



**Health
Information
and Quality
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:	Moyglare Nursing Home
Name of provider:	Moyglare Nursing Home Limited
Address of centre:	Moyglare Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	26 June 2023
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0038956

About the designated centre

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

Moyglare Nursing Home is a ground-floor purpose-built nursing home with a capacity of 53 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available, and residents' bedroom accommodation consists of a mixture of 37 single and eight twin bedrooms. Some have en-suite facilities, and all have wash hand basins. It intends to provide each resident with the highest quality standards of professional nursing care and a commitment to involve residents' families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24-hour basis. The philosophy of care is to maintain the basic values which underline the quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being is the primary aim of health care provision within this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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
Monday 26 June 2023	09:00hrs to 17:40hrs	Helena Budzicz	Lead
Monday 26 June 2023	09:00hrs to 17:40hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents received a good standard of care and were well-supported to lead full lives. Residents who spoke with the inspectors were very positive about the care they received and life in the centre overall. One resident said that staff were very kind and supportive and 'would do anything for you'.

The inspectors completed a tour of the designated centre with the provider and person in charge and observed that the environment was generally clean, bright and met residents' needs. There were a number of communal spaces for residents to relax in, and they were comfortably furnished with an adequate amount of seating, wall art and house plants. Rooms were decorated with residents' personal possessions and photographs. The internal gardens were decorated with potted plants and flowers, and there was comfortable seating for residents' use.

The inspectors observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. The lunch was served hot and looked and smelled appetising. Textured modified meals were also well presented. A number of residents told the inspector that they 'liked the food and there was always plenty'.

During the day, the inspectors observed the activity staff and other staff were available in the day rooms to support residents in meeting their care needs. The inspectors saw that residents were neatly dressed and groomed in accordance with their preferences and appeared well cared for. Residents' views were sought on the running of the centre through regular residents' meetings held in the centre. Residents had also access to advocacy services and information regarding their rights.

Visitors were observed to meet with residents throughout the day of the inspection, and inspectors spoke with a number who were complimentary of the care provided to their loved ones. Visits were observed to take place in residents' bedrooms or in communal spaces.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. The inspectors found

that although the governance and management of this centre had been strengthened and improvements had been made across most regulatory requirements, further improvements were required to ensure continued high-quality care to the residents and will be discussed further in the report.

This was a risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This unannounced risk inspection took place over one day. The provider has a Condition 4 in relation to the premises on the certificate on their registration. Inspectors saw that the works were ongoing to create additional bathrooms for residents.

Moyglare Nursing Home Limited is the provider of this centre. The person in charge and the clinical nurse manager facilitated this inspection. They demonstrated an understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by the registered provider representative and a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff.

There was evidence of governance and management meetings. The quality and safety of care delivered to residents was monitored through a range of clinical and operational audits. Different themes from the national standards were selected and audited each month. However, some disparities were observed between the audit findings and the findings of this inspection. These will be further discussed under Regulation 23: Governance and management.

The annual review for 2022 was available, and the review set out the improvements completed in 2022 and improvement plans for 2023. The inspectors saw evidence that the review was completed in consultation with residents and their families through resident surveys.

The inspectors reviewed a sample of staff duty rotas and, in conjunction with communication with residents and visitors, found that the number and skill-mix of staff were sufficient to meet the needs of residents, having regard to the size and layout of the centre. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. There were no volunteers working in the centre.

Staff training records were maintained to assist the person in charge with monitoring and tracking the completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures, safeguarding and fire safety had been completed.

The centre maintained a directory of residents which was in paper format. While the inspectors noted that the directory was appropriately safe and accessible, it did not contain all the information required and will be discussed further under Regulation 19.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to the resident's property and had the current certificate

on display at the reception.

Inspectors reviewed five contracts for the provision of services. While all contracts reviewed were signed by the resident or their representative, some did not include all the requirements of the regulation and will be discussed further under Regulation 24. This was a repeat finding from the previous inspection.

The inspectors reviewed completed incident forms and found four incidents that had occurred in the centre that were not notified to the Office of the Chief Inspector, as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The designated centre was up for renewal of registration in December 2023. An application for renewal of registration had been received by the Chief Inspector and was under review.

Judgment: Compliant

Regulation 14: Persons in charge

The person appointed by the registered provider to fulfil the role of the person in charge of the designated centre met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents on the day of the inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended the required variety of training according to their roles and

responsibilities to enable them to care for residents safely.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. For example, from a random selection of residents, some information did not include the resident's date of birth, the address of the resident's representative and general practitioner (GP), and the date of some residents that were transferred to the hospital.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management and oversight systems required more focus and effort to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- While the audits for the weight loss were completed, further oversight and monitoring of residents required strengthening to ensure that the Malnutrition Universal Screening Tool (MUST) was calculated correctly and appropriate actions were taken to ensure safe care delivery for residents.
- There was insufficient oversight or analysis of incidents. While the provider accurately responded to the safeguarding incidents in the centre, the notifications were not correctly submitted to the Office of the Chief Inspector as required by the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Action was required to come into compliance with the regulation. For example;

- One contract reviewed did not specify the bedroom number in which the resident was residing.
- One contract reviewed did not specify the occupancy of the bedroom in which the resident was residing.
- Additional extra fees were not outlined in two contracts.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated statement of purpose was made available for inspectors and it contained the required information regarding the service and designated centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

During the inspection, the inspectors identified that four notifiable incidents had occurred; however, the Office of the Chief Inspector had not been notified.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that residents were supported and encouraged to have a good quality of life in the centre. Residents expressed satisfaction with the direct care received. However, some gaps in oversight of certain areas show that further action is required by the provider to ensure that the centre comes into compliance with Regulation 5: Individual assessment and care plan, Regulation 6: Health care, Regulation 20: Information for residents, Regulation 25: Temporary absence or discharge of residents and Regulation 8: Protection.

A sample of residents' files was reviewed by inspectors. The inspectors found evidence that residents' care plans were developed within 48 hours following admission; however, not all care plans were person-centred and were reviewed four-monthly as required by the regulation.

The inspectors reviewed a sample of communication care plans and validated assessment tools. Care plans were comprehensive and guided staff to provide care in accordance with residents' specialist needs and requirements.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GPs) providing on-site reviews. At the same time, access to other health care professionals was also provided, albeit not consistently as inspectors found instances where the need to refer was not appropriately recognised, as further discussed under Regulation 6: Health care.

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. All staff spoken with were clear about their role in protecting residents from abuse and the reporting mechanism should the need arise. All staff had completed safeguarding training. The provider was a pension agent for two residents and had a separate client account. However, concerns regarding the recruitment process were identified and will be discussed further under Regulation 8: Protection.

The provider maintained a written guide of 'Information for residents', which was provided during the inspection. It was available to all residents; however, it did not contain all relevant information as required by the regulations and will be discussed further under Regulation 20: Information for residents.

When the resident returned from the hospital, the inspector saw evidence that all relevant information was obtained upon the resident's readmission to the centre. However, inspectors were not assured that when a resident was temporarily absent from the centre for hospital treatment, a copy of this letter was maintained in all resident's files as discussed under Regulation 25: Temporary absence or discharge of residents.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their

communication challenges and needs. The care plans outlined in detail the techniques and approaches to be used by staff members to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms had adequate storage for clothing and that residents retained control over their own clothes. There was an effective laundering and labelling system in place that ensured that all clothes were returned to residents in a timely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors observed a variety of drinks and snacks being offered to residents throughout the inspection. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meals.

Judgment: Compliant

Regulation 20: Information for residents

Inspectors reviewed the 'Information Guide' available in the centre for residents. It was observed that it did not contain all of the information required by the regulation, namely terms and conditions relating to residence in the centre.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of transfer letters for occasions when residents were temporarily transferred to the hospital were not available on the day of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy, which contained appropriate guidance on the identification and management of risks. Arrangements were in place to guide staff on the identification and management of risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was necessary regarding care planning documentation to ensure individualised and person-centred care could be delivered:

- Inspectors saw that not all clinical assessments and care plans were reviewed on a four-monthly basis as required by regulations.
- Some of the care plans reviewed were generic and not person-centred, as the centre used pre-printed care plans. For example, in one instance, the care plan for a safe environment and mobilisation stated that the resident was for transferring with a hoist; however, this was not accurate as the resident's mobility abilities and needs were different. The care plan did not mention that the resident was at high risk of falling, even though the clinical risk assessment had identified that. In another care plan, there were no details included regarding the supervisory arrangements for the resident..

Judgment: Substantially compliant

Regulation 6: Health care

While overall, residents were seen to be facilitated to access professional expertise in line with their needs, some gaps were identified. For example, the inspectors reviewed the files of residents who experienced weight loss; however, this was not recognised by the nursing staff and the Malnutrition Universal Screening Tool (MUST) assessment was not calculated correctly and therefore failed to reflect this weight loss. As a result, professional expertise from health care professionals such as dietitians was not timely sought.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including an up-to-date safeguarding policy, with training records indicating that all staff had completed safeguarding training. Furthermore, a sample of staff records was reviewed by the inspectors and identified that five out of seven staff had not completed An Garda Síochána vetting requests prior to commencing employment. However, inspectors were informed and assured from the documents reviewed that the staff members were working under supervision with allocated senior staff members.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0038956

Date of inspection: 26/06/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • The Directory of Residents was fully reviewed by the Person in Charge • A monthly audit will be conducted by the Person in charge and/or Clinical Nurse Manager. • In the Residents Directory with the purpose of ensuring appropriate details of residents’ date of birth, address of resident’s representative, and GP. This will also include all new admissions and details of medical transfers of residents transferred to acute hospital and their return date. • A specific audit template will be adopted and completed on a monthly basis. This will be part of the regular audit system/process of the center. • Person(s) Responsible: Person In Charge and Clinical Nurse Manager • Time Frame: August 30, 2023 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All Resident Must Screening Tools were updated by the nursing team. As a result, specific recommendations were carried out in the areas of referral and review of Clinical 	

Nutritionists, ONS recommendations, weight monitoring, and diet fortification. Subsequently, residents' care plans on nutrition were reviewed, updated, and evaluated.

- Specific training on MUST/Nutritional Assessment tools was organized by the Registered Provider and Person in charge of staff nurses included in the Staff Training Matrix under Support. This is to ensure the appropriate knowledge of nurses in the calculation of MUST assessment tools.
- The subsequent clinical audits to be implemented will be reiterative in nature with a special focus on Residents' MUST assessments and Care Plans.
- The clinical audit specific to incident reports will be carried out by the Person in charge on a monthly basis
- All incident reports generated will be reviewed by the Person in charge, including a review of action plans to ensure the risk associated is mitigated. A summary report defining the name of the resident category, number, frequency, and completion of incident report analysis will be provided by the PIC to the Registered Provider on a monthly/quarterly basis.
- All monthly and quarterly notifications report will be submitted by the Person in charge to the Office of the Chief Inspector as required by the regulations.
- Person(s) Responsible: Registered Provider, Person in Charge, and Clinical Nurse Manager
- Time Frame: September 30, 2023

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All residence contracts of care were reviewed and updated to include bedroom number, specifications and details of the room occupancy
- Person Responsible: Registered Provider, Person in Charge and Clinical Nurse Manager
- Time Scale: August 30, 2023

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • All our four notifiable incidents were submitted by the Person In charge of the Office of the Chief Inspector • All notifiable incident will be notified to the Chief Inspector by the Person In charge as set out in the regulation. • Person Responsible: Person in Charge • Time Scale: August 30, 2023 	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • The Residents Guide of Moyglare Nursing Home was updated to include terms and conditions relating to residence in the centre. • Each resident will receive a copy of the updated Residence Guide. • Person Responsible: Registered Provider, Person in Charge, and Clinical Nurse Manager • Time Scale: August 30, 2023 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • All residents temporarily transferred to acute hospitals will be completed and archived in their resident's clinical notes • Person Responsible: Person in Charge and Clinical Nurse Manager • Time Scale: August 30, 2023 	

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The clinical team will review all resident’s care plan. Incorporate comprehensive assessment for residents and corresponding care plans. To include evaluation, MDT approach, and supportive plans in response to the changing needs of the residents.
- All care plans will be evaluated by the clinical team.
- As an oversight mechanism, Care Plan Audit tool will be implemented. Monitoring of compliance will be made in the monthly audit mechanism.
- A separate/ specific work business structure and deliverables are assigned to ensure compliance in this area which will include each staff nurse’s allocation.
- Specific in-service training which will include mentoring by the Person In Charge and or Clinical Nurse be provided to staff nurses
- Person Responsible: Registered Provider, Person in Charge and Clinical Nurse Manager
- Time Scale: October 30, 2023

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All Resident Must Screening Tools were updated by the nursing team. As a result, specific recommendations were carried out in the areas of referral and review of Clinical Nutritionists, ONS recommendations, weight monitoring, and diet fortification.
- Subsequently, residents’ care plans on nutrition were reviewed, updated, and evaluated.
- The subsequent clinical audits to be implemented will be reiterative in nature with a special focus on Residents’ MUST assessments and Care Plans.
- All resident

- Person(s) Responsible: Person in Charge, and Clinical Nurse Manager
- Time Frame: September 30, 2023

Regulation 8: Protection

Substantially Compliant

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

- Garda Vetting reports will be secured for all staff prior to their commencement of employment in Moyglare Nursing Home.
- All Garda Vetting reports will be archived in each staff files
- Person(s) Responsible: Registered Provider Person in Charge
- Time Frame: August 30, 2023

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Substantially Compliant	Yellow	30/08/2023

	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 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/08/2023
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.	Substantially Compliant	Yellow	30/08/2023
Regulation 31(1)	Where an incident	Substantially	Yellow	30/08/2023

	set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Compliant		
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	Yellow	30/10/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/10/2023
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	Substantially Compliant	Yellow	30/09/2023

	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.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/09/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/08/2023