



**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:	Skibbereen Residential Care Centre
Name of provider:	Skibbereen Residential Care Limited
Address of centre:	Baltimore Road, Skibbereen, Cork
Type of inspection:	Announced
Date of inspection:	20 February 2025
Centre ID:	OSV-0000280
Fieldwork ID:	MON-0037566

About the designated centre

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

Skibbereen Residential Care Centre provides long-term residential care and respite for residents over the age of 18. The needs of residents range from low-dependency convalescence to full-time nursing care in relation to illness and age-related conditions, such as dementia. The premises are a single-storey building completed in 2004 and located on the outskirts of Skibbereen town in county Cork. The centre is purpose built and contemporary in design with accommodation and facilities in keeping with those set out in the statement of purpose. The centre is registered to provide accommodation for up to 51 residents, comprising 35 single and eight twin-bedded rooms - all equipped with en-suite facilities, personal storage and furniture as required. Facilities include communal indoor recreation areas for residents as well as direct access to a secure, paved outside area with seating and raised planters. The centre also provides an oratory and private visiting space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 20 February 2025	08:50hrs to 17:50hrs	Siobhan Bourke	Lead
Thursday 20 February 2025	08:50hrs to 17:50hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This was an announced inspection carried out over one day. The inspectors found that residents were content living in Skibbereen Residential Centre and their rights were promoted and respected. Staff and management ensured a person-centred approach to care and were observed by the inspectors to be kind and caring towards residents during the inspection.

On arrival to the centre the inspectors met with the management team. After an opening meeting, the inspectors were accompanied by the person in charge on a walk around the centre, where they met with staff, residents and some visitors. The inspectors met with the majority of the residents on the day of inspection and spoke in detail to 12 residents. The feedback from residents and their relatives was very positive about the care they received from supportive and committed staff working in the centre. One resident told the inspectors the staff "are wonderful here" and another how staff were "kind and lovely."

Skibbereen Residential Care Centre is a purpose-built centre, located on the outskirts of Skibbereen town. It is registered to accommodate 51 residents in 35 single rooms and eight twin rooms, all of which have an en-suite shower, hand-wash basin and toilet facilities. The inspectors saw that many bedrooms were personalised, in line with residents' preferences, with displays of family photographs, and personal possessions. Bedrooms were observed to be clean, and residents who spoke with inspectors confirmed that their bedrooms were cleaned every day. The inspectors saw that some bedroom walls and skirting boards were marked and required renovation. The inspectors saw that privacy curtains in the shared bedrooms were disposable, which took from the homely feel in bedrooms. This is outlined further in the quality and safety section of this report.

The main reception area was a warm, welcoming space and a number of residents enjoyed sitting in the reception area or chatting with staff or other residents during the day. There were a number of communal spaces in the centre, including a dining room, day room, smoking room, oratory and TV room, where residents could relax in private or participate in the centre's activity schedule. Residents could access the internal courtyard, through doors near the reception. The main entrance was accessed by a code, this was displayed in a butterfly symbol near the door so that residents without a cognitive impairment could go outside independently, if they choose to. Call bells were available throughout the centre, and the inspectors observed that these were responded to in a timely manner by staff; residents who spoke with inspectors confirmed this. The inspectors saw that a clinical hand wash sink had been installed near the nurse's station to improve staff access to these facilities. Conveniently located alcohol-based product dispensers along corridors were also available. However, inspectors saw that some of the surfaces in the cleaners room were worn, as such did not facilitate effective cleaning. A number of

wheelchairs were stored in one of the communal rooms, these findings are discussed further in the quality and safety section of the report.

The inspectors observed the lunch time meal and saw that residents were offered a choice of lasagne and chips or chicken. An inspector observed lunch being served and saw that staff were aware of residents' dietary needs and their likes and dislikes. The atmosphere in the dining area was relaxed and residents were complimentary of the food provided. Residents' meals were nicely presented and residents who required assistance were offered this, in a respectful and unhurried manner. The inspectors saw that residents were offered snacks and drinks in the morning and afternoon. Overall feedback from residents was very positive regarding the food, and many residents told the inspectors, the food was good. A small number of residents outlined that they would like more choice such more fish or vegetarian options to be available. From a review of minutes of a recent residents' meetings, this had also been raised by residents and indicated that menu plans were under review.

The inspectors observed residents making choices about how they spent their day, including what meals and drinks they would have and if they would like to partake in activities. The centre employed two activity staff to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed near the reception area and residents who spoke with staff were aware of the activities available. During the morning, the inspectors saw one of the activity co-ordinators attend residents in their rooms, for one-to-one chats and following this, she played the keyboard and sang songs with a large group of the residents in the centre. In the afternoon, the physiotherapist facilitated a group exercise class and games, that residents appeared to enjoy. During the inspection, the inspectors saw that staff engaged with residents in a kind and respectful manner and appeared knowledgeable regarding residents' preferences. A number of residents told inspectors how maintaining their mobility and independence was supported by staff.

Visitors were seen coming and going throughout the day of the inspection. Visitors who spoke with the inspectors spoke very positively regarding the standard of nursing, care and kindness provided to their relatives in the centre. As part of this announced inspection process, residents and relatives were provided with questionnaires to complete, to obtain their feedback on the service. In total, 13 surveys were received. Overall, residents conveyed that they were happy living in the centre, three surveys received indicated that food could be better.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection found that Skibbereen Residential Centre was a well managed centre where there was a focus on ongoing improvement, to enhance the quality of care and daily lives of residents. The governance and management systems were robust and the centre was well resourced, to ensure that residents were supported to have a good quality of life. An application to renew the registration of this centre had been submitted to the Chief Inspector, and this inspection would inform part of the decision making process. Some action were required in premises, food and nutrition and infection control as detailed in the quality and safety section of this report.

Skibbereen Residential Care Limited is the registered provider for Skibbereen Residential Care Centre and is registered to accommodate 51 residents. The registered provider comprises two company directors, who are also involved in the operation of one other designated centre. There was a clearly defined management structure in place with identified lines of accountability and responsibility. The person in charge was full time in their role and had the experience and qualifications required in the regulation. It was evident to inspectors that they were aware of their regulatory responsibilities and knowledgeable regarding residents' care needs. The person in charge was supported in their role by an assistant director of nursing and two clinical nurse managers. The centre also had an operations manager, who was designated as a person participating in management, and an administrator who were involved in the management of the centre.

The inspectors found that the number and skill mix of staff was appropriate to meet the assessed needs of the 49 residents living in the centre on the day of inspection. The team in the centre included a full complement of nurses, carers, activity staff, household and catering staff.

Staff were supported to attend training appropriate to their role through both online and face to face formats. Inspectors reviewed the training matrix and saw that there was good oversight of staff attendance at mandatory training and staff who spoke with inspectors were knowledgeable regarding their roles and responsibilities.

There was evidence of regular and effective communication systems in place including management and staff meetings and clinical handovers. There was a schedule of audits in place to ensure good oversight of residents care needs, such as audits of falls, care planning, medication management and infection control. Key risks to residents including, responsive behaviour, restrictive practices, weight loss, falls and incidents were monitored and collated monthly by the person in charge and reviewed and actioned at management meetings.

The provider had a nominated complaints officer and review officer in line with regulations. Complaints were recorded in the centre and the complaints procedure was displayed in the centre. Residents who spoke with inspectors were aware how to make a complaint if required.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were submitted in a timely manner to the regulator.

Registration Regulation 4: Application for registration or renewal of registration
The application for registration renewal was submitted to the Chief Inspector of Social Services and included all information required, as set out in Schedule 1 of the registration regulations.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was a registered nurse, who was full time in post and had the necessary experience and qualifications as required in the regulations.
Judgment: Compliant
Regulation 15: Staffing
The inspectors found that the number and skill mix of staff was appropriate, to meet the assessed needs of the 49 residents, given the size and layout of the centre, on the day of inspection.
Judgment: Compliant
Regulation 16: Training and staff development
The inspectors reviewed the training matrix and saw that staff were provided with training appropriate to their role. There was a schedule of training available for staff in safeguarding vulnerable adults, managing responsive behaviour, restrictive practice, infection control, manual handling and fire safety. Staff also completed human rights training, end of life care and medication management appropriate to their role. The person in charge and management team ensured staff were appropriately supervised.
Judgment: Compliant

Regulation 21: Records
An inspector reviewed a sample of staff personnel files. These contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had an up-to-date contract of insurance in place, as required by the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose. There were effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate services for residents. There was an annual review of the quality and safety of care to residents, that incorporated feedback from residents, obtained through residents' meetings and surveys.
Judgment: Compliant
Regulation 24: Contract for the provision of services
From a review of a sample of contracts, residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges.
Judgment: Compliant

Regulation 3: Statement of purpose
The registered provider has prepared in writing a statement of purpose relating to the centre and it contained all information as set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had an accessible and effective procedure in place 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.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements. These policies were updated by the provider as required and were available to staff in the centre.
Judgment: Compliant
Quality and safety
Overall, the inspectors found that the care and support residents received was of a good standard and this ensured they were safe and well-supported. Residents'

needs were being met through good access to health and social care services and opportunities for social engagement. Some actions were required to food and nutrition, premises and infection control which will be detailed under the relevant regulations.

Resident care plans were accessible on an electronic system. The inspectors viewed a sample of residents' nursing care plans and health care records. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. Care plans were found to be person-centred and updated every four months or when residents needs changed. Residents' records indicated they were regularly reviewed by GPs from local practices when required.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. Where required, referral was made to dietetic services and speech and language therapy services. Residents who required assistance with eating and drinking, were provided with this in a dignified and unhurried manner. Residents could choose to eat their meals in the dining rooms or in their bedrooms. The inspector saw that the majority of residents were served their meals in the dining room, while others choose to eat in their bedrooms. The inspector found that while some residents gave very positive feedback regarding the quality and choice of food, a small number of residents requested more choice as outlined under Regulation 18: Food and nutrition.

The centre was laid out to meet the individual and collective needs of residents and there was a rolling programme of maintenance in the centre. The inspectors found that some bedroom walls and woodwork had marked and chipped paintwork and required review, these and other findings are outlined under Regulation 17: Premises.

The assistant director of nursing and one of the clinical nurse managers had completed link nurse infection prevention and control courses and the assistant director of nursing was the lead for infection control for the centre. The inspectors saw that the centre was clean and there were sufficient resources allocated, to ensure all bedrooms were cleaned every day and deep cleaned regularly. Housekeeping staff were knowledgeable regarding cleaning products and schedules in use in the centre. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. A hand hygiene sink had been installed near the nurse's station and it complied with the recommended specifications or clinical hand hygiene sinks. However, the clinical hand wash sinks in the centre's sluice rooms and clinical room did not, these and other findings are outlined under Regulation 27; Infection Control.

The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The centre maintained a

register of any practice that was or may be restrictive. All restrictive practices were risk assessed and consent was obtained prior to commencement of these devices.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Dedicated activity staff implemented a varied and interesting schedule of activities that was available each day. Residents opinions were sought and respected through resident meetings and satisfaction surveys.

Regulation 11: Visits

There was a number of visitors coming and going to the centre on the day of inspection. Visitors and residents told the inspectors that there was no restrictions on visiting and that visitors were warmly welcomed.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations as evidenced by the following;

- A number of wheelchairs were stored in the one of the day rooms which took from the homely feel of the room.
- Paintwork on bedroom walls and skirting boards in a number of bedrooms was chipped and marked.
- The privacy curtains in twin rooms were disposable hospital style model and were not conducive to a homely environment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While most feedback from residents was positive regarding the quality of meals in the centre, a number of residents told inspectors that they would like more choice of fish or vegetarian options rather than chicken for their main meal.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

On review of residents' records, the inspectors were assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that some procedures were consistent with the National Standards for infection prevention and control in community services (2018). The following findings required action;

- A bed bumper was noted to be worn and therefore could not be effectively cleaned.
- Storage in the sluice rooms required review as clean commodes were stored there and was a risk of cross contamination.
- Supplies such as sterile equipment and hoists were stored together which risked contamination.
- Surfaces around the sink in the cleaner's room were worn and could not be effectively cleaned.
- While environmental audits were conducted, areas identified that required attention were not always actioned; for example linen room identified as needing reorganising but not actioned.
- Clinical handwash sinks in the sluice rooms and clinical room were not in line with HBN guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire fighting equipment, emergency lighting and the fire detection and alarm system were all being serviced at the appropriate intervals. Annual certification was available to review. Staff spoken with, confirmed to inspectors, that they had received appropriate training and had completed drills to simulate the evacuation of residents. From a review of records of fire safety drills and simulations in the centre, an inspector was not clear if drills were simulated to reflect evacuation of the largest compartments in the centre, cognisant of night time staffing levels in the centre.

The provider submitted records evidencing that the largest compartment could be evacuated in a timely manner following the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and medications were administered in adherence with best practice guidelines. The records associated with controlled drugs were examined and records were seen to be maintained in line with professional guidelines. There was a procedure in place to ensure unused or medicines that were no longer required were stored in a secure manner and segregated from other medicinal products, then returned to pharmacy in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was evidence that residents' were comprehensively assessed using validated assessment tools to inform care planning. From a review of a sample of care plans, inspectors found that care plans were developed within 48 hours of admission and reviewed every four months or if the resident's needs changed, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioner from local practices. Residents also had good access to other allied health professionals such as physiotherapy, speech and language therapists, a dietitian and specialist medical services such as community palliative care and community mental health services as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. The inspectors saw that staff engaged with residents in a respectful and dignified way. Restrictive practices were monitored by the management team and there was evidence of use of alternatives to bed rails such as low low beds and crash mats in use in accordance with best practice guidelines. There was a low use of bed rails in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were supported and promoted by management and staff working in the centre. Residents had access to a varied programme of activities that were available seven days a week. These were led by two activities co-ordinators. These included music and singing, arts and crafts, exercises, quizzes, bingo and yoga. On the morning of the inspection, a group of residents participated in a lovely sing along that was led by the activity co-ordinator. In the afternoon, residents enjoyed a group exercise class led by the physiotherapist, who attended the centre one day a week. Residents' views were sought on the running of the centre through surveys and regular residents' meetings. Residents had access to advocacy services when required.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Skibbereen Residential Care Centre OSV-0000280

Inspection ID: MON-0037566

Date of inspection: 20/02/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Wheelchairs are now stored in a different area.• Painting is an ongoing part of our maintenance plan. Areas identified in report have been painted.• The privacy curtains are being replaced. A supplier has been sourced, and work will commence as soon as possible.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <ul style="list-style-type: none">• Fish or vegetarian options have now been made available as a choice daily.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none">• The bed bumper has been replaced.• Clean commodes will now be stored in each resident en-suite.• A full reorganisation of storage areas has now addressed the issue of sterile supplies and hoists being stored together.	

- The sink unit in the cleaner's room will be replaced.
- Action plans identified following audit will be actioned as soon as possible.
- A plan to replace the sinks in the sluice and clinical rooms is underway.

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.	Substantially Compliant	Yellow	30/06/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	21/02/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2025

