



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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	25 July 2022
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0037472

About the designated centre

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

Holy Family Residence can accommodate 60 residents, both male and female over 65 years of age. The centre can accommodate residents with low to maximum dependency levels. The aim of the centre is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes the health and well-being of all residents.

The centre is located on the outskirts of Dublin City, with nearby bus routes. The centre has pleasant garden which provide enjoyable walks to residents. The centre consists of four floors and contains 60 single en suite bedrooms. There are many communal spaces available to the residents, including a library, a concert hall, a tea rooms, sitting rooms and more.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
--	----

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 25 July 2022	08:20hrs to 17:20hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in the Holy Family Residence. Residents who spoke with the inspector said that staff were most kind and helpful. There were facilities in place for social, recreational and religious activities, however action was required with regards to fire safety and infection control and care planning.

On arrival to the centre the inspector was met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask and temperature monitoring. Following a short introductory meeting, the inspector was accompanied on a tour of the centre by a member of staff.

Residents' bedrooms were single occupancy, most with ensuite facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, personal belongings and furniture to help them feel comfortable in the home. Residents reported to be happy with their rooms.

The person in charge and staff team were committed to providing quality care while respecting residents' choice and independence. Early in the day, the inspector observed many residents up and dressed for the day, others chose to relax in their bedrooms and were facilitated to take their own breakfast in their bedrooms.

The design and layout of the centre promoted a good quality of life for residents. The centre was clean, warm and well-maintained throughout. Residents had access to a number of communal spaces on each floor, including a sitting room and a dining room, which were clean and tidy and furnished comfortably for residents' use. There was dedicated rooms for hairdressing, physiotherapy, a library, shop and tearoom on the ground floor in the centre.

Residents on the upper floors had access to a balcony area which provided views of the mountains and the scenic outdoor landscape gardens. The chapel within the designated centre had a balcony which allowed residents on the upper floors to attend mass daily, without having to come down to the ground floor.

The inspector spoke directly with individual residents and also spent time observing staff and resident engagement. The inspector spoke with seven residents, who all spoke positively about the care they received from staff. They found staff to be "most helpful". The inspector observed the lunch time dining experience. Good interactions were observed between staff and residents. The inspector observed staff assisting residents with their lunchtime meal in a patient and kind manner.

During the course of the day, the inspector observed visitors arriving at the designated centre. The inspectors spoke with visitors, who were all complimentary of the service. They felt there was good communication and were kept up to date at

all times.

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

Capacity and capability

There was a clear governance and management structures in place in the centre and the registered provider had arrangements to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. Action was required to improve the providers' oversight of fire safety, care planning for residents, infection prevention and control and medication practices. Access to training required further oversight.

Little Sisters of the Poor is the registered provider for the Holy Family Residence. The local management team are supported by a regional management board of the Little Sisters of the Poor. The person in charge was supported in their role by an assistant director of nursing(ADON). Other staff members included nurses, health care assistants, an activity coordinator, domestic, laundry, catering and maintenance staff.

All staff were seen to be up to date in safeguarding, moving and handling and infection control however, training was required for staff in fire safety and managing responsive behaviours. This is further discussed under Regulation 16: Training and staff development.

Policies were in place and were seen to be reviewed and updated. There was a health and safety statement and a risk management policy in place, however, the service and the environment in terms of fire safety was not risk assessed. The fire alarm system, fire extinguishers and emergency lighting was maintained and serviced regularly. A fire safety assessment was carried out in November 2021, however not all risks identified had been actioned or a time frame allotted to when the works would be completed.

A sample of contracts of care were reviewed. Each set out the terms and conditions of the residents' residency in the centre and were signed by the resident or their representative. The contracts included details of the additional fees to be charged to residents in receipt of the 'Fair Deal Scheme'.

The provider had a complaints policy in place, and the complaints procedure was prominently displayed at the entrance to the centre and contained the information required by the regulations.

Staffing was allocated by floor and the inspector found there was a sufficient

number and skill-mix of clinical staff, housekeeping, catering and domestic staff.

An annual review was prepared for 2021 in consultation with the residents and their families. The annual review was seen to be readily available throughout the centre.

Regulation 15: Staffing

The staffing rosters showed that the centre has a stable workforce and this had a positive impact on resident care. There was a minimum of one registered nurse on duty at all times. The staffing numbers and skill mix were appropriate to meet the support requirements of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that not all staff had access to appropriate training. For example:

- A number of staff were not up-to-date with mandatory training. 17 staff required fire safety training.
- Training on dementia was provided in April 2022, however, a further 34 staff required training. In accordance with the centre's own policy, this training was to be completed every 2 years.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems were found to require improvement to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

For example;

- Oversight of fire safety required strengthening. A fire safety report was completed in November 2021, which identified 33 risks. However, while there was an action plan developed to manage some of these risks, not all risks had an action plan with an appropriate time frame. For example: a fire compartment audit had not been completed and there was no date by which to have these works completed. Since the inspection, an action plan has been developed to mitigate these risks within an appropriate time frame.

- Systems required review to monitor all training needs and evaluate training provided. New staff had been recruited to the centre, however a training schedule had not been prepared for all their training requirements.
- The oversight and management of the risk register was insufficient, the risks identified in the fire safety report were not included in the risk register.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Three contracts of care between the resident and the provider were reviewed, and each clearly set out the terms and conditions of their residency in the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to the inspector and to staff for review. They had all been updated to reflect the practices and procedures in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required further amendments to ensure it accurately described the service that was provided in the designated centre as per Schedule 1 of the Act. For example:

- Seven registration conditions were listed instead of the three that were in accordance with the designated centre's current registration.

Judgment: Substantially compliant

Quality and safety

Overall residents had good access to health care services. There was consultation

with residents in the organisation of the designated centre and residents were happy with visiting arrangements. However, action was required by the provider in order to come in to compliance in the areas of care planning, activities, fire safety and infection control.

Four care plans were reviewed by the inspector on the day on inspection. All residents had a comprehensive assessment carried out prior to admission. Residents were seen to have care plans prepared within 48 hours of admission. However, there were gaps identified, for example assessments were not seen to inform the resident's care plan. This is further discussed under Regulation 5: Individual assessment and care plan below.

The registered provider ensured that residents had appropriate access to health care through regular visits from the General Practitioner who visited twice weekly or as required. A physiotherapist was employed twice a week. Access to a speech and language therapist, dietitian, occupational therapist and chiropodist was through a referral system. Residents had access to the national screening programme.

The inspector reviewed three care plans in relation to physical restraints. Care records showed that when residents had a restrictive practice in place such as bed rails, there was a risk assessment in place for its use. Residents' consent was obtained or if they were unable to provide consent, discussions were held within the multi-disciplinary team and family members. However, not all restraints had a risk assessment carried out prior to implementation, this is further discussed under Regulation 7: Managing behaviour that is challenging.

There was evidence that most residents' rights were upheld throughout the day of inspection. There was an independent advocacy service available and this information was displayed in the designated centre. There was a residents meeting held in June 2022. Residents attended group activities on the day of the inspection. Residents spoke with great fondness of the music sessions, provided by a resident who played the violin each Wednesday afternoon. However, the inspector found that the activity schedule was focused on group activities. Residents and visitors voiced that there were little or no one to one activities. Residents informed the inspector that the group activities were not to everyone's taste. The weekly schedule was set every week Monday to Friday. Two residents stated that they would like to see more outings organised outside of the centre. There were no activities scheduled for the weekend, staff reported, this was to allow for visiting.

Improvements were observed from the previous inspection in terms of three upgraded cleaner rooms and an ongoing maintenance programme which included painting works.

Visitors who spoke with the inspector were satisfied with the unrestricted visiting arrangements in place. The inspector observed that residents were able to receive visitors in private.

Overall the centre was observed to be clean. The registered provider had made personal protective equipment (PPE) available to staff as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of

Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. However a number of areas required review under infection prevention and control, as discussed under Regulation 27: Infection Control below.

On the day of inspection there were no fire evacuation maps advertised. Emergency procedures required review to consider the building layout and escape routes. This is further discussed under Regulation 28: Fire Safety.

The inspector was not assured that all medicinal products were secured in line with the designated centre's medication policy. Medicinal products no longer in use, were not seen to be disposed of in accordance with national guidance. This is further discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 11: Visits

Inspector saw evidence where the visiting policy and risk assessments were reviewed in line with the HPSC guidance on COVID-19: Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). Family communication had been issued to update family members on the visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting health care-associated infections.

For example:

- The cleaning system included the use of one mop head in numerous locations, this posed a risk of cross contamination.
- While the bedpan washer was serviced in November 2021, the door of the bed pan washer was being kept open when not in use, this posed a risk of cross contamination.
- Seating in communal areas of the building was made from soft upholstery, and a review was required to ensure these could be sanitised appropriately in between use.
- Communal items such as hairbrushes, rollers and deodorants were seen in the store presses and hygiene products were not labelled in shared bathrooms, which posed a risk of cross-infection from one resident to

another.

- Staff spoken with were unable to describe how they would manage a blood spillage. No blood spillage kits were seen to be available on the day of the inspection.
- Single use items such as dressings were seen to be open within treatment areas. This was identified on a previous inspection.

Standard precautions and transmission-based precautions were not effectively and consistently implemented. This was evidenced by:

- Insufficient oversight in relation to infection control measures within the centre. Hygiene audits failed to identify inappropriate staff PPE use, two staff members were observed to wear their masks incorrectly.
- Unused incontinence wear were stored out of their packaging, which posed a risk to cross contamination.
- Open wipes were seen to be kept in communal bathrooms which suggested communal use.
- The centre did not have PPE holders for aprons and gloves . Aprons were in open packets and gloves were in open boxes stored in the corridors, this posed a risk of cross infection.
- There were no clinical hand wash sinks available in the centre, the infection control policy recommended to use paper towels to turn taps off and on, however hand towels were not available at all sinks. Two staff spoken to were unaware of this proposed measure to reduce the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed to provide adequate means of escape, for example;

- No fire evacuation maps were available to identify your location or compartments available for evacuation.
- Staff spoken to on the day of inspection were not knowledgeable about the horizontal evacuation procedures to be followed in case of fire evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector was not assured that all medicinal products were secured in line with the designated centre's medication policy, for example;

- Medication keys according to the centre's own policy are to be kept on the person. Keys to the medication trolley for the fourth floor were kept in a locked treatment room.

The person in charge failed to dispose of medicinal products no longer in use, in accordance with national guidance, for example:

- Medication no longer in use or those that have expired should be disposed of, in line with the designated medication policy this was not seen to be the case on the day of inspection. For example a bottle of cough medication opened in February 2022 was in the drugs trolley.
- The reconciliation of returned medication to pharmacy was not robust, the return of controlled drugs did not include the number returned or the signature of the nurse returning the medication, not did it include the signature of the person collecting the medication for return.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge failed to formally revise care plans where necessary. On reviewing four care plans, the inspector identified gaps. Assessments were not seen to inform resident's care plans for example;

- A falls assessment was completed following a resident sustaining a fall. However, the care plan did not reflect the assessment.
- A nutritional care plan did not include the residents most recent MUST score. (Write out MUST fully)
- End of life care plans for two resident care plans did not include their psycho social needs.
- A resident who had been reviewed by the physiotherapist, according to staff, did not have the physio recommendations included in the care plan, nor in the residents notes.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to consultant

gerontology services, psychiatry of later life and the national screening programme as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint used in the centre was not in accordance with national policy as published by the Department of Health. For example;

Residents who had restrictive measures in place, for example sensor alarms, did not have risk assessments completed to identify the most appropriate and least restrictive measures put in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector was not assured that all residents had opportunities to participate in activities in accordance with their interests.

The inspector found that staff were not allocated to provide meaningful one to one recreational activities in line with residents needs in the centre. There was one activity staff member on duty assigned to cover the activity schedule in the designated centre, and provide group activities Monday to Friday. Staff were not allocated to organise activities at the weekend.

Two residents and two visitors voiced that they would like residents to have the opportunity of availing of more one to one activities or a review of the activity schedule and more outings away from the centre. Residents reported that there was a set weekly schedule with little variance.

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 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Holy Family Residence OSV-0000050

Inspection ID: MON-0037472

Date of inspection: 25/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Since the inspection Fire Safety Training has been arranged for all staff (19th September and 4th October 2022.)</p> <p>Dementia training will be held 26th & 29th September 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A competent person will come on the 16th/17th September 2022 to assess the fire doors compartments and emergency lighting. Following this, work will be started to upgrade these issues as soon as possible.</p> <p>The Risks mentioned in the Fire Audit of will be included in the Risk Register. 30/10/22</p> <p>The H.R. Department will prepare a training schedule for new staff accommodating their training needs. 04/10/22</p>	
Regulation 3: Statement of purpose	Substantially Compliant

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

The Conditions of Registration have been updated to reflect the content of the latest Registration Certificate. 10/08/2022

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The equipment is on order to change to the flat mop system. The staff will be trained in the usage of this method. Mop heads will be laundered every day.

It was a misunderstanding that the door of the bedpan washer could not close. Effectively it does close.

Seating in common areas will be cleaned with a designated soft fabric cleaner. Soft fabric chairs will be replaced gradually.

Weekly walkabouts have been started to monitor bathrooms, showers etc. to assure that no articles are being left around. The findings will be recorded and diffused on the Units. 01/09/2022

Blood spillage kits have been purchased for each Unit. We will ensure that staff know how and when to use them. 6/09/2022

Nurses have been informed that no opened dressing can be kept for further use. This will be monitored on the weekly walkabout.

Additional glove and apron holders have been purchased and will be installed in the appropriate areas.

PPE training has been carried out to ensure the correct use of masks.

Hand washing training has been completed and each Unit supplied with a folder "Hand Hygiene. Preventing avoidable harm in our care". Each Nurse and HCA has been asked to go through this and sign the Record sheet. 11/09/2022

Clinical hand wash sinks will eventually replace the ones now in use. Meanwhile the emphasis will be in on the correct use of the ones we have.

Unused incontinence wear will be kept in the original packaging.

Disposable hand wash towels will be available at all hand wash sinks. Most of these have been fitted since the inspection. More are on order and will be fitted as soon as possible. 31/10/22

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Evacuation Plans have been drawn up by an architect. They will be affixed around

the Residence as soon as we receive them.
 Fire Safety Training will be completed for all staff 19th September and the 4th October 2022.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Medication keys on the 4th Floor will be kept on the person of the nurse.
 The Nurses have all be informed that used medication must be disposed of in the proper manner. That is: removed from circulation or returned to the pharmacy as per the Policy requirements. 10/08/22
 The reconciliation of returned medication to the Pharmacy has been re-instated as it was pre-pandemic. This means that the nurse will list the medication to be returned in the "Returns" book and sign for it. The person who collects from the pharmacy will also sign the book. 10/08/22

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 In concertation with the Nurses, all Care Plans lacking in information have been reviewed and updated. The ADON will continue to monitor all Care Plans at regular intervals. 31/08/22

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Risk Assessments have been completed for Residents using sensor alarms for their safety and in an effort to reduce falls risks. 31/08/22

--	--

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
An "Activities Survey" will be carried out to determine the Residents wishes in this regard. 30/09/2022
Staff will be assigned to do additional meaningful activities during the week and weekend as required.
The Activity Schedule will be reviewed taking into account the results of the survey.

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	04/10/2022
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	30/11/2022
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	Substantially Compliant	Yellow	31/10/2022

	staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	10/08/2022
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	30/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	31/08/2022

	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.			
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.	Substantially Compliant	Yellow	31/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2022