Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Patterson's Nursing Home
Name of provider:	Elizabeth Patterson
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	27 March 2018
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0020970

About the designated centre

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

Patterson's Nursing Home is situated four miles from Roscrea town. The centre was established in 1991 and provides care to up to 28 residents. 24 hour nursing care is provided to both male and female residents generally over the age of 65 years. Care can also be provided to residents under the age of 65 as required. The following are the categories of care provided by the centre which caters for both long and short stays and caters for all dependency levels:
• General Care
• Physical Disability
• Dementia Care
• Respite Care
• Convalescence Care
• Holiday Stay.
The centre consists of five single bedrooms, seven twin bedrooms, one four bedded room and one five bedded room. Communal accommodation includes a large living room and a large dining/multipurpose room. There is a enclosed outdoor space with tables and chairs to the rear of the centre for residents use.

The following information outlines some additional data on this centre.

Current registration end date:	12/02/2020
Number of residents on the date of inspection:	23

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
27 March 2018	09:20hrs to 17:10hrs	Caroline Connelly	Lead
27 March 2018	09:20hrs to 17:10hrs	Noel Sheehan	Support

Views of people who use the service

The inspectors spoke with the majority of the 23 residents and met with them either in their own rooms or in the dayroom. Feedback from residents was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff saying staff were very caring and helpful and that they always came when they rang the bell morning and night. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. Some residents likened the centre to a 'home from home' and confirmed that they felt they had good choice around how they spent their day, when they got up and what they liked for breakfast for example, or whether they would participate in the activities that were provided. Residents were particularly complimentary about the activities and the new activity co-ordinator. They said there was always something to do and enjoyed the group and one to one activities.

The majority of residents reported satisfaction with the food and said choices were offered at meal times and staff always ensured they had plenty of drinks and snacks. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Capacity and capability

The centre had a history of non-compliance identified on the previous two inspections undertaken in the centre in August 2017 and July 2016. On this inspection although some improvements were seen there continued not to be a clearly defined management system in place and the current governance and management of the centre required improvement.

The provider was also the person in charge and she was not supported in her clinical and managerial role by a suitably qualified person participating in the management of the centre. The previous inspection carried out in August 2017had identified issues with the governance structure. Managerial roles were not clearly outlined and the structure did not specify roles and detail responsibilities for all areas of service provision. Following the inspection and ongoing interactions with HIQA the provider attended a meeting in the HIQA office and was required to provide a governance and management plan for the centre.

On this inspection, inspectors saw that further nursing staff had been recruited allowing the provider more supernumary time and there was a competent staff member allocated to the role of administrator. However due to the lack of the recruitment of a suitable qualified person in charge or nurse manager the

governance structure remained ineffective. This was evidenced by a lack of governance and management systems implemented to ensure oversight of the centre. Ineffective complaints management was seen, actions required on medication audits were not completed to effect change and a comprehensive annual review had not been conducted. A number of the actions required from the previous inspection had not been completed and inspectors found that non-compliance relating to the recruitment and vetting of staff and contracts of care had continued. Some governance and management meetings had taken place but overall due to the lack of recruitment the governance plan submitted to HIQA could not be complied with.

There had been an emphasis on staff training since the previous inspection and the administration staff member had completed a comprehensive staff training matrix. The majority of staff had received recent mandatory training and further training was booked. However, there continued to be a number of staff who had not received fire training, four staff did not have safeguarding training and moving and handling training was out of date for two staff. The matrix continued to identify gaps in the provision of responsive behaviour training for a number of staff.

Duty rosters were maintained for all staff and during the inspection the number and skill-mix of staff working during the day and night was observed to be appropriate to meet the needs of the current residents. Systems of communication were in place to support staff with providing care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. Residents and relatives were very complimentary about staff and how friendly and caring they were to the residents.

There were systems in place to manage critical incidents in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The provider demonstrated the knowledge of the requirement to notify HIQA of specific incidents. Notifications were generally received in a timely manner, these were reviewed by the inspectors during the inspection. However the inspectors recommended further trending of accidents and incidents to identify patterns and trends so appropriate action could be taken to prevent or minimise accidents and incidents.

Inspectors saw that the centre had some systems and processes, based on national standards, in place to manage and implement a programme of quality and safety. Quality data and was gathered on a weekly basis in areas such as pain, pressure sores, physical restraint, psychotropic medication, falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents. Some improvements had occurred in the auditing of the service since the commencement of the administrator and this had led to some improvements. An example of this was in the provision of information on the prevention of infections for residents and staff which was displayed in the communal areas for all to read. However further auditing and evaluation of the quality, safety and outcomes of the service provision was

required. This is to ensure a culture of continuous improvement is adopted in the centre to provide a quality and safe service for residents.

Regulation 14: Persons in charge

The provider was also the person in charge she was a registered nurse and had run the centre since the centre opened 26 years ago.

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 minimum of one nurse on duty at all times with a second nurse for parts of the day. There was a regular pattern of rostered care staff, catering staff and cleaning staff.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff did not have up-to-date mandatory training.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care required review to ensure they included all items extra to the fees.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to ensure it was compliant with the requirements of schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The system in place to manage complaints was not sufficiently robust to ensure all complaints are responded to in line with the complaints policy. There was not evidence that all complaints detailed, investigation, actions taken and outcome. The complainant's satisfaction with the outcome of the complaint was not always recorded, as required by legislation.

Judgment: Not compliant

Regulation 21: Records

Staff files viewed by the inspectors found that references were missing for two recently recruited staff and therefore they did not meet the requirements of schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

The annual review of the quality and safety of care was not completed for 2017.

There were not management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

There was not a clearly defined management structure in place.

Judgment: Not compliant

Quality and safety

Overall, improvements were seen in the quality of life for residents with the provision of a comprehensive programme of activities and interesting things to do during the day. However issues in relation to poor governance systems identified under the capacity and capability section of the report had implications for the monitoring and oversight of the quality and safety of care. Improvements were required in care planning, premises, healthcare and medication management. A number of these issues had been identified as non-compliant at the previous inspection.

There had been ongoing improvements in the premises as required over a number of previous inspections. The conversion of a six bedded room to a four bedded room and a single bedroom had been completed. Screening was now in place that enclosed the beds to promote residents privacy in twin and multi-occupancy rooms. A number of new wardrobes had been provided along with locked storage space for residents individual use. The dining room was seen to be utilised more, with the tables appropriately set and more residents availing of the opportunity to move to the dining room for their lunch and evening meal. However a number of issues with the premises continued to be identified. The provision of space in the multi-occupancy rooms to ensure residents had the opportunity to undertake personal activities in private remained an issue. The inspectors identified that although the premises was generally homely a large number of bedrooms lacked colour, pictures and personalisation. There was an enclosed garden area at the rear of the centre which was made available to residents. It had suitable garden furniture for residents use. However the door to this area was locked and although residents were seen going in and out to this area and confirmed how much they enjoyed it they could only use it with access in and out by the staff. The provider said this was because it was not secure enough.

Since the previous inspection a full time activity co-ordinator had been employed and was in the centre five days per week. Inspectors saw a wide variety of activities taking place throughout the inspection. A comprehensive activities programme was in place and inspectors saw art work and items completed during activity sessions on display throughout the centre. Residents were extremely complimentary about the activities and the activities co-ordinator and said they looked forward to doing something different every day. There were plenty of access to newspapers, radio and television in the communal areas. Contact details for advocacy services were on display in the centre if required. Visitors were welcome to visit at any time and reported staff being very welcoming to them.

Medication management practices required review as identified on a number of previous inspections. There was a centre-specific, up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. However nursing staff had engaged the practice of pre-preparation of some medications in advance of the administration process which is not in line with

best practice guidelines or the centers policy on safe administration of medication and this could lead to errors. This process was discontinued once highlighted by the inspector; however, a similar issue had been identified on previous inspections and the staff need to ensure the continued discontinuation of the practice. Comprehensive medication management audits were completed on a regular basis by the pharmacist and these were evidenced during inspection. However, there were no action plans put in place by the centre following the medication audits undertaken by the pharmacy and issues identified had not been corrected. This has been an ongoing issue also identified on previous inspections.

There were some improvements seen in the overall assessments and care planning since the previous inspection. A number of care plans viewed by inspectors were personalised and regularly reviewed and updated following assessments completed using validated tools. However there was a resident who had been in the centre for six weeks where there was no care plan in place to direct care for the resident. The provider said it was because the resident was admitted for a two week period that was extended. The regulations require that every resident should have a care plan based on assessed need no later than 48 hours after the residents admission to the centre. In this case the centre fell far short of this requirement and inspectors expressed concern about other short term residents that may not have had plans in place to ensure consistent and evidenced based care was provided.

There was evidence of regular access to medical staff with regular medical reviews in residents' files. Access to allied health was evidenced by reviews by the dietitian, speech and language, podiatry and tissue viability as required.

Regulation 17: Premises

There were a number of issues identified with the premises:

- The current layout of the five bedded multi-occupancy room did not meet the needs of the residents and will not meet legislative requirements in the future.
- Many rooms were seen to lack pictures or any personalisation of the rooms
- The positioning of a television on top of a wardrobe required review to ensure all residents could view the television comfortably.
- The external enclosed garden required upgrading to ensure it was secure for all residents use.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were no action plans put in place by the centre following the medication audits undertaken by the pharmacy and issues identified had not been corrected.

There was a practice of some pre-preparation of medications taking place in the centre which was not in line with best practice guidelines.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A resident who had been in the centre for six weeks did not have any care plan in place to direct care

Judgment: Not compliant

Regulation 6: Health care

Health care needs of residents were met through access to medical and allied professionals.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Improvements were seen since the previous inspection in the management of residents' finances and a more robust system had been implemented.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld and residents had facilities for occupation and recreation in accordance with their interests and capabilities.

Residents were consulted about and participated in the organisation of the centre through regularly held residents meetings.

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	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0020970

Date of inspection: 27/03/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The training matrix has been audited in Apr 2018 ,and training will be completed by 31st Oct 2018. Those staff members missed training in 2017, due to sickness/ maternity leave, will be trained in those courses in July 2018 (dates to be confirmed with course facilitator) and the annually training due for 2018 will be conducted during July, Sept/ Oct. Staff members who fail to attend training will be required to do so in their own time and at their own expense and will not be roster for duty until the requires certs are issued. All staff files has been audit and missing documents to be with the management before the end of May 2018, failure to do so will result in staff members not included in off duty rosters. A data base for new staff members in place and all Garda Vetting done before position is offered to the candidate. No position of employment is offered until all the necessary documents in place going forward.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: As Outline in the contract of care page16, extract as follows:	

Price List for all extra costs to be agreed at time of admission:

	Include in bill	resident/ family to arrange payment for service
Hairdressing	☐	☐

Dry cut: €10.00
Wash/cut/blow dry : €20.00
Set/perm: €40/€45.00
Hair dye is supplied by the resident/, Extra charge if to be supplied by hairdresser.

Chiropody	☐	☐

(Monthly visits): €18.00 -€20.00 pending on treatment .

Dry Cleaning	☐	☐

This is discussed fully with all concerned following the assessment. € 840 per weekly is the charge for:

(a) Bed and board

(b) Nursing and personal care appropriate to the level of care needs of the Resident;

(c) Bedding, other than specialist beds:

(d) Laundry Service, INCLUDING personal laundry,

(e) Basic aids and appliances necessary to assist the Resident with the activities of daily living.

(F) All Toiletries:

Shampoo & conditioner,
Personal Deodorant,
Shower Gel,
nail care(nail varnish etc.),
Razors, shaving Foam/Gel, face cream & lotion,
Talc/Powder, Hair Spray, Tissues,
Towels & face cloths,
All hair care- brush/combs, Wash bags,

All dentures/teeth care, e.g.,

Inco Sheets.

(g) Daily & Weekly papers,

(h) Guinness, soft drinks etc.

(i) All activities, - music, bingo prizes, Christmas party and all entertainment during the year including birthday parities for residents etc.

(j) All religious Services, / also when clergy are called to the end of life resident of prayers and family support.

(k) Meals to relatives/family/friends of end of life residents given and refreshments. Over night stay is also offered.

(l) OT (as required) physio (weekly) dietician (as required) Speech & language Therapist (as required) charges all cover by NH.

(m) Televisions supplied in all bedrooms.

If resident needs transport to an out patient appointment and family member supply's transport or if necessary we arrange a taxi ,
this charge to discussed prior to appointment and family pay the transport privately. The starting price from our taxi person is €50 within 10 miles radius, although we have used the Irish Red cross and the resident/relative gives them a donation for their services.

Any specialist chairs recommended by OT, this paid for by the resident or the family.

The extra charges are discuss on admission, if or when resident needs transportation to outpatient's appointment the taxi fee will be discussed with them or their next of kin prior to the appointment.

The resident or their next of kin chooses if they wish to pay the service directly or have ncluded in the monthly bill. We also facilitate their personal hair dresser attending the NH at a time of the resident choosing.

Monthly billing in place and payments received under fair deal scheme etc. shown.

Regulation 3: Statement of purpose	Substantially Compliant

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

The existing Statement of Purpose has been audited and from this
A revised Statement of Purpose is been drawn up to include the necessary changes in the Nursing Home over the past year in line with Regulation 3 as set out.

We were unable to complete this process until the PIC was appointed and her name included in the statement. This was noted in the Annual review to be updated.

Regulation 34: Complaints procedure	Not Compliant

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

Following the advice of the inspectors on the day of the inspection, the complaints folder and the filing of same was revised and all complaints are now filed under the year and not the resident as was the practice in the past. All files are kept for a period of 7 years as in line with the regulation 21.

The complaints procedure is in public view and displayed in a prominent place in NH.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

Records for all resident and staff are kept for a period of 7 years in a secure and accessible place.

Audits of care plans/ staff files has been carried out,

Annual review for 2017 in place and the newly appointed PIC has access to it. A misunderstanding on the day of the inspection, this annual review was not presented to the inspectors.

The necessary improvement to the paperwork noted and been improved monthly with more audits been carried out 3 monthly.

New format to the filing of complaints, accidents/incidents, updated the care plans folder, the admission folder.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A newly appointed Person in Charge will take up the position from the 1st June 2018, and will be responsible for all the duties of the post. She will be supported in her role by the current nursing staff and a new governance and management plan will be drawn up to include her duties, clearly outlined.

Annual review for 2017 reviewed and with the support of the administrator who support both her and the register provider with all the non -nursing duties.

Nurse's monthly meetings held followed by a Governance meeting monthly with an input from nursing staff /healthcare assistants and the activities coordinator.

Weekly staff meeting, all recorded and signed.

Activities co coordinator holds monthly residents/ relatives meetings, all recorded and signed.

Regulation 17: Premises	Not Compliant

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

An audit of the premises to be carried out in May 2018 and the finding of the audit to be included for discussion at the Governance meeting in June.

Pictures/ Personal items to be requested from residents and displayed in a place of their choosing.

Activities co coordinator working with the resident s to decorated their personal space to

their liking with arts / paintings done by them in the Nursing Home.

If resident requests private time with friends/family their personal room will be accessible to them personally at all times and all resident's dignity and privacy is respected at all times by staff members.

The garden area available at all time to residents, although the door to it is locked this is under the advice verbally of the Garda Siochana as in a rural area and beside a very busy main road we feel that the safety of our residents is paramount at all times, We are aware of the dangers from intruders gaining access to the premises through this door, with robberies on the increase in the area. Always as noted in the media the danger of residents wandering off and been accosted by the general public.

Upgrading of bedrooms to be completed by 2021 and plans for this will be drawn up under the specifications set out under the national standards.

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 audit carried out and action plan prepared in April 2018.The annual Medication Training in July and all nursing staff requested to attend as failure to do so, we will request them to attend training at a time and place at their own expense.

The Stack's audit and Nursing home action plan to be discussed at length at the June nurse's meeting, and the short falls of the nurse outlined to them, with the action plan drawn up prior to the meeting.

Disciplinary measures will be put in place for nurse's failing to comply with the protocol on dispensing medication and failing to adhere to these will result in the off duty of that individual being suspended.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: On the advice of the inspectors, sections of the care plans are now included in the admission folder. Individual assessment and care plan is started on admission. A healthcare assistant is assigned to the new resident and they will be their key worker to assist them with the transition into the Nursing home. Care plans forms update in April 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/10/2018
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.	Not Compliant	Orange	31/08/2018
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.	Not Compliant	Orange	31/05/2018
Regulation 23(b)	The registered provider shall	Not Compliant	Orange	30/06/2018

	ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	30/06/2018
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/06/2018
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the	Substantially Compliant	Yellow	30/04/2018

	resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	31/07/2018
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	31/07/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/06/2018
Regulation 34(2)	The registered	Not Compliant	Orange	30/04/2018

	provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
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.	Not Compliant	Orange	31/04/2018