

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

Issued by the Chief Inspector

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| Name of designated centre: | Grange Con Nursing Home |
| Name of provider: | Grange Con Quarters Limited |
| Address of centre: | Carrigrohane, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 October 2025 |
| Centre ID: | OSV-0000233 |
| Fieldwork ID: | MON-0048615 |

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban area of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room, conservatory and seating areas at the entrances. Residents have access to paved enclosed courtyards with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 24 |
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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 |
|-------------------------|----------------------|---------------|---------|
| Tuesday 14 October 2025 | 09:15hrs to 14:20hrs | Kathryn Hanly | Lead |
| Tuesday 14 October 2025 | 09:15hrs to 14:20hrs | Louise O'Hare | Support |

What residents told us and what inspectors observed

Grange Con Nursing Home is a family run centre located in a scenic rural setting in close proximity to Blarney and Ballincollig in Cork. There was a calm and welcoming atmosphere in the centre. Inspectors observed staff actively engaging with residents in a respectful and kind manner ensuring their needs were responded to. Staff were also seen to promote and protect resident's privacy and dignity when tending to personal care.

The inspectors met with the majority of the 24 residents living in the centre, and spoke with four residents in more detail to gain a view of their experiences in the centre. These residents said that they felt safe and that their rights, privacy and expressed wishes were respected. One resident told inspectors that 'everyone is looked after, I love it here'. Those residents who could not communicate their needs appeared comfortable and content.

There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences. Group activities, led by care staff, took place in the day room. On the morning of the inspection, a group of residents were seen enjoying bingo. On the afternoon of the inspection, residents were invited to attend chair yoga and gentle exercise.

Visitors were observed attending the centre over the course of the day. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits and the residents who spoke to inspectors confirmed that their relatives and friends could visit anytime. Two visitors whom inspectors spoke with were complimentary of the care and attention received by their loved ones.

The general environment appeared appeared visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishments. Improvements had been made to the premises since the last inspection. Findings in this regard will be discussed in the capacity and capability section of the report.

The centre is registered for 24 residents and has nine single occupancy bedrooms, six twin rooms and one three bedded room. The majority of resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments. All the twin rooms and seven of the single bedrooms had en-suite toilet and shower

facilities, while the remaining rooms had a hand wash basin. There were toilets and bathrooms in close proximity to the bedrooms without en-suites.

Communal spaces in the centre comprised of two day rooms, a dining room and a sunroom. Communal areas were seen to be supervised at all times and call bells were answered promptly. The presence of pieces of antique furniture including tables, lamps, a vintage sewing machine and a piano added to the warm, home-like atmosphere. One resident told inspectors that they enjoyed views of the surrounding countryside, with trees showing touches of autumn colour. In the distance, a golf course added to the view, creating a calm and pleasant outlook.

A group of residents attended the dining room for their lunch, while some residents chose to have lunch in their bedrooms. There were adequate numbers of staff available to residents that required assistance and they were supported with their meal in a respectful and dignified manner. Residents said that they enjoyed the home cooked food provided in the centre.

The kitchen was clean and of adequate in size to cater for resident's needs. Staff had access to a dedicated housekeeping shed for storage of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. These areas were observed to be well-ventilated, clean and tidy.

Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. Barriers to effective hand hygiene practice were also observed during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. However, there was no risk assessment in place to support this practice.

The next two sections of the 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

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection focused on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, inspectors found that the registered provider was committed to the provision of safe and high-quality service for the residents. The provider was compliant with the majority of regulations assessed on this inspection. However,

further action is required to be fully compliant with Regulation 25; temporary absence or discharge of residents and Regulation 27; infection control. Where areas for improvement were highlighted, management were responsive to addressing these in a timely fashion.

Inspectors followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities at the centre through ongoing maintenance. For example, flooring in several bathrooms been replaced and many areas of the centre had been repainted. A new system for marking resident's clothing to ensure they were safely returned from the laundry had also been introduced. Staff reported that it was working well and had reduced incidents of missing clothing

Grange Con Nursing Home is operated by Grange Con Quarters Limited who is the registered provider. There are four company directors, one of whom is the person in charge (PIC) and another company director works as the operations manager in the centre.

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There a was well-defined management structure in place with identified lines of accountability and authority. Inspectors spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members. The PIC was supported in their role by an Assistant Director of Nursing (ADON) and a team of nursing staff, care staff, housekeeping, catering and maintenance staff. There was ongoing recruitment in the centre to ensure adequate staffing levels were maintained.

The PIC had taken up the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

There were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. A number of assurance processes were in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and mops to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Key performance indicators (KPIs) which included information to monitor and track incidence of of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. The centre had experienced one outbreak in January 2025. While it may be impossible to

prevent all outbreaks, the low level of transmission and short duration of this outbreak indicated that the early identification and effective management of the outbreak had contained and limited the spread of infection.

Infection prevention and control audits were undertaken and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that all staff had received infection prevention and control training to ensure they had up-to-date mandatory training specific to their roles.

Regulation 15: Staffing

There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. There was evidence that a minimum of one registered nurse was on duty at all times. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the registered provider was committed to the provision of safe and high-quality service for the residents. The majority of actions outlined in the compliance plan from the previous inspection had been addressed.

The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial

stewardship. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and oversight.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Staff confirmed that that resident voting in the upcoming presidential election had recently been facilitated.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents' nursing care and healthcare needs were met to a good standard. Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and also had access to other health and social care professionals such as physiotherapy, speech and language therapy, dietitian and chiropody. Management confirmed that staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents. However, records of staff influenza vaccination uptake were not maintained. Findings are detailed under Regulation 27: Infection control.

Inspectors identified some examples of antimicrobial stewardship practice. There was a low level of prophylactic antibiotic use within the centre, which is good

practice. Staff also were engaging with the “skip the dip” campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under Regulation 27; infection control.

The provider was transitioning from paper-based records to a digital care record system. As part of this process, nursing staff were uploading care plans and assessments onto the system to ensure all resident information was accurately documented and accessible. Using individual handheld devices, care staff also recorded evidence of care they had provided, which pre-populated and updated resident’s electronic care records. This facilitated real-time, accurate documentation of care and supported timely clinical decision- making.

Inspectors focused on resident’s elimination (urinary catheter) and wound care plans. The standard of care planning was good and described person centred and evidenced based interventions to prevent catheter associated urinary tract and wound infections. Care plans based on assessments were completed no later than 48 hours after the resident’s admission and reviewed at intervals not exceeding four months.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. However, it was not possible to verify whether there was effective communication of healthcare associated infection (HCAI) status and multi-drug resistant organism (MDRO) colonisation history from the centre to the receiving hospital, as copies of transfer forms were not routinely kept when residents were transferred to hospital.

The location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs. Bedroom and communal areas were clean and bright with comfortable furnishings. There was a full time maintenance person employed in the centre, who had good oversight of the premises. Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. However, the upholstery of a small number of chairs was worn/ damaged.

Inspectors identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

Notwithstanding the good practices observed, inspectors identified small number of areas that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. For

example, staff told inspectors that they emptied the contents of urinals and commodes prior to placing them into the bedpan washer for decontamination. Furthermore, inspectors also observed heavily stained several urinals in the sluice room. Improvements were also required in sharps safety, medication storage and recording of vaccine uptake among staff. Findings are detailed under Regulation 27: Infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The updated visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Copies of transfer letters when residents were temporarily transferred to hospital were not maintained on the resident's file or electronic care record. This information is integral to ensure that the hospital was informed of all pertinent information to ensure appropriate infection prevention and control measures were implemented and to inform appropriate patient placement while in hospital.

When residents returned from the hospital, inspectors saw evidence that relevant information regarding HCAI status and MDRO history was documented on the transfer form. However, information communicated regarding MDRO colonisation

was not recorded on one residents care plan or healthcare record. As a result, staff were unaware of the MDRO colonisation status of this resident.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1) including infectious diseases.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to be fully compliant. For example;

- Antibiotic usage was not tracked and there was limited documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- Equipment was generally clean and well maintained with some exceptions. For example, four urinals which had been processed in the bedpan washer were heavily stained. Two resident chairs were worn and poorly maintained and as such did not facilitate effective cleaning.
- The temperature gauge on the bedpan washer was faulty, preventing staff from verifying that the machine consistently reached the correct temperature for effective decontamination.
- Staff informed inspectors that commodes and urinals were manually emptied into the sluice prior to decontamination in the bedpan washer. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Inspectors saw evidence that safety engineered needles were not consistently used when obtaining blood samples. Evidence of recapping was also observed. This increased the risk of needle stick injury.
- Assurances were not provided that the medication fridge was maintained at appropriate temperatures. A review of temperature logs indicated that the fridge routinely operated between 0 - 1°C (degree Celsius). Temperatures in this range could compromise efficacy or safety of medications, including liquid antibiotic formulations.

- Records of staff influenza vaccine uptake were not maintained. As a result the provider could not monitor vaccination rates and take targeted action to increase uptake among staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in their care and had choice in the time they wish to go to bed and when they could get up. The centre promoted the residents independence and their rights. Residents had access to newspapers, magazines and books.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions during the outbreaks were proportionate to the risks. Inspectors were informed that visiting was also facilitated during outbreaks with appropriate infection control precautions in place.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0048615

Date of inspection: 14/10/2025

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 25: Temporary absence or discharge of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>To be in line with best practice and regulation 25, we have implemented a policy to keep a copy of each resident transfer letter when transferring to hospital or any medical facility.</p> <p>Additionally, on admission or transfer from hospital we are ensuring to document any HCAI/ MDRO history. It is added to the checklist for new admissions. Nursing staff have all been informed of the updates.</p> <p>17/10/25</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A system is being introduced to ensure antibiotic prescribing and usage are routinely monitored and recorded.</p> <p>A schedule of regular multidisciplinary antimicrobial prescribing audits will be implemented. Results will be shared with prescribers.</p> <p>Action plans will be developed and tracked to ensure continuous improvement. 11/12/25</p> <p>The condition and integrity of equipment such as urinals and seating is included on the environmental/ infection control audit. Maintenance or replacement of damaged equipment is advised through the corrective action request form post the audit. Staff</p> | |

have been advised to report any such issues and management can follow up with maintenance or replacement of items. 17/10/25

The temperature gauge on the bed pan washer is under review to rectify the issue. The most recent thermal disinfection certification on this unit has been tested to achieve the target 80degrees for a minimum of 60seconds. 15/12/25

Staff have been advised that best practice is not to empty contents of commodes and urinals manually prior to decontamination in the bedpan washer. 17/10/25

Education on safe use of sharps was carried out with RNs and the GP was also updated. A sharps safety module on HSELand was also advised to be completed by staff. 15/12/25

The medication fridge temperature gauge was adjusted. The fridge now operates at the optimal temperature of 2-8 degrees. 17/10/25

A record of staff influenza vaccine uptake has commenced in order be in line with the National Clinical Guideline for Infection Prevention and Control 2023. 15/12/25

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 25(1) | When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place. | Substantially Compliant | Yellow | 17/10/2025 |
| Regulation 25(2) | When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all | Substantially Compliant | Yellow | 17/10/2025 |

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|------------------|---|-------------------------|--------|------------|
| | reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place. | | | |
| 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 | 15/12/2025 |