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:	Kenmare Nursing Home
Name of provider:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	21 July 2026
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0051154

About the designated centre

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

Kenmare Nursing home is situated in the region of Kenmare and can accommodate up to 26 residents. It is a single storey facility that accommodates residents in a mixture of single and twin rooms. The centre is divided into three wings. The Iris wing comprises 10 single bedrooms, all of which are en suite with toilet and wash hand basin. The Lily wing has three twin and three single bedrooms as well as offices, bathrooms, dining room and ancillary rooms. The Orchid wing has four twin bedrooms, two of which are en suite with toilet and wash hand basin and the other two have a wash hand basin only in the room.
The centre provides 24 hour nursing care to both Female and Male residents aged 18 and over. It provides care for residents with a range of needs, including care of the older person, respite care, dementia, physical disability, acquired brain injury, convalescence, post-op, palliative care, on a long or short term stay basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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 21 July 2026	08:30hrs to 16:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

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

The inspector met with the majority of the residents during the inspection, and spoke with seven residents in more detail, to gain insight into their experience of living in Kenmare Nursing Home. Residents' told the inspector that the staff were kind and caring, with one resident adding that staff 'bend over backwards' and that 'staff couldn't do enough' for them. Residents said that they felt safe and trusted staff. They confirmed that they could approach any member of staff if they had an issue or problem to be solved.

Residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Residents were generally complimentary of the home cooked food and the dining experience in the centre.

The centre provided a laundry service for residents. All residents' who the inspector spoke with were happy with the laundry service and there were no reports of clothing going missing.

Residents' also said that they were happy with the activities programme in the centre and some said that they preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. Residents were seen to be encouraged to join activities by staff who were familiar with their preferences and motivations.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents bedrooms where appropriate. The inspector spoke with three visitors who complimented the quality of care provided to their relatives.

Kenmare nursing home is located near the town of Kenmare and overlooks Kenmare Bay. It is a single storey building comprising six twin bedrooms and 14 single bedrooms. Bedrooms were observed to be clean and tidy, personalised and decorated in accordance with resident's wishes. All bedrooms were bright and had access to natural light. The inspector observed that residents had access to call bells in their bedrooms. Residents confirmed that call bells were answered promptly when rang.

Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared well maintained and clean with some exceptions. For

example, flooring in some areas was worn. The provider had identified these issues and was endeavouring to improve existing facilities and physical infrastructure at the centre through planned maintenance and renovations.

The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. The main kitchen was clean and of adequate in size to cater for resident's needs. The sluice room was clean, tidy and equipped to support effective decontamination.

However, other ancillary facilities did not support effective infection prevention and control. Staff changing facilities and lockers were located within a toilet. This presented an increased risk of cross-contamination and limited staff access to the changing area when the toilet was occupied.

There was no designated housekeeping room equipped with a janitorial unit and appropriate chemical storage facilities. In the absence of a designated housekeeping room, cleaning trolleys and chemicals were prepared within the laundry.

Barriers to effective staff hand hygiene were also identified during the course of this inspection. Findings in this regard are detailed under and Regulation 27; Infection control.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Findings of this inspection were that further action was required by the registered provider to improve management systems in place to identify and monitor the quality and safety of care provided to residents in particular with regard to infection prevention and control, outbreak management and antimicrobial stewardship. These findings will be detailed under Regulation 23; Governance and management and Regulation 27; Infection control.

Action was also required pertaining to Regulation 17; Premises and Regulation 25; Temporary absence and discharge of residents, to achieve full regulatory compliance. Issues identified will be detailed under the relevant regulations.

Kenmare nursing home Limited is the registered provider for Kenmare nursing home, which is registered to accommodate 26 residents. The provider company has three directors, one of whom was actively involved in the running of the centre and attended the centre approximately two to three days each week.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge.

The person in charge worked full time and was supported by an assistant director of nursing, a team of nurses and healthcare assistants, catering, housekeeping and administration staff. Overall, the staffing and skill mix on the day of the inspection appeared to be 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.

However, one staff member was allocated to multiple roles, including direct resident care, housekeeping, maintenance and food preparation. While the inspector was informed that these duties were generally not undertaken concurrently, staff working across multiple roles had the potential to increase the risk of cross contamination and compromise infection prevention practices if appropriate controls were not consistently maintained.

A number of assurance processes were in place in relation to the standard of environmental hygiene. These included color coded cloths and mops to reduce the chance of cross infection. Cleaning records viewed confirmed that bedrooms and communal areas were cleaned each day and all bedrooms were deep cleaned each month.

The volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, further improvements were required to progress the antimicrobial stewardship programme. While staff were monitoring antimicrobial consumption monthly, this information was not routinely analysed to identify trends, detect increases in the incidence of infection or recognise potential outbreaks early. Documentation reviewed indicated that an acute respiratory infection outbreak in early 2026 had gone undetected. This is discussed further in the quality and safety section of this report.

Surveillance of multi-drug resistant organism (MDRO) colonisation was undertaken and recorded. However, a review of records found that they were not accurate and staff were unaware that several residents were colonised with MDROs including, carbapenem-resistant Enterobacterales (CRE) extended spectrum beta-lactamase (ESBL) and vancomycin-resistant enterococci (VRE).

Infection prevention and control audits were undertaken monthly and covered a range of topics including, hand hygiene, equipment and environment hygiene, waste and sharps management. High levels of compliance were achieved in recent audits. However, audits had not identified a number of infection prevention and control issues highlighted on the day of the inspection. These findings are set out under the relevant regulations.

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 the majority of staff had received mandatory infection prevention and control training to enable them to perform their respective roles.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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. The majority of staff had received infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control. For example;

- Monitoring systems did not ensure that potential outbreaks were detected and managed in a timely manner. Details of issues identified are set under Regulation 27; Infection control and in the quality and safety section of this report.
- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection, as detailed under Regulation 27, indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives or audits.
- While there were sufficient numbers of staff to meet residents assessed needs on the day of the inspection, the allocation of roles and responsibilities was not optimal. One staff member worked across functions that included resident care, catering, housekeeping and maintenance. This arrangement was not supported by a risk assessment and created a potential to increase the risk of cross contamination, particularly with the allocation to food preparation duties.
- Surveillance of MDRO colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs including VRE, CRE and ESBL.
- The provider had a Legionella management programme in place. However, water samples were not routinely taken to assess the effectiveness of local Legionella control measures.

Judgment: Not compliant

Quality and safety

Overall, the inspector was 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 two activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

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 visitor 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. However, the routine visiting hours of 11:00am to 6:30pm had the potential to limit opportunities for those who wished to visit outside these hours, and later in the evenings.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as palliative care, tissue viability, physiotherapy and dietitian as required. Records showed effective oversight of residents' conditions, including regular review by GPs.

Management told the inspector that they were preparing to implement the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration in older people (aged 65 years or older) in long-term residential care settings.

A sample of care plans and assessments for residents were reviewed. 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.

The inspector reviewed records of residents transferred to and from acute hospital. Where residents were temporarily absent from the centre, in an acute hospital, relevant information was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre.

A locally developed transfer document was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, a review of transfer documentation found that MDRO colonisation status was not consistently communicated to the receiving hospital. The absence of comprehensive written transfer information may result in incomplete communication between services and could impact the receiving hospital's ability to implement appropriate infection prevention and control measures.

The location, design and layout of the centre was generally suitable for it's stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared clean. However, some ancillary facilities, including storage, housekeeping and staff changing facilities, did not support effective infection prevention and control.

The inspector identified a 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, the response to an outbreak of acute respiratory infection (ARI) was not robust. Approximately 50% of residents were treated for respiratory infections over a two week period in early 2026. Six of these residents required hospital treatment.

While the timing and clinical presentations met the case definition of an ARI outbreak, Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections were not implemented. The Department of Public Health was not notified of the potential outbreak when a cluster of residents first presented with respiratory symptom within the same 48 hour period. Documentation indicated that a small number of residents had received COVID antigen testing, however there was no evidence that PCR testing for influenza, COVID and RSV testing was undertaken in line with National Guidance which were on display in the centre on the day of the

inspection. Furthermore, general outbreak control measures such as twice daily active surveillance for symptomatic residents, universal wearing of masks when providing care and enhanced cleaning measured were not implemented.

The inspector also identified some aspects of environmental and sharps management that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. Findings in this regard are presented under Regulation 27; Infection control.

Regulation 11: Visits

Visiting arrangements were generally unrestricted; however the inspector was informed that routine visiting hours were from 11:00am to 6:30pm. Management advised that visits outside of these house could be facilitated by arrangement. However, the routine visiting times had the potential to limit opportunities for visitors who wished to visit later in the evenings or after work.

Judgment: Substantially compliant

Regulation 17: Premises

The premises generally met the needs of the needs of the residents, however, some areas for improvement were identified in respect of storage, including:

- inappropriate storage of linen and personal protective equipment was observed within a shared bathroom.
- there was no housekeeping room. Cleaning trolleys were stored in a designated area at the base of the stairs.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The MDRO colonisation status was not communicated on several occasions when residents were transferred to hospital. This meant that appropriate infection prevention and control precautions may not have been in place when caring for these residents in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018). For example;

- An acute respiratory infection (ARI) outbreak was not detected and managed in a timely manner. The failure to respond to a potential outbreak in line with national guidelines impacted effective infection prevention and control within the centre and may have contributed to onwards transmission.
- In the absence of a housekeeping room, cleaning trolleys were prepared within the laundry. This posed a risk of cross contamination
- The location of the staff changing facilities within a toilet increased the potential risk of cross-contamination of staff clothing and uniforms. In addition, access to the changing facilities was restricted when the toilet was in use.
- Soap and hand sanitizing gel in many dispensers had expired. This may impact the effectiveness of these products. There was no soap available for staff hand washing within the sluice room. Furthermore, the design of hand washing sinks in the sluice room and clinical room did not facilitate effective hand hygiene.
- Local guidelines advocated the use of safety engineered sharps devices. However, a full range of safety needles was not available. This increased the risk of needle stick injury.

Judgment: Not 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 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including community palliative

care specialists as necessary. Records showed effective oversight of residents' conditions, including regular review by GPs.
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	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0051154

Date of inspection: 21/07/2026

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• If there are two or more residents with ARI or Influenza we will immediately introduce control measures as per Guidance on testing for acute respiratory infection in residential Care Facilities *(RCF) Autumn / Winter 2025/2026 we have ordered and received testing packs from HSE

• The answers are reflected in regulation 27 and regulation 23. 1

• We have IPC audit and hand hygiene in place hereafter we will include multidisciplinary targeted anti-microbial stewardship quality improvement in our weekly quality meeting and the same will be discussed with the staff weekly we will ensure that it is reflective in our audits

• One member of staff is allocated for a multi task position this staff is not doing more than one job in a shift for example when the staff is doing catering he only does cooking in that shift. Therefore, this is not increasing the risk of cross contamination hereafter this will be included in the risk assessment to eliminate the risk, somedays the same staff does maintenance / housekeeping in the morning and afternoon does care work after shower and change of uniform. Hereafter for all Multi tasked position we will carry out a risk assessment to minimise risk of infection.

• After inspection we learned a lesson and a comprehensive care plan of each infection was documented in the resident's infection care plan with goals specification and precautions to be taken, we will also do the same for any new infections for staff to remember while caring we have placed a plain colored sticker discretely beside the resident's bed.

• We have contacted a company on the 30th August 2026 to come and test our water supply

Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: • After inspection we changed our policy and poster to show visiting times to 11.00am to 20.30pm and all residents /families / friends were informed	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • All linens and PPE have been removed from the cupboard in the shared bathroom. • See answer in Regulation 27.2	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: • After checking the transfer letters we noticed that infection status was not always written PIC conducted a meeting with all the nurses after inspection and informed hereafter to confirm that all infection status will be reflected in the transfer letter also to thoroughly check the discharge letter from the hospital to ensure that the resident has no infection on admittance / return from hospital to the nursing home, if there is an infection it must be documented in the care plan and to inform all the staff to take precautions. PIC also to confirm the same by checking the discharge letter or transfer letter as well	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

• Please see answer in regulation 23
• Housekeeping room is in the proposed plans of the extension to the nursing home. We are in talks with our engineer to change the use of an existing room in the nursing home to accommodate the housekeeping room.
• We are in talks with our engineer to change the use of an existing room in the nursing home to accommodate staff changing room and lockers until the plans are drawn up for the extension
• All soap and hand sanitizing gel dispensers have been checked and changed to new ones and housekeeping check daily and is included in the housekeeping audit, housekeeping staffs and all staff were notified regarding this to ensure that there is always soap and hand sanitizing gel available in all dispensers. We checked with the janitorial company and they informed us that the new hand sanitizer has no expiry date only manufacturer date and batch no it can be used for 2 years after this date but once it is opened can be in use for 6 months only all housekeeping staff were informed to put the date of opening on the pouch We have arranged for our plumber to change the hand wash sinks in both places to standard sink with quarter turn taps.
• We have ordered and received safety engineered medical device on 8th September 2026

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 11(3)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	06/08/2026
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.	Substantially Compliant	Yellow	01/09/2028
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	12/08/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	12/08/2026
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.	Not Compliant	Orange	07/08/2026