



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Lystoll Lodge Nursing Home
Name of provider:	Lystoll Lodge Nursing Home Limited
Address of centre:	Skehenerin, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0000246
Fieldwork ID:	MON-0038812

About the designated centre

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

Lystoll Lodge Nursing Home is situated in the countryside, approximately one mile outside the heritage town of Listowel. The centre provides 24-hour nursing care, which is led by the person in charge, who is a qualified nurse. The centre is a two story premises and is registered to accommodate 48 residents. Bedroom accommodation consists of 28 single bedrooms and ten twin bedrooms. There is a variety of communal space, which includes a dining room on the ground floor and three sitting rooms, as well as an internal garden. The centre can accommodate both male and female residents requiring continuing care, respite care, convalescence care, dementia care, psychiatric care and end-of-life care. Admissions to Lystoll Lodge Nursing Home are arranged by appointment, following a pre-admission assessment of needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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
Thursday 8 June 2023	08:20hrs to 17:15hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Residents living in Lystoll Lodge Nursing Home told the inspector that they received good quality care and support from staff that were caring and kind. Residents reported feeling safe in the centre and attributed this to developing a rapport with staff, who were familiar with their needs, likes and preferences. The inspector met the majority of the residents during this one day inspection, and spoke in more detail with seven residents throughout the day. All feedback and conversations residents had with the inspector were positive about the care they received and their life in the centre.

Some residents the inspector met with were unable to articulate their experience of the quality of the service. The inspector observed that those residents appeared comfortable and relaxed in the company of staff and in their environment. Residents confirmed that they could exercise choice over their daily routine, including when to get up in the morning, the clothes to wear and if they would like to partake in activities. The inspector found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents choices were respected and they were encouraged to go out for days and weekends with their families.

Lystoll Lodge Nursing Home is a designated centre for older people situated in a rural setting, outside the town of Listowel, County Kerry. The centre is a two story purpose built centre which is registered to accommodate 48 residents. There were 40 residents living in the centre, on the day of this inspection. Bedroom accommodation is over two floors, and comprises of 28 single rooms and ten twin rooms. The inspector observed some bedrooms were personalised and residents had been encouraged to bring in belongings and pictures from home. The majority of residents' bedrooms were observed to be comfortable and nicely decorated, however, the storage facilities in some bathrooms were inadequate, as detailed under regulation 17.

The inspector observed that the centre was observed to be clean throughout and there was adequate cleaning staff employed in the centre on the day of this inspection. On the walk around of the centre the inspector saw that some areas of the centre were in a poor state of repair, such as paintwork on some bedroom walls was visibly damaged. Communal space within the centre comprises of four sitting rooms, two on each floor, a dining room on the ground floor and a chapel. The inspector observed that some of the indoor spaces were used inappropriately for storage of equipment and there was excessive amounts of papers and old equipment stored in the corners of these rooms, which made them less homely. The chapel was also observed to be operating as a nurses station, which did not give residents the use of this area for prayer, if they so wished. These findings are actioned under regulation 17.

The residents dining experience in the dining room was observed to be a pleasant, sociable and a relaxed occasion for residents. Residents had a choice of meals from

a menu that was updated daily. Staff were observed to provide assistance and support to residents in a person-centred manner. Staff were also seen attending to residents in their bedrooms, to provide support during mealtimes. However, some residents on the first floor were not afforded a dining experience and remained in the sitting room with a bed table in front of them for their meals, which is actioned under regulation 9.

An activities schedule was available to residents seven days per week. The activities coordinator was observed working in the centre on the day of inspection. It was evident that they knew residents well and were observed doing a quiz with residents in the evening, where they joked and laughed with each other. Staff were also observed to sit with residents and chat to them. The inspector saw that the majority of activities took place in the downstairs sitting room, which resulted in residents in the upstairs sitting room having less opportunities for social stimulation, which is actioned under regulation 9.

The inspector had the opportunity to meet with three visitors throughout the day, they were complementary about the care their family member received and praised the kindness and commitment of staff.

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

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations. The last inspection of this centre had been in July 2022, eleven months prior. Overall, findings of this inspection were that the registered provider had implemented and maintained effective management systems, which ensured a good standard of service was provided for residents. Some further action was required to ensure full compliance and these areas are detailed under the relevant regulations.

The registered provider of the centre is Lystoll Lodge Nursing Home Limited, which is comprised of two directors. A number of previous inspections of this centre had demonstrated a high level of regulatory non compliance in the designated centre and ineffective system of governance and management. However, this inspection found that the provider had addressed these repeat findings and had an established and maintained a clear governance structure to manage the centre. The governance and management team were committed to providing a good service, and sought regular feedback from residents and families, to improve practice and service provision. Within the centre, the nursing management team consisted of the person in charge, supported by three clinical nurse managers. There was a manger on each day, including at weekends, to supervise care delivery.

The centre maintained its staffing resources in line with the statement of purpose and this was monitored in line with the resident's assessed dependency level and care needs. There were two registered nurse on duty at all times. Staff were knowledgeable regarding residents needs and provided care in a dignified and respectful manner. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was an induction system in place for all newly appointed staff, which covered all aspects of the service requirements.

There were management systems in place to monitor the quality and safety of the service. This included audits of clinical records, restrictive practices, quality care and dining experience. The findings of these audits facilitated development of quality improvement plans. However, further monitoring of the premises and risk within the centre was required, as detailed under regulation 23. The inspector saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2022, in accordance with the standards.

A review of the incident and accident records found that systems were in place for the learning from adverse incidents involving residents. For example, the provider had systems in place to analyse falls in the centre and to identify areas where practice could be improved. This analysis resulted in a review of the staff allocation and an increase in staffing levels in the evening to supervise residents. This action resulted in positive outcomes for the residents. A directory of residents was maintained, as per regulatory requirements.

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to their role and responsibility in recognising and responding to allegations of abuse. A small number of staff were overdue mandatory training in two areas, which is actioned under regulation 16. There were arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Record keeping systems ensured that records required by the regulations were securely stored, easily retrieved and accessible. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment. The registered provider had written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations. Policies and procedure were found to be updated following changes in best practice guidelines.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were

satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included domestic, catering, administration and activities staff. The allocation of staff to provide social stimulation to residents was found to be insufficient on the first floor, which is actioned under regulation 9.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that there was good availability and monitoring of training. The majority of staff had completed all their mandatory training, with the exception of the following:

- five staff were due training in managing responsive behaviours.
- three staff were due training in safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre and it included all information, as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection. Staff files reviewed were well maintained and all complied with the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The following management systems required strengthening and action, to ensure the service provided is safe, consistent and effectively monitored:

- the monitoring of risk in the centre. On review of the risk register the inspector found that some risks had not been reviewed in over a year and some information in the risk register required to be updated. The management team acknowledges this finding as an area for identified improvement.
- further oversight of the maintenance of premises was required as on the day of the inspection it was not suitably maintained, as detailed under regulation 17.

Judgment: Substantially compliant

Regulation 30: Volunteers

There was one volunteer working in the centre. Records were maintained for this person which met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as per Schedule 4, were appropriately notified to the Chief Inspector, within the required time frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements. These had all been updated since the previous inspection.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents in Lystoll Lodge Nursing Home was found to be good, and it was evident that residents choices were respected and

promoted. The inspector found that residents living in the centre had good access to medical and healthcare services. Some action was required in relation to infection control, residents rights, maintenance of the premises and the storage of medications. These will be detailed under the relevant regulations.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs and residents had access to their GP as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented and reviewed frequently to ensure the care plan was effective. Good clinical oversight and staff knowledge of residents needs resulted in good outcomes for residents.

A review of a sample of care plans indicated that residents were assessed regularly using validated tools and care plans were reviewed to reflect changing needs. Care plans were found to be personalised and provided good guidance in the care to be delivered. The centres documentation used when a resident is transferred to hospital was found to contain limited information, which is actioned under regulation 25.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. The storage of emergency medications required to be addressed, to ensure they were stored securely in the centre, as actioned under regulation 29.

Residents were consulted about their care needs and about the overall quality of the service. Residents were provided with access to independent advocacy services. The centre was home to a number of residents who were under the age of 65. Those residents were supported by the management team to access the services of social workers and personal assistants, if they so wished.

Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits

to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- there were inadequate storage facilities in the centre, as evidenced by multiple pieces of mobility equipment and bedside tables stored in communal sitting rooms.
- the external smoking facility and entrance to the centre were poorly maintained. The paths were not well maintained with moss and weeds growing up through them. The smoking area was also untidy and used to store materials inappropriately. This presented a falls risk to residents.
- there was limited garden furniture available for residents use, in the secure garden.
- one chest of drawers was observed to be broken in a residents bedroom.
- some curtains in the centre were frayed and required repair or replacement.
- some equipment used by residents were not maintained in a satisfactory state of repair. For example, two wheel castors on shower chairs and commodes were observed to rusted.
- televisions were observed to be unsecured in some bedrooms, and there were visible wires hanging from walls.
- some door handles were observed to be broken.
- storage facilities for residents personal toiletries in the bathrooms of twin bedrooms were not adequate, as they were impeding use of the sink.
- some electric beds did not have associated service records to evidence that they were being serviced yearly, as recommended.
- the change of function of the chapel to a clinical/nurses room was contrary to the centres statement of purpose, which outlined the conditions by which the centre was registered. The chapel was observed to be operating as a nurses station, which did not give residents the use of this area for prayer.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

On review of the documentation used, when a resident is temporarily transferred to the hospital the inspector found that the correspondence did not contain all relevant information about the resident. For example; their communication requirements and dietary requirements. The management team acknowledged this documentation

required updating on the day of this inspection, to ensure a comprehensive handover.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had policies and procedure in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks. Although there was a risk register in place, it was found not to be up-to-date and monitored, which was actioned under regulation 23.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in community settings, published by the authority, for example;

- the layout of the laundry did not facilitate the segregation of clean and dirty linen, which increased the risk of cross contamination. The inspector acknowledges that the provider was in the process of building new laundry facilities for the centre.
- a hoist was observed to be visibly unclean.
- the one clinical room in the centre did not have appropriate clinical hand washing facilities. The back splash of the sink was observed to be stained.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicinal products, which were contained in the centres emergency response box, were not stored securely in the centre. These were stored in a unlocked press on the corridor where residents or visitors could have access to them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre as required by the regulations. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised, updated regularly, contained detailed information specific to the individual needs of the residents, and were sufficiently detailed to direct care.

Judgment: Compliant

Regulation 6: Health care

Arrangements were in place for residents to access the expertise of allied health and social care professionals such as dietetic services, speech and language, physiotherapy and occupational therapy through a system of referral. Residents were provided with appropriate access to medical and healthcare services. The provider employed a physiotherapist who attended the centre on a weekly basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices, such as bedrails and staff monitored residents safety when bedrails were in use.

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be addressed to ensure residents rights were promoted in the centre:

- this inspection found that some residents did not have access to a dining room for meals as the dining room facilities could only accommodate approximately 16 residents. Therefore, some residents remained in the day

room upstairs for their meals, with a tray table in front of them. This did not afford them a proper dining experience or a chance for movement to another room for their meals. It also did not facilitate residents choice.

- the availability of activities and social stimulation for residents on the first floor was minimal, on the day of this inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lystoll Lodge Nursing Home OSV-0000246

Inspection ID: MON-0038812

Date of inspection: 08/06/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The outstanding training highlighted during the inspection has been completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new risk register is being completed at present by the Person in Charge. Please see regulation 17 below for actions in relation to the maintenance of the facility.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • An additional storage room for each floor has been put in place in the back section storage rooms of the facility. • The smoking area has been decluttered and cleaned. Any materials at the side of the smoking area have been removed. • The chest of drawers has been removed from the room for repair. 	

- All televisions have been secured to walls in residents rooms.
- Door handles have been replaced
- Service records are up to date for all air mattresses in the facility.

The registered provider will:

- Clean the paths surrounding the facility where moss and weeds were present.
- Order additional garden seating and table for the secure garden area.
- Engage with suppliers to replace older curtains within the facility.
- Order new shower chairs and commodes.
- Additional storage will be put in place for residents toiletries.
- The first floor of the nursing home required a nurses station. This is a temporary measure whilst new sections of the nursing home are in the final stages of construction.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 The Nursing Home is in the process of moving to an online care system where a national transfer document shall be utilised going forward. The existing document has been updated to reflect the necessary amendments required.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 There was no evidence provided on the day of inspection to assert cross contamination within the laundry. The registered provider is in the process of building new laundry facilities to meet the care needs of an increased bed capacity for the centre whilst construction is being finalised on new resident rooms and communal areas.

- Hoists have been added to the daily cleaning checklist for cleaning staff.
- The registered provider shall upgrade the existing hand wash facilities in the clinical room on the ground floor.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The secure press on the corridor for emergency response has been locked. Daily checks are in place and completed by the Nurse In Charge.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Inspectors were informed that some residents preferred choice was to dine in sitting room areas, and in keeping with the delivery of person centred care, this has been set out in their own personal care plans which were offered and available to the inspector during the inspection.</p> <p>The calender for daily activities and social stimulation for residents has been reviewed to ensure adequate activities on the first floor of the facility.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2023
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	30/09/2023
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 25(1)	When a resident is temporarily absent from a designated	Substantially Compliant	Yellow	07/07/2023

	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.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	08/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	31/07/2023

	accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/07/2023