



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Unit
Name of provider:	Health Service Executive
Address of centre:	Glennconnor Road, Clonmel, Tipperary
Type of inspection:	Announced
Date of inspection:	04 December 2024
Centre ID:	OSV-0007836
Fieldwork ID:	MON-0043558

About the designated centre

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

St. Anthony's unit is owned and operated by the HSE and is registered to provide care to 18 residents. It is located on the outskirts of the town of Clonmel on an elevated site with beautiful views of the mountains and local area. The centre is a single storey facility and bedroom accommodation is provided in four single rooms, a twin room and three four-bedded rooms. There is a very large communal room at one end of the building that provides lounge, dining room and activities facilities. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. St Anthony's unit provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care. Two designated palliative care beds are a recent addition to the care provided in the unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Wednesday 4 December 2024	10:15hrs to 16:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Residents living in St. Anthony's Unit told inspectors that this was a good place to live. There was a small outbreak of Influenza A in the centre which was being managed with input from the Health Service Executive (HSE) infection control team and the Public Health department. Where necessary, residents were isolating as per the advice given from these teams. This impacted the ability of the inspector to chat to some of these residents, however the inspector did meet with three residents who gave positive feedback about life in the centre.

Residents spoke positively of the staff and the care they received. Residents stated that they were happy, and enjoyed the food. The inspector observed kind and respectful interactions between staff and residents throughout the day of the inspection.

St. Anthony's Unit is located in Clonmel, Co. Tipperary. The centre comprises of 18 registered beds, with 15 of these occupied on the day of inspection. The centre is laid out over one floor, with a large communal dining and living area at one end, opening into a large, wheelchair-accessible corridor with a combination of single, twin and four-bedded rooms. Some rooms are ensuite and some accessed communal toilet and bathing facilities in close proximity.

The inspector found that the centre was bright, warm, and generally clean and laid out to meet the needs of the residents. Residents were observed chatting with one another and staff in the communal rooms. Staff were seen to be attentive to their requests for assistance. Residents were observed to receive patient and unhurried care from the staff. Requests for assistance were observed to be answered in a timely fashion. Residents' were seen mobilising freely around the centre.

Although the premises were well-maintained overall, the inspector also observed that some fire doors in the centre were damaged and required repair. The registered provider had converted a previous bathroom to a store room, and subsequently into a hairdressing room. However, in doing so the provider had failed to oversee the fire safety risks associated with the change in the purpose of the room.

Residents were served their lunch in the dining rooms and in their bedrooms, as per their preferences. Meals were seen to be nicely presented and appeared appetising and nutritious. The daily menu was displayed in the dining rooms. Residents who required assistance were attended to by staff in a relaxed and dignified manner. Visitors were observed to come and go throughout the day with additional precautions in relation to the outbreak of Influenza in place. Visitors spoken with said they were very happy with the care their relative received and that the staff always communicated well, informing them of any changes.

The social activities timetable was displayed on white boards at the entrance to the communal room. The activities available to residents included music, Imagination

Gym (a dementia-specific therapy), hand massage, music, exercising and general knowledge quiz. Residents also had access to day trips when the weather allowed. Residents told the inspectors that they looked forward to the activities and enjoyed spending time with the activities staff. During the day, residents participated in games and exercises dedicated activities staff. The person facilitating the session actively encouraged residents to participate and residents appeared to enjoy activities.

The following sections of this report detail the findings with regard to the capacity and capability of the provider and how this impacts the quality and safety of the service provided to residents

Capacity and capability

Overall, the local governance and management systems in the centre contributing to the delivery of good quality care. It was evident that the management and staff of the centre were working towards full compliance with the regulations. Overall, the management team were responsive to issues that arose during the inspection and made efforts to rectify these issues immediately. Despite these good local systems, the registered provider did not provide sufficient oversight of key issues including fire safety within the centre.

This unannounced inspection was carried out over one day. The inspector assessed the overall governance of the centre to identify if the actions outlined in the centre's compliance plan following the previous inspection in February 2023 had been implemented. The inspector found that the provider had significantly improved aspects of the premises, including the addition of sufficient wardrobe and shelving space for residents. Residents could also now access a secure garden spaces via a sitting room.

Staffing levels in the centre continued to be more than sufficient to meet the needs of the residents. On the morning of the inspection, in addition to the person in charge, there were three staff nurses and three healthcare assistants on duty, to provide clinical care and support to the 15 residents in the centre. Additionally, there was one housekeeper, one kitchen attendant and one activity coordinator on duty. A review of rosters showed that there was two nurses and one healthcare assistant on duty overnight. There was some use of regular agency staff while full time nursing and healthcare assistant posts were being recruited and the worked rosters evidence that the vast majority of the time, any short-notice absences were back filled.

There was a low level of serious incidents or accidents occurring in the centre. When an incident did occur, there was a good system of recording and evaluating the incident, including notification to HIQA, when required. Complaints were seen to be well-managed at a local level.

The local management team provided good oversight to ensure the effective delivery of a safe, appropriate and consistent service on a day-to-day basis. There was a clearly defined management structure in place with clearly defined lines of authority and accountability. The inspector spoke with various staff who demonstrated an awareness of their own, and other staff members' roles and responsibilities.

The person in charge collected weekly key performance indicators in relation to restraint use, falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. The inspector reviewed a number of audits and found that action plans for improvement were identified, with timelines for completion set and followed up. Good practice was seen when audits results did not reach a high level; information was shared with staff to improve practice and re-audit completed which evidenced improvements.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. This review included results of satisfaction surveys incorporated residents' and relatives' feedback regarding the care provided.

Regulation 15: Staffing

On the day of inspection, there were sufficient staff, with an appropriate skill-mix, to meet the individual and collective needs of the residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There is an established governance structure in the centre. Nonetheless, the previous commitments by the provider to strengthen the overall governance, and to ensure the appropriate deputising arrangements in the absence of the person in charge were not in place. This left the service relying heavily on the person in charge to manage the day-to-day operations of the service.

The systems in place to ensure adequate oversight of fire prevention required significant improvement. A fire safety risk assessment was completed in August 2022. The provider did not have a system in place which ensured that the local management team in the centre were aware of the outcomes or findings of the risk assessment. The person in charge had not received a copy of this risk assessment and therefore had no oversight of potential fire risks. No action plan had been devised following the risk assessment. Findings of the inspection in relation to fire safety are discussed under Regulation 28: Fire precautions.

A shower room, which was previously used as a store room, had been changed to a hairdressing room. This was in breach of Condition 1 of the centre's registration. The change had been made without formal consultation with HIQA, as required.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was up-to-date, available in the centre, and contained all of the requirements of Schedule 1 of the regulations, for example, a description of the services provided, and the criteria for admission to the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents occurring in the centre were appropriately submitted by the person in charge, within the timelines set out in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures, as set out under Schedule 5 of the regulations, were maintained in the centre, and were up-to-date with relevant, best-practice guidance. The policies were updated at a minimum of three-year intervals.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Improvements had been noted in the area of food and nutrition and fire procedures since the last inspection. On this inspection actions was required by the provider to comply with Regulation 28: Fire precautions. Risks associated with fire precautions had not been identified, and the findings of the inspection required the provider take action to ensure the on-going safety of

residents and staff. Improvements were required in access to healthcare professionals, some aspects of infection control, and the provision of Internet services.

The centre was bright, and tidy and was cleaned to a good standard, with some minor exceptions, as discussed under Regulation 27: Infection control. Bedrooms were personalised and residents in shared rooms had privacy curtains and sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and shower areas. Residents has access to a call bell in their bedrooms and all communal rooms.

An up-to-date contingency plan for the management of respiratory outbreaks was in place, and this had been communicated to staff, ensuring prompt action was taken during the current outbreak of Influenza. Good procedures were seen in relation to staff practices such as hand hygiene and wearing of personal protective equipment (PPE). A staff nurse was the designated infection control lead in the centre, who worked with the local HSE infection control nurse to implement best-practice procedures. Audits of staff practices and the environment were completed regularly and showed good levels of compliance.

Good practice continued to be seen in relation to resident assessment and care planning. The inspector found that residents needs were routinely and appropriately assessed and this information incorporated into resident-specific plans of care. Residents had good access to a high level of nursing and medical care in the centre. Continuity of care was provided by a dedicated medical officer who reviewed residents' medical needs regularly. Residents who were eligible for national screening programmes were also supported and encouraged to access these. Records reviewed by the inspector identified that the expertise and directions of medical and other health care professionals such as consultant psychiatry, optometry, and physiotherapy services was followed. The health of residents was promoted and residents were encouraged to mobilise and exercise regularly according to their capabilities. The access to additional expertise of a dietitian was not in place, as discussed under Regulation 6: Healthcare.

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Restraints such as bedrails were appropriately assessed prior to use and there was a procedure in place for their regular review and release, in line with national guidelines.

The centre had arrangements in place to protect residents from abuse. The centre was using the national safeguarding policy to guide staff on the management of allegations of suspected and confirmed abuse. Each resident's hobbies and preferences were captured in social assessments which informed their individual recreation and occupation care plans. The activities programme in the centre covered a range of interesting and appropriate activities, and activities took place over seven days. There was adequate space and facilities for residents to undertake

activities. The inspector found that the rights and choices of the residents in the centre were promoted. Nonetheless, Internet services in the centre required improvement to ensure residents had choice of using this service in all areas of the centre.

Local systems were in place for the monitoring of fire safety precautions within the centre. The inspector reviewed the maintenance and service records of the fire equipment which were up-to-date. Each resident had a personal emergency evacuation plan in their bedroom and a copy was available at reception. The fire drill evacuation procedure required improvement to ensure that all staff are knowledgeable regarding the procedure. As identified under Regulation 23: Governance and management, significant improvement in the oversight of fire precautions was required.

Regulation 11: Visits

In line with public health guidance, visitors to the centre were informed that there was an outbreak of Influenza. Visits were permitted to take place, with enhanced infection control procedures. No resident was unduly restricted from receiving visitors during the outbreak.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space to store and display their personal possessions and clothing. Residents were satisfied with the laundry facilities provided and confirmed that their personal laundry was carefully managed and returned without delay.

Judgment: Compliant

Regulation 13: End of life

Residents' end-of-life care plans were detailed and personalised, and ensured that the physical, spiritual and social needs of the resident were met. The residents family were encouraged to be with the resident in their final days.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the needs of residents, and was generally well-maintained both internally and externally. Regular premises audits were conducted to identify areas for improvement. Some areas of wear and tear were observed, as discussed under Regulation 27: Infection control.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents, a guide in respect of the designated centre. This contained all of the required information, including a summary of the services and facilities in the centre, and the procedure respecting complaints.

Judgment: Compliant

Regulation 27: Infection control

There was one cleaner on duty on the day of inspection. A review of staff rotas showed that on some days there were two cleaners on duty. National guidance indicates that additional cleaning during an outbreak is best practice. This was particularly important, given that symptomatic residents, who were awaiting testing results, were cared for in the same room as residents who were asymptomatic.

Despite best efforts to maintain the environment, there was examples of wear and tear that had built up over time, for example heavily marked and scuffed surfaces on doors and skirting, and peeling veneer on items of furniture and scuffed flooring. These deficits meant that appropriate cleaning and decontamination of surfaces could not be assured.

A build up of grime was evident in some small areas of flooring, in particular around the corners of the doors to bedrooms, and some shower surrounds. This was brought to the attention of the provider.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Assurance was not provided that adequate precautions were being taken against the risk of fire. In the absence of the reports of; the fire safety risk assessment completed in August 2022 and the six-monthly fire door checks by an external provider, it was impossible for the local management team to know what, if any, risks were present. The inspector identified the following fire safety concerns during the inspection:

- There was an absence of fire detection in a newly-converted hairdressing room. This meant that the previous fire strategy for this area, which was located adjacent to a shower room, required immediate review. A member of the provider's fire safety team was on site during the inspection and assurances were provided that suitable fire detection would be put in place, and an interim fire safety plan was prepared while awaiting the installation of this.
- Some fire doors had significant gaps at the floor end, and where the doors joined. An important cross-corridor compartment door was not closing properly. The provider's fire safety team gave assurances that this would be dealt with immediately and rectified.
- The fire evacuation maps on display in the centre were dated 2011. Updated versions were brought to the centre by the provider's fire safety team, however, these did not include the new hairdressing room.
- Clarification was required in relation to the exit routes from different areas of the centre. For example, the evacuation maps identified an external exit from a bedroom, which was also referred to in residents' personal emergency evacuation plans in this room. However, there was confusion amongst staff and management as to whether this was an appropriate route, as it was unclear if wheelchairs and mattresses could fit through the door.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs using a range of validated assessment tools. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes to the residents' care needs, reviews were completed to evidence the most up to date information.

Judgment: Compliant

Regulation 6: Health care

Overall, there was a very good level of evidence-based nursing and medical care provided to residents. However, there was no established pathway for referral to, or review by a dietitian. The inspector was informed that the medical officer for the centre was managing requirements for dietary supplementation by providing prescriptions as required, however, this does not negate the need for additional expertise provided by a dietitian, which the residents are entitled to access, under the general medical services (GMS) scheme.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The centre were focusing on moving towards a restraint-free environment. There was currently a small number of residents using restrictive practices, and/or displaying 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). Use of restrictive practices including bedrails and lapbelts was underpinned by the use of risk assessment, in line with national guidance. There was good use of behavioural support plans, as appropriate, to minimise episodes of response behaviour escalating. All staff had received refresher training on restrictive practices and the management of responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse. For example;

- any incidents or allegations of abuse were subject to prompt investigation and review
- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' rights were well-supported within the centre. Despite good access to activities and social interaction, some residents had no choice over where to access Internet services in the centre. The service did not extend to some bedroom areas. A resident who enjoyed spending time on the Internet had to pay for these services via their mobile device, when accessing it from their bedroom.

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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Anthony's Unit OSV-0007836

Inspection ID: MON-0043558

Date of inspection: 04/12/2024

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Governance and management of the unit has been reviewed in relation to staffing of the new build. DON, CNM 1 and CNM2 post to be introduced. Action completion 31.07.2025 • Floor plans addressed to reflect the change of shower room to hairdressing room. Action completed on 26.02.2025 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Funding has been approved to carry out works in relation to doors, skirting, paintwork and scuffed flooring. Action completion date - 30.05.2025. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire alarm system installed in newly converted hairdressing room, work completed on 30/01/2025 • Review of Fire doors completed on 26/02/25. One fire door in main corridor needs to be replaced and second door to be repaired. Completion date 30/04/2025 • An updated Fire evacuation map was received from Fire safety Officer on 26/02/2025 which now reflects the new Hair Dressing Room. Completion date 26/02/2025 • Planned evacuation drills are taking place to provide assurance that staff are familiar and competent with the updated evacuation plans. Residents will also be made familiar where appropriate of the procedure to be followed in the case of Fire. Completion date - 14.03.2025 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Seeking funding approval to provide dietetic service to the Residents in St. Anthony's as an interim measure. Completion date 31.03.2025 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Access to Internet service and WIFI for the Residents was reviewed on 25/02/25, HSE IT management team are currently awaiting for the review report and consideration will be given to roll out the installation of WIFI access points . Completion date 30/04/2025 	

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 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/07/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	14/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	30/05/2025

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/04/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	07/03/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	31/03/2025

	expertise, access to such treatment.			
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	30/04/2025