in the morning and when to go to bed. The inspector observed a number of activity sessions, and saw that residents' well being was enhanced by the various

social moments and personal interactions. The programme of activities in the centre was varied and the activities coordinators were very dedicated to their roles. Residents were consulted on how the centre was run and suggested areas for improvement through monthly residents' meetings . The inspector reviewed documentation from these meetings, where on average 60% of residents attended. Issues raised were addressed by the registered provider or the person in charge. There was evidence that residents were kept informed in relation to the restrictions imposed due to COVID 19.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0029980

Date of inspection: 15/07/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We have formalised our induction process with the development of checklists to cover all aspects from pre-employment, policies and procedures to annual leave requests. We have included documentation checklists in our induction process to ensure all relevant required information is provided pre-employment.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have increased our audit process for staff files from 6 monthly to 3 monthly to identify any gaps in our recruitment process. A checklist of required information has also been added to our induction procedure.</p>	
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>We are in the process of reviewing and updating our auditing process.</p>	

The primary focus over the past few months has been on auditing and reviewing processes due to Covid-19. This process is being expanded to encompass all appropriate areas.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Our refurbishment plan had to be postponed due to Covid-19.
This process has re-commenced with the conservatory and reception areas already completed.
A detailed plan has been implemented to update and upgrade the premises and we hope to have all areas completed by 30/11/2020 provided further restrictions are not imposed.

Regulation 25: Temporary absence or discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
Our procedure for transferring has been reviewed and as stated to the inspector during the inspection, a detailed transfer letter and a full copy of the medication is always included with the resident.
We have updated our transfer documentation.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
A detailed risk register is in place and now includes ratings as based on our risk matrix.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have increased the frequency of our infection control audits to monthly with hand hygiene audits still being completed weekly.</p> <p>Environmental Audits are being completed weekly.</p> <p>Appropriate signage is available for use on isolation areas.</p> <p>The residents requiring the use of a hoist have their own individual sling.</p> <p>Hands free taps have been installed as required.</p> <p>The use of the sanitizer has been discontinued.</p> <p>The clinical room has been decluttered.</p> <p>A refurbishment plan has been implemented and will be complete by 30/11/2020 provided no further restrictions are imposed.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Maps detailing the fire compartments are displayed in each compartment.</p> <p>The procedures to be followed in the event of fire have always been displayed inside the front door, in each resident's bedroom, in the staff areas and in the nurse's office.</p> <p>Evacuation sheets are now in place.</p> <p>We aim to complete monthly fire drills to ensure all staff are aware of the procedure.</p> <p>We have commenced fire evacuation drills involving the residents to ensure all compartments can be evacuated effectively.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Additional checks for the controlled drug book and expired medications have been implemented.</p> <p>The procedures for monitoring medication stock have been reviewed and all staff nurses have been advised of such.</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: Our care plans are reviewed 3 monthly, we have reviewed our auditing process to ensure our care plans contain relevant information.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Staff nurses are completing relevant training and all wound care documentation is being reviewed.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/07/2020
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	30/11/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	20/07/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	30/09/2020

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	31/07/2020
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.	Substantially Compliant	Yellow	10/08/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	20/07/2020

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	15/07/2020
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	Not Compliant	Orange	15/07/2020

	followed in the case of fire.			
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	10/07/2020
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	10/07/2020

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant		13/08/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	13/08/2020