

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

Issued by the Chief Inspector

Name of designated centre:	Cahercalla Community Care
Name of provider:	Cahercalla Community Hospital Company Limited By Guarantee
Address of centre:	Cahercalla Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0000444
Fieldwork ID:	MON-0047888

About the designated centre

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

Cahercalla Community Care is located on the outskirts of the town of Ennis. It provides care to long-term, respite, and convalescence residents and also has five designated hospice beds. The original building consists of a three storey units, Ground floor, St. Joseph's and Sacred Heart The centre also has a two storey building with two units, Garden wing ground floor and Garden wing first floor. The centre is registered to accommodate 112 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	99
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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
Wednesday 27 August 2025	09:00hrs to 17:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day. The Inspector met with residents who were living in the centre and spoke with eight residents and two visitors in more detail to gain insight into their experience of living and visiting. Those spoken to were positive about their experience of living in Cahercalla Community Care, and were complimentary of the staff. One resident informed the inspector that 'it couldn't be nicer. They are 100% kind', while another said 'I would recommend here to anyone'. There was no negative feedback voiced. Similarly, visitors spoken to were complementary of the care that their family members received.

There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents seen by the inspector who could not communicate well appeared to be generally relaxed throughout the day.

Cahercalla Community Care provides long term and short term care for both male and female adults with a range of dependencies and needs. The centre was divided into five separate units. The designated centre can accommodate a maximum of 112 residents in a mix of single and double bedrooms. There were 99 residents living in the centre on the day of the inspection with 13 vacancies. The centre is located on the outskirts of the town of Ennis.

All communal areas observed by the inspector were appropriately decorated, styled and furnished to create a homely environment for residents. During the morning, staff were observed to respond to residents requests for assistance promptly. Several of the residents spoke of exercising choice over their day and being satisfied with activities available. There were a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection several groups of residents were seen enjoying the daily activities.

Bedrooms seen by the inspector were clean, personalised with photographs, ornaments and soft furnishings. Televisions, internet and call bells were provided in these bedrooms.

Personal clothing, linen and bedding was laundered by an external provider. Residents spoken to had no complaints surrounding the laundry processes. The infrastructure of the on-site laundry storage room did not support the functional separation of the clean and dirty laundry. Dirty laundry bins were regularly pushed through the clean storage area to the dirty laundry area, potentially contaminating the clean laundry during this journey.

Some residents were seen to take meals in the dining rooms, and others took meals in their bedrooms. Feedback from residents was positive about the meals, and choices available. The dining rooms seen were bright and well presented, and staff

supported residents to get the meals and drinks of their choice. Some residents required support taking their meals, and this was provided by staff.

The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets and changing rooms for catering staff were in addition to and separate from care staff.

The housekeeping rooms did not support effective infection prevention and control (IPC). All of the cleaning carts, were stored and prepared together in the large housekeeping store/office. Housekeeping carts should be stored on their own unit to prevent cross contamination. There was also two washing machines in the housekeeping store. Although many of the housekeeping rooms on the units contained hand washing sinks they did not have hand towels to dry hands or bins to dispose of waste. This did not support staff hand hygiene. Additionally, staff were observed using the sluice rooms to discard waste water, increasing the risk of contamination of the stored equipment within the sluice rooms.

The cleaning carts seen by the inspector were not fitted with locked compartments for safe chemical storage therefore increasing risk of resident access to unsupervised chemicals.

The sluice rooms (room dedicated for the reprocessing of bedpans, urinals and commodes) were clean, contained functioning bedpan washer/disinfectors and hand hygiene sinks. They contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, commode pans were stacked on top of each other instead of stored on the provided racks which posed a risk of cross contamination. Additionally, in one of the sluices the inspector observed a catheter bag (a medical device attached to a urinary catheter to collect urine as it drains from the bladder) left on a worktop. Leaving urine stored in a sluice room risks the spread of infection.

Furthermore, the organisation of storage space required improvement as numerous storage rooms and areas were cluttered, items inappropriately stored on the floor, and equipment and resident supplies were not segregated from each other.

Despite, these observations a good standard of cleaning was observed on the day of inspection.

Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms. There were hand-wash sinks available in the centre which were accessible, and compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware. Many of the hand-wash sinks tested by the inspector were very slow to drain and some leaked from underneath the sink. The assistant person in charge (APIC) requested maintenance to review these sinks urgently on the day of inspection.

There were dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. There were hand washing sinks available. However, in most of the clinical rooms dressing trolleys were already prepared and stocked with items required for dressings. This posed a

risk of contamination of the sterile supplies on these trolleys. Additionally, single use wound dressings and bottles of sterile saline were open and partially used. This may impact the sterility and efficacy of these products. Also seen on the drugs trolley were yogurts used in the administration of drugs. However, these yoghurt's should be stored in a fridge not left at room temperature, as harmful bacteria can grow rapidly at incorrect temperatures.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

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 had a specific focus on the provider's compliance with IPC oversight, practices and processes.

The inspector followed up on the last compliance plan from the last inspection in Jan 2025. The findings of this inspection were that the provider had taken action to improve the quality and safety of the premises for residents. Notwithstanding the progress made, this inspection identified, Regulation 17: Premises, Regulations 23: Governance and management, and Regulation 27 Infection Control remain not in full compliance with the regulations. Findings will be discussed in more detail under the respective regulations.

Cahercalla Community Hospital Company Limited by Guarantee is the registered provider of the centre. Within the centre, the person in charge (PIC) was supported by an operations manager, an assistant director of nursing (ADON), a team of clinical nurse managers, nurses, healthcare assistants, activities, maintenance and administration staff.

On the day of inspection, there appeared sufficient staffing levels and an appropriate skill-mix across departments to meet the needs of the residents. This finding was reinforced by feedback from residents and visitors.

The provider had nominated a senior nurse to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. Protected hours were allocated to the role of IPC link practitioner and they demonstrated a commitment and interest for their role. For example, completing regular IPC audits and face to face hand hygiene auditing and support.

There were management systems occurring such as clinical governance meetings, staff meetings and residents meetings. However, the exact same wording was used for the IPC minutes during three meeting records. Indicating the provider was not fully addressing or progressing on potential IPC issues.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. However, the environmental audits were not capturing that storage, sluice room and housekeeping management were not managed effectively.

Quality improvement plans were developed in line with audit findings. An annual review of the quality and safety of care delivered to residents had been completed for 2024. The centre had up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that most of the staff were up to date with IPC training in line with their role within the centre. There were two more dates of training scheduled to capture the staff whose training was out of date.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme needed to be further developed, strengthened and supported in order to improve antimicrobial use and combat antimicrobial resistance. For example; more detail was required on this register to describe what method of diagnosis was used for example what type of sample or swab was used.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre.

The registered provider ensured there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Meeting records included improvement actions and the responsible person.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. Additionally, documentation was available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 15: Staffing

From the observations of the inspector and from speaking with residents, visitors and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

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. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of infection control were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored: This was evidenced by:

- Ineffective management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene. For example; the sluice room management for commode pans, urinals and catheter bags.
- MDRO surveillance needs more detail of sampled sites to monitor trends and ensure effective infection control.
- Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.
- The auditing systems were not self-identifying issues found on the day of the inspection. For example; storage issues, storage of cleaners trolley's in the housekeeping rooms and no bins and hand towels in housekeeping rooms

Judgment: Substantially 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 outbreaks of any notifiable infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. 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 opportunities to participate in group or individual activities.

Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents. From a review of minutes of these meetings, it was evident that issues such as food and activities were discussed. Action plans were completed. Additionally, it was seen on two of these meeting minutes discussions surrounding staff concerns re salaries, which is not the appropriate forum for this discussion to take place.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. 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 throughout the centre.

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 specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspector reviewed the management of wound care, MDRO and catheter care and found they were generally well managed and guided by adequate policies, practices and procedures.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers. The registered provider had substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury.

Notwithstanding some of the good practices in IPC seen there were some areas that needed improvement. For example,. alcohol hand gel was available along corridors but not at the point of care (in resident bedrooms). There were toiletries seen around the centre either not labelled for a specific resident or labelled 'for all'. Shared toiletries, create a risk of cross-infection between residents. Similarly, some of the double rooms observed by the inspector did not have separate toiletries cupboards in the shared ensuites.

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 throughout the centre.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that some areas were not maintained in line with the requirements of Regulation

- Wall surfaces were scuffed in some areas making these areas difficult to clean.
- Storage areas were cluttered, items inappropriately on the floor. Resident equipment and supplies were not segregated from general supplies, making these areas difficult to clean and increasing risk of contamination.
- Storing all cleaning carts in the main cleaner's room, which may lead to cross infection.
- No hand towels or bins were provided in unit cleaners rooms.
- No individual storage provision in double room ensuites.
- Laundry storage areas required review as dirty to clean flow not maintained.
- Multiple Clinical hand wash sinks not draining and leaking water on the floor.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

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 is required to be fully compliant. This was evidenced by:

- Open-but-unused portions of wound dressings and solutions were observed. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Dressing trolleys were prepared and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys.
- Incorrectly stored yoghurt's on drug trolleys were left even though the medication rounds were completed.
- Using the sluice rooms to discard waste water, increasing the risk of contamination of the stored equipment within the sluice rooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cahercalla Community Care OSV-0000444

Inspection ID: MON-0047888

Date of inspection: 27/08/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person in Charge (PIC) will ensure that there is an effective system of Infection Prevention Control (IPC) and environmental audits in the centre. Audit findings will be accurately reflected and will lead to appropriate quality improvement plans to address any deficits identified. Quality improvement plans will be reviewed at monthly management meetings to ensure that they are being adhered to. • The Person in Charge (PIC) and the Assistant Director of Nursing (ADON) have removed equipment that was inappropriately stored in the sluice rooms. • The PIC, Operations manager, and the IPC lead nurse will complete a review of the sluice rooms to ensure there are effective management systems in place to monitor the quality of infection prevention and control measures. • The Operations manager will ensure daily walkabouts are completed with the support of the IPC lead nurse to ensure compliance with Infection control standards is achieved and maintained. • The PIC / ADON will maintain a register of antibiotic use and will ensure this register is reviewed monthly. During this review the PIC / ADON will analyse the volume, indication for use, and effectiveness. The results of the review will be shared with staff and used to inform a Quality Improvement Plan. • The PIC will ensure that the analysis of antibiotic usage is discussed at monthly Infection control meetings and any improvements required will be implemented without delay. The IPC lead will review the MDRO register and ensure it outlines trends and monitors the effectiveness of Infection control measures that are in place	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC and Facilities Manager will conduct a review of all rooms within the home. Following this review a plan of works will be developed to address painting and repair to wall surfaces. • Since the Inspection the storage areas have been decluttered and equipment has been removed. The PIC will ensure that resident supplies are kept segregated from general supplies. This will facilitate cleaning within these storage areas and ensure compliance with cleaning standards minimizing cross contamination. This will be monitored as part of the daily walkabout. • Since the inspection, the PIC and Operations Manager have identified alternative storage facilities for cleaning trolleys. • The PIC and Operations Manager have completed a review of the laundry room and will ensure the correct practice of dirty to clean flow is maintained. The PIC will ensure that the laundry room is monitored as part of the daily walkabout audit. • The operations manager and maintenance man have completed a review of all sinks to ensure they are working correctly. The maintenance man will monitor sinks for leaks as part of his daily routine. • The PIC will ensure that each resident in a shared room has their own storage cabinet in the en-suite. • The PIC will ensure towel rails are provided in cleaners rooms on all units.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC and ADON have completed a review of Wound dressings and disposed of open single use dressings. New dressing trollies have been ordered. • The CNM / IPC Lead Practitioner will monitor practice around: - o appropriate storage of dressings and dressing trollies - o inappropriate storage of food items such as yoghurt on medicine trollies • The PIC will ensure that the management team and the IPC lead nurse actively monitor IPC standards and adherence to IPC protocols in the centre. • The PIC will ensure that the Operations manager meets with the housekeeping team to ensure they are aware of the appropriate disposal of waste water. • The PIC, Housekeeping Supervisor, and the Operations manager will monitor IPC practices on a daily basis to ensure there are systems in place to minimise the risk of cross contamination.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	31/12/2025

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
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