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:	Archersrath Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Archersrath, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0000191
Fieldwork ID:	MON-0050355

About the designated centre

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

Archersrath Nursing home is situated in an rural setting near Kilkenny city. The centre is purpose built and has been extended over time and now has accommodation for 61 residents. The centre accommodates residents over the age of 18 years, both male and female for long term care residential care, respite, convalescence, dementia and palliative care. Services provided include 24 hour nursing care with access to community care services via a referral process including, speech and language therapy, dietetics, physiotherapy, chiropody, dental, audiography and opthalmic services. The centre caters for residents of varying levels of dependency from low to maximum including residents with dementia. The services are organised over one floor and bedroom accommodation consists of five twin rooms and 51 single rooms, all en-suite. Communal rooms include dining rooms, four day rooms, smoking room, hairdressing/therapy room and spacious front reception area. There are internal courtyards which are accessible by residents. The centre employs approximately 60 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

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
Wednesday 3 June 2026	08:50hrs to 16:50hrs	Mary Veale	Lead

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were very happy living in Archersrath Nursing Home. Residents were complementary of the centre, the staff, and the quality of the care provided. During the day, the inspector met with many of the 60 residents living in the centre and spoke to eight residents and two visitors in more detail. The inspector spent time observing daily life in the centre to gain an insight into the lived experience of residents in Archersrath Nursing Home. Residents complemented the staff working in the centre. One resident stated that "the staff were marvellous", with another resident saying that "the staff are very good to me".

This was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up the compliance plan following an inspection in September 2025.

Archersrath Nursing Home is a purpose built two-storey designated centre registered to provided care for 61 residents on the outskirts of Kilkenny city. There were 60 residents living in the centre on the day of the inspection. The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. The centre was homely and clean, and the atmosphere was calm and relaxed. A small number of residents were observed resting in their bedrooms, while others were relaxing in the communal spaces. Some residents were observed sitting near the reception desk, watching the comings and goings.

All residents' accommodation and communal space is on the ground floor. All residents could access communal spaces which included dining rooms, day rooms, visitors rooms and a relaxation. Residents had access to a hair salon. There are 51 single bedrooms and five twin rooms. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. Bedrooms had comfortable seating, and most were personalised with items from home, such as family photographs, artwork, bedding and ornaments. The bedrooms had a television, adequate storage, and call-bell facilities.

The centre has a production kitchen, maintenance room and laundry on the ground floor. The first floor contained the staff changing facilities. Parts of the premises were showing significant wear and tear, this is discussed further in this report under Regulation 17: Premises.

Laundering of residents' clothing and used linen was provided by an external contractor and some residents chose to have their clothing laundered at home.

Clothes were marked to ensure they were safely returned from the external laundry. Cleaning textiles continued to be laundered in the on-site laundry.

Residents had access to the two internal courtyards. The courtyards had level paving, comfortable seating, and flower beds. Both courtyards were easily accessible for residents. Door handles had been installed to the outside of the courtyard doors and the residents could freely gain entry back into the centre. The centres bantam hens which were living in a secure area in the courtyard garden in the memory care side of the centre. The centres designated smoking areas were located in both courtyards and were seen to be used throughout the day of inspection.

The inspector observed a relaxed atmosphere in the centre and residents were not rushed to get up following breakfast in their bedrooms. All residents who spoke with the inspector were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. The inspector observed the lunchtime meal in the main dining room. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were prepared in the centre's on-site kitchen and the main lunch-time was served by the staff. Residents confirmed they were offered a choice of main meal. The food served appeared nutritious and appetising. The inspector observed that drinks and snacks were offered to residents in the morning and afternoon.

The inspector observed staff placing clothing protectors on residents during the lunchtime meal experience. Staff did not engage in conversation with residents as to whether it was their preference to wear a clothing protector. Staff were observed to fill residents drinking glasses with cordial and did not engage with the residents to ask residents if that was there preferred choice of drink. The inspector observed that resident's who preferred to have their meals in their bedrooms were served soup, the main meal and an ice-cream desert all on a tray. By the time the staff member served the meals in the bedrooms the ice-cream deserts had melted. This was brought to the attention of the staff member serving meals to the residents in the bedrooms on the day of inspection. These observations did not align with the arrangements in place for respecting the privacy and dignity of residents as outlined in the centres statement of purpose.

Residents were observed interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other.

The inspector chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents

who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions. A weekly activities programme was displayed in the day rooms. The inspector observed the daily newspaper was available to residents early on the morning of inspection. The inspector observed residents attending a live streamed Mass and partaking in arts and crafts in the morning as well as a rosary recital and bingo session in the afternoon of inspection. Residents were observed chatting to each other attending the hairdresser in the centre on the day of inspection.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they told the inspector that they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were happy with the care and support their loved ones received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that, overall, the provider had effective governance and management arrangements in place, which ensured residents received a good quality of care and support from a staff team who knew them well. The provider had completed most of the compliance plan submitted following an inspection in September 2025. On this inspection, the inspector found that areas of the premises, record management, governance and management, and infection prevention and control did not fully align to the requirements of the regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider for Archersrath Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. There had been a change in the person in charge since the previous inspection. The person in charge worked full time and was supported by clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, catering, housekeeping, administration and maintenance staff. The person in charge is supported in their role by a regional healthcare manager and a director of care. The person in charge had access to facilities available within the Mowlam Healthcare group, for example, human

resources. At the time of inspection there were vacant clinical nurse manager posts which were in the process of been recruited.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding procedures.

Records maintained in the centre were in electronic format with a small number in paper format. Records and documentation were well-presented, organised and supported effective care and management systems in the centre. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff. However, not all staff files reviewed contained all the requirements under Schedule 2 of the regulations.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Key performance indicators (KPI's) such as weights, wounds and infections were monitored on a monthly basis and discussed with the healthcare manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location and times of falls, and types of infections and recurrence. Since the last inspection, falls, care planning, medication, and infection prevention control audits had been completed. The annual review for 2025 had not been completed for 2025. The registered provider confirmed at the inspection feedback meeting that the annual review for 2025 would be completed by the end of June 2026.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 14: Persons in charge

The person in charge was newly appointed to the service; they were full time in post and had the necessary experience as required in legislation. They were involved in the operational management and the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of two registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.

Judgment: Compliant

Regulation 21: Records

In a sample of four staff files viewed, two of the files did not have a satisfactory history of gaps in employment in line with Schedule 2 requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

The annual review of quality and safety and a quality improvement plan had not been completed for 2025.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff. While acknowledging the improvements in care planning and medication management, not all areas of non-compliance that the provider had committed to in previous compliance plans had been addressed, specifically in the areas of; the premises and infection prevention and control.

The inspector reviewed a sample of residents' care plans and good practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risks such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. It was clear from the documentation that residents and families were consulted.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these service, as required.

While the premises were designed and laid out to meet the number and needs of residents in the centre, parts of the centre outside of the memory care unit were observed to be in a poor state of repair and were not in full compliance with Schedule 6 requirements. This is detailed under Regulation 17: Premises.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The provider had one registered nurse trained as an IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. The environment was mostly clean and tidy on the inspection day. There was surveillance of healthcare-acquired infections. Hand sanitiser dispensers

were conveniently located in all bedrooms and corridors to facilitate staff compliance with hand hygiene requirements. Staff were observed to have good hand hygiene practices. Clinical handwash sinks were available in the centre for staff use. Notwithstanding these good practices, some areas of non-compliance were observed that did not ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018) and other national guidance concerning IPC, as discussed under Regulation 27.

There was a comprehensive centre-specific policy in place to guide care staff and nursing staff on the safe management of medications; this was up-to-date and based on evidence-based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required, as per the centre's guidelines. Reconciliation of medications was completed by the nurse when a resident was admitted to the centre or returned from hospital. Controlled drugs balances were checked at each shift change, as required by the Misuse of Drugs Regulations 1988, and in line with the centre's policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services were displayed in the centre. Residents had access to local and national newspapers, internet, televisions and radios.

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas were not fully compliant with Schedule 6 requirements. For example;

- Areas the premises outside of the memory care unit were not sufficiently maintained internally and some areas were observed in a poor state of repair. For example, the inspector observed scuffed doors, chipped paint on walls, wooden skirting and handrails.
- Resident's did not have appropriate access to lockable storage space in their bedroom.
- The arms of some armchairs were observed worn and torn.
- Ants were observed in the visitors room and in the en-suite toilet of a bedroom.

- Some of the corridor doors in the memory care unit were observed to close forcefully at speed and the loud noise of the door was observed to interrupt the residents in the sitting area.
- An accumulation of water was observed in the medicine storage fridge in the memory care unit treatment room.

Some of these findings were repeated findings on previous inspections.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider did not ensure guidance, published by appropriate national authorities in relation to infection prevention and control was implemented. For example;

- There was inappropriate storage of supplies including stocks of personal protective equipment (PPE) and incontinence wear within a communal bathroom. This posed a risk of cross contamination.
- The inspector was informed bt staff that the contents of urinals and urinary catheters were manually decanted into residents' toilets. This practice could result in an increase environmental contamination and cross infection.
- The sharps bins containers in both treatment rooms did not have temporary closures in place, posing a risk of injury to staff and residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners (GPs), allied health professionals such as speech and language therapy, physiotherapy, dietetics and occupational therapy, and specialist medical and nursing services. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents, rights and choices were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Archersrath Nursing Home OSV-0000191

Inspection ID: MON-0050355

Date of inspection: 03/06/2026

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
Outline how you are going to come into compliance with Regulation 21: Records: • The Person in Charge (PIC) has completed a comprehensive review of staff files and all irregularities have been rectified, including an explanation of gaps in employment. • The PIC will ensure that staff files are fully complete for all new staff prior to commencing in the Home and an audit will be conducted quarterly to ensure compliance with Schedule 2 requirements.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Annual Review for 2025 has been presented to staff and residents and copies are available throughout the Home. • The PIC will ensure that actions from review are discussed at staff and resident meetings, and a Quality Improvement Plan (QIP)will be developed as necessary, the contents of which will be used as an opportunity for learning.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The PIC will communicate with Facilities team, and a plan will be put in place to ensure the outdoor area is safe and well maintained for residents to enjoy.
• A phased plan of works has been developed to address the required decorative upgrades which will be completed by the end of the year, but we will initially prioritise areas where there are scuffed doors, chipped paint and woodwork. The PIC will monitor the progress and standard of work and will communicate any issues to the Facilities team.
• The PIC will ensure that residents are facilitated with lockable storage in their bedroom if they wish.
• The PIC will complete a review of all armchairs in Home and those found with tears will be replaced.
• The PIC and in-house Maintenance Person have completed a review of all rooms and identified those with ants. Bait traps have been strategically placed and will be monitored daily as part of Manager's walkabout audit and maintenance audit.
• The doors to the Memory Care Unit and in the unit have been reviewed and adjusted as necessary, they now close at a slower speed which has reduced the noise level significantly.
• The fridge in the treatment room of the Memory Care Unit has been replaced and will be monitored daily for correct temperature etc.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The PIC has completed a review of storage facilities in the Home and has removed items stored in communal bathroom.
• The PIC will monitor storage of inappropriate items as part of Manager daily walkabout audit.
• The PIC and Clinical Nurse Manager (CNM) will ensure that staff are aware of the correct way to decant urinals and urinary catheters. This will be discussed at daily handover and safety pause meetings and staff practice will be observed.
• The PIC and CNM will ensure that the sharps containers have temporary closures in place. This will be monitored as part of Manager daily walkabout audit.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2026
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	31/08/2026
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that	Substantially Compliant	Yellow	31/07/2026

	such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/08/2026