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:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	24 October 2018
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0022173

About the designated centre

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

The designated centre provides 24- hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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
24 October 2018	06:30hrs to 16:00hrs	Siobhan Kennedy	Lead
24 October 2018	06:30hrs to 16:00hrs	Sonia McCague	Support

Views of people who use the service

Residents who communicated with the inspectors were positive regarding the care provided/received and the facilities and services. In particular, residents were enthusiastic about their bedroom accommodation, food, arrangements for visitors, the choices they could make, activities and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre.

Capacity and capability

The findings on the inspection indicated that there was ineffective governance in place. It was found from the morning routine observed by inspectors that sufficient resources were not directed to provide person centred, safe and effective services, management systems did not ensure that the service provided was safe, appropriate and effectively monitored and leadership did not promote and drive a culture of person centred or safe care.

Overall accountability for the delivery of residential services was clearly defined and there were lines of accountability at individual, team and service levels so that those working in the designated service were aware of their responsibilities and to whom they were accountable.

Person centred care was not provided at the right time and practices observed reflected task orientated delivery of care as opposed to enabling residents to lead their lives in as a fulfilling way as possible.

Inspectors found that 65% of the residents had been served and assisted to have their breakfast and morning medication (prescribed to be administered at 08:00 hours) by 06:35am while still in bed. There was no evidence that residents had been given a choice about this institutional type of practice as staff did not ask residents if they would like to have their breakfast and it was not identified in each resident's care plan their preferences regarding the morning routine.

Management and staff serving breakfast considered the routine was appropriate for residents and information to staff entitled "routine for night staff" confirmed this. Residents who shared their views on this matter with the inspectors were satisfied and did not have any concerns regarding the practice. The inspectors did

not have the opportunity to communicate with any of the residents' relatives.

Staff were aware of the three residents who preferred a later breakfast and respected their choices.

Effective on-going auditing of systems and monitoring of performance was not in place to ensure that the service was delivered and safe and this is particularly noted in respect of the risks identified with regard to the administration of management described in this report under Quality and Safety.

There was an annual review of the quality and safety of care delivered to residents but this was not prepared in consultation with residents and families.

The matters arising from the previous inspection carried out on the 17 July 2017 which related to staff training on safeguarding and safe and suitable premises were satisfactorily actioned. The other matters in respect of the contracts of care, medication management, and health and social care are further highlighted in this report.

The contracts of care did not identify the occupancy of residents.

The full-time person in charge has many years of experience in the provision of residential care and although was on annual leave came in to facilitate the inspection process. The nominated person who was available in the absence of the person was also available. The registered provider representative was not available.

There was a recruitment policy/procedure which was in compliance with employment and equality legislation. However, an examination of recently recruited staff showed that appropriate vetting was not available in the centre for two staff, one of whom was on duty, thus posing potential risks to residents. The person in charge took immediate action in respect of the staff member and assured the inspectors that the other staff member who was rostered for night duty would not work in the centre until appropriate vetting was in place.

There was evidence that staff had access to education and training, however, up-to-date mandatory training was not available, for example, fire safety and food safety. Inspectors noted from observation of practices that staff required refresher training in moving and handling, wound management, clinical recording, restraint and medication management.

Notifications to the Office of the Chief Inspector and policies required improvement. Some policies/procedures required review in accordance with up-to-date evidence based national guidance in order to assist staff in their practices. Some records, particularly care plans showed that there were gaps between events and therefore it was difficult to see a consistent, comprehensive tracking of information. Some information was out of date and therefore it was unreliable.

Regulation 15: Staffing

The numbers of staff at the time of inspection were insufficient to meet the needs of residents in a person centred manner, particularly the morning routine whereby some residents were being wakened out of sleep/semi sleep to be assisted/served their breakfasts in their beds.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training, but some were not up to date on their mandatory training, for example, fire safety and food safety and from observations made by the inspectors refresher training was required in moving and handling, wound management, clinical recording, restraint and medication management. This training should reflect current evidence based practices.

Judgment: Not compliant

Regulation 21: Records

Some records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were not available, accurate or reliable in a sample of records reviewed by the inspectors. These included records relating to fire safety, staff recruitment and residents' care.

Judgment: Not compliant

Regulation 23: Governance and management

Sufficient resources and leadership did not promote and drive a culture of person centred care. Management systems did not ensure that the service provided, was

appropriate and effectively monitored . The following key points were noted:

- A task orientated culture regarding the serving of breakfast and administration of medicines to residents who were still in bed prevailed. These residents required assistance by staff to eat. (22 residents were assisted with their breakfasts and administered medicines by 06:35 hours)
- The medicines were prescribed for administration at 08:00 hours
- Two care assistants on night duty were assisted by two incoming staff members on day duty to serve breakfasts. All of the residents except three had their breakfasts by the time the night duty staff had completed their shift at 08:00 hours.
- Some residents were wakened out of their sleep/semi-sleep, their bed was raised and a breakfast tray was placed on an over bed table and other residents were assisted to sit by the side of the bed.
- Some residents did not take their full breakfast as they had fallen asleep and their dietary intake was not recorded accurately if at all.
- At 08:20 hours, 21 of the residents who had their breakfasts were still asleep in their beds.
- Only two residents were up and dressed and had their breakfasts in the communal facilities.
- A night time ambiance prevailed in each of the bedrooms in that, the curtains remained drawn and lights were dimmed or switched off.
- A resident was assisted to the dining room at 10:45 hours for lunch, but this was not served until midday.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The contract of care for a resident in a shared bedroom did not specify the occupancy in bedroom that the resident could expect as part of their residency in the centre. This requirement remained outstanding from the previous inspection July 2017. Sixteen residents occupied eight twin bedrooms.

Judgment: Not compliant

Regulation 31: Notification of incidents

Quarterly reports were provided to the Office of the Chief Inspector, however, the use of restraint and number of residents with pressure ulcers had not been accurately reported, as prescribed in the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The inspectors saw that operating policies and procedures for the centre, as required by Schedule 5 of the regulations were available along with other clinical and operational procedures. Many of these policies and procedures had been recently reviewed, as required. However, those on medication management, the use of restraint, responsive behaviours, staff recruitment and wound management required further review and or implementation in practice.

Judgment: Not compliant

Quality and safety

In general, the health and social care needs of residents were met. Residents had an individual care plan. A range of risk assessments were completed for example, vulnerability to falls, nutritional care, continence needs, and vision care. Areas which required intervention were identified but specific treatment plans to address residents' individual needs were either not clear or not available. As a result, it was difficult to evaluate the progress or deterioration of the treatment plan. This was particularly relevant in the review of the management of residents' wound care.

Staff liaised with the community services regarding admission and discharge arrangements and there was evidence that appropriate referrals were made to the community health care professionals, but this was not always a consistent practice, particularly in relation to wound care.

A resident was receiving end of life care and staff were very attentive to the resident's needs. The resident was being accommodated in a shared bedroom and there was no information in respect of the resident's preference for a private room. There was evidence that some residents had an end of life care plan in place which reflected their wishes.

The designated activity staff member informed the inspectors that information had been gathered in relation to the residents' previous lifestyles and this informed the social and recreational programme. Inspectors saw residents participating in group and individual activities and they expressed to the inspectors their satisfaction of social events.

The interventions to manage individual responsive behaviours were not clearly set out in care plans and there was no evidence that behavioural charts were available to record patterns of altered behaviours or that these behaviours were discussed

and reviewed at clinical and multidisciplinary meetings including the psychiatry team, if necessary.

Residents' nutritional and hydration needs were met and residents confirmed that meals were enjoyable.

Residents were offered opportunities to exercise their choice in some matters, for example choosing their day garments, attending activities and menu choices. Some residents informed the inspectors that they had already made their voting selection in the forthcoming referendum.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and they were encouraged to participate in residents' lives.

The design and layout of the residential service was suitable for its stated purpose. Throughout the designated centre, there were various types of communal sitting areas including a conservatory at the entrance of the centre for residents to meet and greet their visitors. General rooms included visitors, smoking room and an oratory. Bedroom accommodation consists of single and twin rooms. These rooms were spacious and personalised. Toilet facilities had grab-rails. The centre was warm and welcoming and well maintained. Furniture and fabrics were coordinated and contributed to the homely atmosphere. Clocks provided were a good size, easily visible and at the correct time.

Policies and supporting procedures were implemented that ensured residents were protected from abuse. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told the inspectors that they felt safe in the centre.

While there were arrangements in place to manage risk and measures implemented to reduce or minimise the risks identified, inspectors observed that call bells were available to promote independence and safety but they were not always placed in easy access for residents.

A variety of fire safety measures were in place to prevent, contain and ensure the safe evacuation of residents in the event of an emergency, however, the fire door to the smoking room did not automatically fully close, the evacuation plan with residents' names and methods of evacuation had not been updated from 19 September 2018 to take account of all residents and changes in circumstances and the fire drill records were not sufficiently detailed to bring about improvements.

Management and staff were not fully familiar with the national guidance in respect of restraint for example, for some residents the bed rails were raised by staff but the residents would not have the capacity/knowledge to lower the bed rail if they so wished resulting in the use of a restraint measure. Management and staff did not record this information nor provide this information in the required notification to the Office of the Chief Inspector. The person in charge agreed to review this matter.

Responsibility for infection prevention and control was clearly defined. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, management of laundry and waste.

Regulation 13: End of life

End of life care was provided to residents with the support of their general practitioner (GP) and community palliative care services.

During the review of residents' care plans inspectors noted that a care plan specific to residents' preferences when approaching end of life care outlining the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care had not been completed with all residents and or family.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

Regulation 26: Risk management

Residents' alarm call bells were available to promote independence and safety but they were not always placed in easy access for residents.

Judgment: Substantially compliant

Regulation 27: Infection control

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of health care associated infections, were in place. Staff had access to hand washing facilities and wall mounted hand sanitisers along corridors. Staff were seen using these facilities between resident contacts. The standard of cleanliness throughout the centre was good.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had not been taken against the risk of fire as the fire door to the smoking room did not automatically fully close, the evacuation plan with residents' names and methods of evacuation had not been updated from 19 September 2018 to take account of all residents and changes in circumstances and the fire drill records were not sufficiently detailed to bring about improvements.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written policies relating to the management of medicines. However, the processes in place for the handling and administration of medicines, including controlled drugs, were not safe and in accordance with current guidelines and legislation.

Medicinal products were not administered in accordance with the directions of the prescriber of the resident concerned. This is discussed further under Regulation 6.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There was evidence of a range of assessment tools being used to assess and monitor areas such as the risk of falls and malnutrition, mobility status, cognition and skin integrity. A range of care plans were recorded that were subject to reviews. However, gaps in the assessment, care planning and evaluation process were found. Each identified need had not prompted the development of a separate individualised care plan to direct staff practice and aid evaluation of interventions being used. Personalised care plans were not prepared and revised following an assessment of resident's needs and changes in needs since admission.

Similar requirements were reported following the previous inspection and remain outstanding.

Judgment: Not compliant

Regulation 6: Health care

Arrangements were in place for residents to have access to a GP and to allied health care professionals including occupational therapy, physiotherapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services on a referral basis. Hospital out-patient and follow up appointments were also facilitated.

However, inspectors found unsafe practices in relation to medicine prescribing, administration, recording and review which did not meet with professional or regulatory requirements. Residents were not sufficiently protected by medication practices observed and procedures found in place. For example, medicines prescribed for 08:00am were pre-dispensed by night staff and administered to residents before 06:30am. The medicine dosage of a prescribed as PRN (a medicine only taken as the need arises) was not pre-dispensed or administered as prescribed. The medicine administration records were not timed or signed contemporaneously at the time of administration and the rationale for PRN usage was not consistently stated. Medicines had not been given at the prescribed time was recorded as being administered. Photocopy prescriptions were used for over two weeks despite weekly GP visits.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors were informed by staff of resident's with responsive behaviour. During a review of resident records and care plans there was evidence of responsive

behaviours highlighted. However, an individualised and specific care plan to enable staff to respond to and manage responsive behaviours was not in place. A care plan that detailed resident triggers or de-escalating techniques and interventions to be implemented by staff was not outlined. This finding was highlighted on the previous inspection.

During discussions with staff and in a review of residents' care plans, inspectors were not assured that the use of restraint was used in accordance with the national policy as published on the website of the Department of Health. A low rate of restraint and/or bed rail use by residents was reported. However, on inspection the usage of bed rails as restraint was higher than reported. The completion of risk assessments formed part of the centre's policy, however, the outcome of assessments and records of decisions regarding the use of bed rails were not available in each residents' file or referenced in a specific care plan to show the decision was made in consultation with the resident or representative, staff nurse and GP, as outlined in the policy.

Judgment: Not compliant

Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity residents was not always respected during the provision of personal care as a bedroom door was open during this process.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0022173

Date of inspection: 24/10/2018

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An extra care assistant has been employed since Monday 12th November 2018 to work an 8am-6pm duty to assist with breakfasts and day duties in the care of residents. It is our intention that an additional Staff Nurse will be employed seven days a week 8am-2pm to offer support and assistance to staff and management.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire Safety training has been completed on 31/10/2018 for all new staff. Food safety training is scheduled for night and breakfast care staff on 27/11/2018. Staff have been further instructed in good manual handling practices.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff are vetted prior to commencing employment and two staff identified are now	

vetted.
Any new residents are included in Fire evacuation plan on admission.
Contract of care has been updated to detail occupancy.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A full review has taken place. In accordance with residents wishes breakfasts are served from 7.15 am and residents have the choice of having breakfast in the dining room or their own bedroom.
Morning medication round is administered with breakfast.
Breakfasts will continuously be reviewed to ensure it is person centred to the resident's wishes and this will be facilitated by the employment of extra caring and nursing staff.

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The contract of care has been updated detailing the occupancy of single or twin room .

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Following discussion with the inspectors clarity and understanding has been sought on all notifications via portal and will be notified.

Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policies listed will be updated.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Residents are consulted regarding their end of life wishes by the nurse in charge of their care plan. However any identified on inspection , that their wishes were not included in their care plan will be addressed.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: All staff have been informed to ensure call bells are within reach of residents.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The door has been fixed and closes fully. The fire evacuation drill report had been added to an action plan but now will be added to the fire register.	
Regulation 29: Medicines and	Not Compliant

pharmaceutical services	

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Discussions have taken place with the pharmacist and a new system will be introduced from Monday 26th November where medications will be blister packed.
The G.P's will be consulted to assist us in best practice.

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:
The care plans will be reviewed and any changing needs will be identified
and evaluated for the specific change in needs on a daily basis .

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
With the new blister system that is being introduced including the addition of an extra nurse on day duty best practice will be facilitated going forward .

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The ABC incident analysis – Challenging behavior log is being used but will be updated .
We try always to promote a restraint free environment , however following discussions and clarity with the inspectors any resident requesting bed rail as enablers or for safety will be notified . They will be filed in their care plans as well as the restraint folder and discussions will take place with the resident, families and G.P.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff are trained to always respect the privacy and dignity of residents at all times and this has been conveyed to all staff .All staff knock on doors before entering closed doors and screening is provided in shared rooms.	

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	31/01/2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout	Not Compliant	Orange	19/11/2018

	of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	27/11/2018
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	21/11/2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/11/2018
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	26/11/2018
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Not Compliant	Yellow	21/11/2018

	the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	06/11/2018
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	10/11/2018
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	Not Compliant	Orange	26/11/2018

	appropriate use of the product.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	31/01/2019
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/01/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a	Not Compliant	Orange	27/11/2018

	person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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	30/11/2018
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.	Not Compliant	Orange	26/11/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and	Not Compliant	Yellow	30/11/2018

	manage behaviour that is challenging.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Yellow	31/01/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	06/11/2018