



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	02 July 2019
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0024496

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides residential accommodation for 18 long term-care residents and three residents requiring short-term care/respite. The philosophy of care is to provide a quality residential service to older people who have a diagnosis of dementia and who are mobile. The ethos, culture, practices and procedures of the centre reflects a person-centred approach that promotes independence and functioning to the residents' highest potential. Meaningful expression is facilitated by occupational, recreational, physical and sensory stimulation. Management and staff aspire to these values by being open to new ideas and ways of working, demonstrating a commitment to effective communication, teamwork and developing practice to reflect a shared vision of residents' care. The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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How we inspect

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
02 July 2019	08:30hrs to 17:00hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

Residents and relatives spoke very highly of the service, staff and quality of care provided in the centre. Although many of the residents were unable to verbalise their opinion on the day due to their advanced medical condition, the inspector was satisfied from the body language, social engagement, physical expression and appearance that residents felt safe and comfortable in their environment and were well looked after. The inspector spoke with relatives visiting the centre on the day of inspection, who were highly complementary of the nursing and social care provided and the commitment of staff to ensure residents were safe and well cared for. Completed feedback from residents and relatives questionnaires also showed a high level of satisfaction with staff, premises, food and choices available to residents.

Capacity and capability

This was a well-managed centre for the benefit of the residents, as demonstrated by the progress made in relation to the action plans for the non-compliances identified in the previous inspection. Most of them were successfully completed and one action plan regarding the premises was ongoing. An additional wet shower room had already been installed and further redecoration work was due for completion by December 2020. Nevertheless, improvements were still required in relation to the medicine systems, practices and procedures, which will be further discussed in the quality and safety part of the report.

The provider is the Health Service Executive represented by the general manager for the area, who attended the feedback meeting. There have been recent changes in the management structure of the centre with a new person in charge appointed in the past five months. She worked full-time and had the appropriate expertise and qualifications to manage the service. The person in charge was supported in her role by a recently appointed Clinical Nurse Manager 2 (CNM2). They both facilitated the inspection process and demonstrated good knowledge of standards and regulations and motivation to enhance the quality of service.

The registered provider representative also supported the person in charge and visited the centre on a regular basis. Minutes of governance and management meetings were reviewed, which showed good service oversight. Issues discussed included risks, accidents and incidents in the centre, bed occupancy, complaints, staffing, resources, audit results. Additional expertise was also in place to support the new management team: a person in charge from another centre who provided weekly mentorship sessions, a practice development nurse and a training officer.

There were systems in place to review the quality of the service provided. A well-established system of weekly and monthly auditing was in place which addressed areas of clinical practice such as nutrition, use of restraints, wounds, use of psychotropic medication, falls, dependency levels and pain. There was evidence of trending of these results and mitigating controls implemented in response. For example, the provision of staff training in falls prevention and management in the past had resulted in a 58% decrease in falls incidence. This programme had been reintroduced and falls incidence was closely monitored.

The management team demonstrated good leadership, enthusiasm and commitment to improve the quality of life and service for the residents in the centre. In addition to the ongoing works on environmental changes, several initiatives and projects had been implemented and others were planned for the upcoming months, which included nursing metrics audits, pressure ulcer education initiative, the promotion of various championing roles among the staff in areas such as end of life, person-centredness, flu vaccination, health and safety and hand hygiene.

There were adequate resources allocated to the delivery of service in terms of facilities, equipment and staff deployment. The views of the residents were sought regularly and used to plan the service delivery. An annual review for 2018 was available and shown to the inspector. It included consultation with and feedback from residents and relatives.

There were good supervision arrangements and communication systems in place with staff. The inspector saw evidence of performance reviews, formal and informal staff meetings, daily toolbox talks and ad-hoc communication sessions on various topics, which ensured open lines of communication and engagement with staff. A culture of staff empowerment was evident with daily delegations assigned for spot environmental checks and risk reduction practices.

Staff were up to date with the mandatory training and were knowledgeable of reporting procedures, recognising abuse, fire evacuation practices and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Documents such as the statement of purpose, certificate of insurance, policies and procedures, contracts of care and notifications records were all in place and overall met the regulatory requirements.

The directory of visitors at the entry in the centre required further development and better oversight to ensure the protection of residents and alignment with the centre's own policy on visiting arrangements.

Regulation 14: Persons in charge

The person in charge was a very experienced nurse, working in a full-time position.

She had the required qualifications, was knowledgeable of residents' needs and understood her role and regulatory responsibilities under the legislation. She was well-known to residents and relatives and staff, who commented on the many positive changes introduced that had enhanced the service provided and that she was always approachable.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of all residents was in electronic format and inspectors found that it contained the prescribed information required and it was kept updated. Whereas accessing this information was dependent on the clerical administrator, there was a printed out version of the directory of all current residents available in the centre at all times. This contained all the information as required by Schedule 3, including all transfers, temporary absences and discharges.

The registered provider representative and management team agreed to review the whole directory system to ensure availability and accessibility at all times, while also complying with data protection regulation.

Judgment: Compliant

Regulation 21: Records

Overall the records were well maintained as per regulations. Most of them were safe, accessible and easily available. However, the directory of visitors required further development and oversight, for the protection of residents.

The directory of visitors was located at the entry in the centre. While visitors were observed to be signing the book, the actual times of entering and leaving the centre were not documented. This was not in accordance with centre's own policy.

The directory of residents also required review to ensure it was easily retrievable and accessible at all times.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre had a valid certificate of insurance.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear organisational structure in place. The management team had clear lines of responsibility and they met on a frequent and consistent basis to discuss the management of the centre.

Established systems to review the quality and safety of care delivered to residents were being maintained, however better oversight was required in relation to the medicine management systems. Progress had been made and works were ongoing in relation to environmental changes required to achieve compliance with premises.

The centre was adequately resourced to ensure appropriate and safe care was being delivered to residents.

An annual review, which included consultation with residents, had been completed and was available.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre, which outlined the facilities and services, provided details about the management and staffing and described how the residents' well-being and safety was being maintained. As per Regulatory requirements, the statement of purpose had been reviewed and revised accordingly in the past year.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection but the person in charge was in the process of recruiting one formal volunteer to assist with environmental changes. An application had already been made for Garda Síochána (police) vetting and the volunteer was ready to start after it was received. The person in charge was aware of the need to have supervision arrangements and the

<p>role and responsibilities set out in writing as per regulatory requirements.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge ensured that all three day notifiable incidents were brought to the attention of the Office of the Chief Inspector in a timely manner. Where a serious incident occurred, effective governance arrangements ensured that they could maintain the safety and welfare of the residents.</p> <p>All quarterly and six monthly notifications had been timely submitted as per regulatory requirements.</p>
<p>Judgment: Compliant</p>
<p>Regulation 32: Notification of absence</p>
<p>The person in charge was aware of the need to send in a notification if she was going to be absent from the centre for a period longer than 28 days.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>Policies and procedures were available for review. They had all been updated within the past year and made available to staff. They provided sufficient information to guide practice and were written in an accessible format to be easily understood.</p>
<p>Judgment: Compliant</p>
<p>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</p>
<p>The person in charge was clear of the need to set out the arrangements in place when the she was absent for more than 28 days.</p>

Judgment: Compliant

Quality and safety

Residents living in this centre had a good quality of life and were receiving a good standard of care. From residents' and relatives' feedback as well as direct observation, the inspector was satisfied that individual needs were being met to a high standard. Detailed daily progress notes, comprehensive assessments and access to specialist interventions and treatment also confirmed that care provided was based on best available evidence.

However, the medicine practices in the centre required further review and stronger oversight. A new medicine management system had been introduced in the past three months, which included residents' photographic identification and additional sections for as required, short-term, long-term and once-only use medicine use. The inspector reviewed several such records and found multiple gaps in the administration and prescribing of medicine. In addition, since its introduction, the new medicine prescription and administration record system had not been audited to ensure a smooth transition and its safe implementation without compromising residents' safety.

The inspector discussed the findings with the person in charge and registered provider representative as this had been a previous non-compliance identified in the last inspection. Whereas corrective actions had been taken to address the previous findings in relation to crushing and storing of medicine, this inspection identified the need for further improvement to ensure safe practices and compliance with the regulation.

A new electronic system of recording the nursing care had been introduced in the previous three months. The inspector reviewed the care planning records and found that they were comprehensive, person-centred and provided clear guidance to staff on individual care needs. Information was also available in respect to residents' social care and communication needs. Validated assessment tools were used to inform care planning and clinical observations were recorded. There were no residents with pressure sores and chronic wounds were managed well. Pressure relieving mattresses were available to residents when required.

Residents had access to general practitioner as well as a variety of allied healthcare professionals based on referrals and as per assessed need. There was evidence of formal review meetings with residents and relatives.

Although the centre was a dementia specific unit, the level of responsive behaviour was very low. This was due to staff knowing the residents really well, anticipating needs and providing timely appropriate responses, which were informed by comprehensive care plans. Detailed information was available in respect of each resident's likes and dislikes and behavioural triggers. There were no bedrails used in

the centre. Appropriate assessments and alternatives were provided to ensure the behaviours were managed in the least restrictive way. Staff were trained and knowledgeable in managing responsive behaviours and using diversional and positive behavioural support strategies.

There were good connections with the local community. The person in charge described to the inspector her plans to create a 'Friends of' group of local volunteers and contributors. A residents' forum was held on a monthly basis and the inspector saw minutes from these meetings. A relative also attended and there was evidence that issues discussed were followed up. Residents' activities were always high on the agenda, with more community outings suggested and planned such as visits to pet farms, coffee mornings in a local hotel and visits to the sensory garden in the nearby dementia centre.

There was one activity coordinator in the centre in charge of providing a meaningful social programme for the residents. Active engagement and stimulation of the residents was also integral to the healthcare assistant's role on a daily basis. At weekends a healthcare assistant was designated in charge of activities. The inspector witnessed residents engaged both in group and one to one activities. Residents looked content and participated well and the atmosphere was calm and relaxed. There was good rapport between residents and care staff.

While premises were in the process of being painted, the inspector was satisfied that this was done in a staggered fashion and with considerations for the safety and well-being of the residents. The activity room was not in use at the time of inspection, however the alternative arrangements in place met residents' needs on a temporary basis.

Equipment and resources were available to ensure residents' social and communication needs were met: fidget boards, sensorial boards, sound boards and visual projectors, raised flower beds for gardening, bird feeders and a hen in a pen. Various photos displayed throughout the centre showed residents engaged in numerous activities such as sports, baking, music and parties. Two staff members had attended training in the provision of activities for residents with dementia. All residents looked clean and well-dressed. A hairdresser was available in the centre.

Visitors were satisfied with visiting arrangements. They said they were always welcomed and encouraged to participate in residents' lives. Facilities for visitors were also available, including an en-suite facility with access to a bed and kitchenette should there be a need for overnight stay. However, the visiting arrangements in the centre required some improvement to ensure they were unrestricted. From discussing with management and visitors on the day, the inspector was assured that practices in relation to visits were compliant, despite the stated limitations to visiting arrangements until 8.30 in the evening. This was addressed on the day and respective changes made to the statement of purpose and residents' guide.

A proactive approach to risk management was evident. The introduction of a safety champion for daily environmental spot check assessment, the mid-day safety pause

where findings were discussed and daily educational talks ensured accountability and enhanced awareness to risks and hazards. A reported incident from the previous year had been appropriately notified, managed, followed up and all appropriate measures were taken to ensure the safety of the residents. The risk register, accidents and incidents record, the restraint register and the safety statement were reviewed and updated and included the controls to mitigate identified risks. There were good servicing records for all equipment used in the centre. No immediate risks were identified during the day by the inspector.

Regulation 10: Communication difficulties

Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. Residents had a separate care plan that addressed their communication needs, and there was a comprehensive policy in place available to guide care. Large print residents' guide, pictorial information on emergency evacuation and pictorial food menu as well as individualised communication folders were available to enable communication. Personal information about residents' past life, interests and experiences was also available in each of the residents' room in the format of 'things to know about me' boards. This provided prompts for conversation and was successfully used as a tool to enhance communication.

Judgment: Compliant

Regulation 11: Visits

Visitors were seen coming and going throughout the day and they told the inspector that they were always welcomed, kept informed and any concerns expressed were promptly responded to. The inspector noted a sign about the visiting hours in the centre, however was satisfied from observation and discussions with staff, relatives, residents and management that visits were unrestricted. This was addressed on the day.

Judgment: Compliant

Regulation 20: Information for residents

Information was available for residents in the residents' guide as per regulatory requirements and opportunities for resident feedback were facilitated and confirmed. A simplified large print information guide was also available to ensure accessibility.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records were maintained of all residents' transfers to hospital and there was evidence of information being shared with the receiving hospital. Discharges were planned and discussed with residents and relatives.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight for risks associated with the centre. Regular quality and safety meetings took place to discuss incidents and accident and risk management procedures. The risk register was kept under monthly review by the management team. All risk assessments relating to individual residents were comprehensive and guided care. The centre was free from hazards.

The systems in place ensured that the health and safety of residents, staff and visitors was promoted and protected. Previous identified risks in relation to the generator and the IT systems had been acted on and completed.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires. The fire alarm and emergency lighting was serviced on a quarterly basis. Fire extinguishers were serviced on an annual basis. Fire drills and fire training had been completed on several occasions with all staff. Staff were competent and could describe what to do in the event of the fire alarm sounding. The training was complemented by the daily toolbox talks, where Fire safety was a topic of discussion. All exit routes were unobstructed and a fire evacuation plan was on display. Evacuation equipment was available and staff knew how to use it. The fire register was up to date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While appropriate action had been taken in relation to the previous inspection findings, the recent introduction of new systems of medicine administrations records had not been adequately monitored and supervised. As a result, the inspector found a number of issues which had not been identified and mitigated by the provider. These related to:

- Multiple gaps in medicine administration sheets without providing the rationale for it. This meant it was difficult to appraise whether it was a medication error or omission and if it had impacted the safety of the residents
- Prescriptions were not always legible which posed a safety risk
- The prescriber's signature was not identifiable
- Inconsistent documentation of the drug allergy status which was not signed by the prescriber

Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with daily input available from community pharmacy.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident based on individualised assessment, and it reflected a person-centred approach to care. Residents were assessed on admission and regularly afterwards for various risks and preventative interventions were put in place where required. There were formal arrangements in place for the involvement of family and relatives in the care planning process at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare was being maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care support. Residents had timely access to General Practitioner (GP), including out of hours, and a range of healthcare practitioners such as physiotherapy, occupational therapy, speech and language and dietetic services, chiropody, tissue viability nurse, psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was satisfied that the responsive behaviours were well-managed in the centre. There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours. Staff were knowledgeable of residents' needs and used positive behavioural support strategies in their daily interactions. There was evidence that responsive behaviours were managed in the least restrictive way, in line with local and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to communicate and enabled to exercise choice and control over their day-to-day routine. For example, one resident had a key to his own bedroom door, which he could access on his own terms. Residents were also facilitated to exercise their civil, political and religious rights. Voting arrangements were in place. There was a large oratory in the centre which could be used by different clergy in respect to various faiths. On occasions, residents were also enabled to visit or attend Mass in the nearby Cathedral.

There were opportunities for recreation and activities provided to meet the needs of all the residents. Residents had the choice to attend or not. Various sensory stimulation devices were available throughout the centre to stimulate and activate the residents. The centre was part of the local community and residents had access to radio, television, newspapers and information on local events.

Residents and relatives were consulted and had opportunities to participate in the organisation of the centre. Independent advocacy services were available. Staff were courteous and respectful in their interactions with residents and visitors.

Judgment: 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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not 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	Compliant

Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0024496

Date of inspection: 02/07/2019

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Directory of Visitors in Sullivan Centre has been updated to include times of visitors entering and leaving the Centre.</p> <p>The Directory of Residents for Sullivan Centre is currently available in an Excel Spread Sheet on our IT System; however, The Directory of Resident's Ledger (Hard copy) will be available at the Nurses Station in the Centre and will be easily retrievable and accessible to staff and to Inspectors on request. This shall be available from 30th September 2019.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All nurses working in Sullivan Centre have now completed the Medication Management Module on HSELand.</p> <p>A Medication Management Audit has been completed and monthly medication audits will continue to be carried out by the Clinical nurse Manager and the PIC.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

A Medication Management Audit has been completed and monthly medication audits will continue to be carried out by the Clinical nurse Manager and the PIC.

All resident's Allergy Status have now been signed by the Medical Officer.

Sullivan Centre now has a Medical Officer Signature Bank available in the Centre.

All medications prescriptions shall be written in Block Capitals by the Medical Officer by 31st December 2019.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2019
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	30/07/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Not Compliant	Orange	31/12/2019

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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