



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

Issued by the Chief Inspector

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| Name of designated centre: | Sonas Nursing Home Tullow |
| Name of provider: | Sonas Nursing Homes Management Co. Limited |
| Address of centre: | Shillelagh Road, Tullow, Carlow |
| Type of inspection: | Unannounced |
| Date of inspection: | 12 February 2025 |
| Centre ID: | OSV-0005417 |
| Fieldwork ID: | MON-0045225 |

About the designated centre

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

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 42 |
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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 12 February 2025 | 08:00hrs to 17:15hrs | Sinead Lynch | Lead |
| Wednesday 12 February 2025 | 08:00hrs to 17:15hrs | Yvonne O'Loughlin | Support |

What residents told us and what inspectors observed

An unannounced inspection was conducted over the course of a single day by two inspectors. Based on their observations and conversations with the residents, it was noted that Sonas Nursing Home Tullow is a pleasant place to live. The inspectors engaged with nine residents, discussed their experiences in depth to understand their quality of life. Residents expressed satisfaction with their living conditions and highlighted the kindness of the staff, who consistently respected their opinions and choices.

Although improvements were observed on this inspection there were further areas that required strengthening to ensure residents' care and welfare needs were being met. Further information can be found under: Regulation 16: Training and staff development, Regulation 31: Notification of incidents, Regulation 17: Premises, Regulation 27: Infection control and Regulation 5: Individual assessment and care plan.

Sonas Nursing Home Tullow was purpose-built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Residents' bedroom accommodation was arranged over one floor and comprised 60 single rooms all with en-suite bathroom facilities. Forty-two residents were living in the centre on the day of inspection. The reception area had recently been decorated which gave a warm and welcoming atmosphere on arrival. There was an information board for residents with photos of outings on display. Residents were supported to personalise their bedrooms, with items such as photographs and artwork. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Call-bells were available throughout the centre. Staff were responsive and attentive without any delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff.

Residents were provided with an array of activities and were invited to join if they wished. On the day of inspection the hairdresser was on site. This appeared to be a very sociable occasion where residents enjoyed the chats and read magazines. In the afternoon there was a choice of board games or a sing-along.

There was a notice board that also provided information for residents on the services available should they wish to avail of them. These included advocacy supports with their contact details and also how to request a meeting with the pharmacy to discuss any concerns around medications.

Meal times were observed to be a nice and pleasant experience. Residents were provided with choice of both food and drinks. Staff were observed providing discreet

assistance. Residents that spoke with inspectors gave positive reports about the food and the choice they were offered.

Visitors that spoke with the inspectors gave very positive feedback about the staff and the facilities. One visitor said 'they are very responsive' while another said 'they keep me updated on any changes'. Visitors to the centre that spoke with the inspectors said there were no restrictions on their visits and that they felt welcomed at all times.

Hand hygiene facilities for staff to use when caring for residents in the centre were in line with best practice guidelines. For example, clinical hand-wash basins were available along the corridors and alcohol gel dispensers were sufficiently placed for easy access.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects 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

Overall, while some improvements were seen from the last inspection and there was positive feedback from residents and visitors, further action is needed concerning some regulations to assure a safe and effective service is delivered for the benefit of the residents. The governance and management systems required further strengthening to ensure effective oversight was in place specifically in respect of training and supervision, notification of incidents, premises, care planning arrangements and infection prevention and control (IPC). These will be discussed in more detail under the relevant regulations further in the report.

Sonas Nursing Homes Management Co Limited is the registered provider for Sonas Nursing Home Tullow. There were established governance and management structures in place to include a quality manager. The person in charge had been newly appointed since the last inspection which took place on 9 July 2024. They had the required experience and qualifications to be the person in charge. The person in charge was also supported by an assistant director of nursing and a clinical nurse manager.

Records as set out in Schedule 2, 3 and 4 of the regulations were available to the inspectors on the day of the inspection. These were stored safely and easily accessible when requested. The provider had made improvements to the safe storage of records since the last inspection.

There was a detailed complaints procedure in place that was guided by the regulations. This procedure was viewed in relation to one complaint. The outcome

was provided to the complainant and the opportunity to appeal this outcome was provided.

Infection Prevention and Control (IPC) *National Clinical Guidelines IPC (2023)* were not available to staff and limited visual aids like up-to-date posters of IPC best practice were not visible in the centre. While staff had received training in IPC, all the training was provided through e-learning. However, as further detailed under regulation 16: Training and Staff development some gaps in staff knowledge were also identified, and required review.

Two senior nurses had been nominated to the roles of infection prevention and control link practitioners to support staff to implement effective IPC and antimicrobial stewardship practices within the centre. Both were waiting to complete the national IPC link practitioner training in March of this year.

Infection prevention and control audits were undertaken and covered a range of topics including hand hygiene, use of personal protective equipment (PPE), equipment and environment hygiene, laundry and sharps management. However, disparities between the findings of the most recent infection prevention and control audit, which achieved nearly full compliance, and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control* in community services. Findings in this regard are presented under Regulation 23 and Regulation 27 respectively.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They met the criteria to be the named person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up-to-date with mandatory infection prevention and control training. However, inspectors identified, through talking with staff, that further training and supervision was required to ensure staff are knowledgeable and competent in the management of urinary catheters, antimicrobial stewardship and the deteriorating resident. Staff had limited knowledge of "Skip the Dip" the national programme for reducing the use of urinalysis to determine a urinary tract infection.

Judgment: Substantially compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

Infection prevention control and antimicrobial stewardship governance arrangements did not ensure the sustainability of safe and effective IPC. This was evidenced by:

- There was insufficient clinical oversight to ensure effective clinical monitoring of a resident who was deteriorating before being transferred to hospital.
- Up-to-date policies that covered all areas of IPC were not easily accessible for staff to guide the care to residents.
- The provider had not addressed all the actions of the compliance plan from the last inspection. For example, a sink had not been installed in the cleaners' room.
- Disparities between the findings of local IPC audits and the findings on the day of the inspection indicated that there were insufficient assurance mechanisms in place to monitor compliance with the *National standards for IPC in community services*.

- While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- Governance and oversight systems in the centre had failed to identify that incidents which required to be notified to the Chief Inspector had not been notified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of Social Services within the required time-frame about two incidents of peer-to-peer abuse.

Judgment: Not compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was displayed in a prominent area of the centre. Complaints were recorded and responded to in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the provider was, in general, delivering a good standard of care; however, the gaps in oversight, as mentioned in the Capacity and Capability section, impacted the quality of life for the residents living in the centre. The findings of this inspection are that further action was required in relation to premises, infection control and prevention and assessments and care planning.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspectors were generally person-centred. However, a review of a sample of care plans found that there was insufficient information recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

Residents had access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress.

The registered provider had taken steps to address the fire safety management of the service since the previous inspection. All works were completed as assured by the registered provider on the previous compliance plan.

Residents had access to safe storage for personal items. There was a key available to residents should they wish to safely store their personal items. There was currently an order made by the person in charge for 20 new lockable storage units to ensure that residents could retain their items if they wished.

Although the registered provider had made many improvements and upgrades to enhance the premises, further actions were required to ensure compliance, as detailed under Regulation 17: Premises.

The meal-time experience appeared to be a calm and joyful experience for residents. Staff were observed providing nutritious meals and with adequate supply of drinks made available. There was sufficient staff available to support residents when required.

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 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The flooring in the dining room that lead into the sitting area was in poor repair and there was also damage to a section of flooring on one of the corridors. This may post a trip hazard to residents.
- The ventilation in some areas of the centre that were used by residents was not in good working order. The inspectors acknowledge that the provider had identified this and that a repair was scheduled.
- The door leading into the cold storage room had exposed wood that needed varnishing to enable cleaning
- Several of the pressure relieving equipment such as cushions were worn and lacked a smooth surface; this can hinder effective cleaning and compromise good infection control practices.
- There was no sink in the cleaning store room for housekeeping staff to wash their hands before preparing cleaning products.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The dining room was spacious and had menus on displayed on the tables. Condiments and drinks were available on the tables for the residents and there was adequate numbers of staff in attendance to support residents.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in respect of the designated centre made available to residents. This included a summary of the services and facilities available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When residents returned from the hospital, the inspectors saw evidence that relevant information was obtained upon the residents' return to the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the *National Standards for Infection Prevention and Control in Community Services* (2018) published by the Authority, were implemented. For example;

- Waste was not segregated in line with best practice guidelines. General waste continued to be disposed of in clinical risk waste bins in the treatment room and in several resident bedrooms. Residents that did not have an active infection had a clinical waste bin inside or outside their rooms when standard precautions were required for delivering care.
- There was a continued reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection and to monitor antibiotic effectiveness. This was contrary to national guidelines which advise that inappropriate use of dipstick testing can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm, including antibiotic resistance.
- The urinals used to empty catheter bags were visibly soiled; this meant that staff were not using the bedpan washer for cleaning. This practice increased the risk of catheter associated infections.
- The provider had not substituted traditional needles with safety engineered sharps devices to minimise the risk of a needle stick injury in line with best practice guidelines.
- A wound swab sample due to be sent to the laboratory was stored along-side medication that was in use. This increased the risk of cross contamination.
- Two rooms that had been deep cleaned and were ready for a new admission had mattresses that were in poor repair and a pillow that was stained without a washable cover. This meant that surfaces could not be cleaned properly and increased the risk of infection spread.
- The housekeeping room had coats and staff belongings stored near housekeeping products; this increased the risk of contaminating cleaning equipment.
- The handling of used linen was not managed in a way to reduce the spread of infection. For example, linen skips were not brought to the residents' rooms when required. The inspectors observed used linen in a pile on top of the clinical waste bin in the sluice room.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and provided suitable fire fighting equipment, suitable building services and suitable bedding and furnishings.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was not recorded in a number of resident care plans to effectively guide and direct the care of residents colonised with an infection or residents with a urinary catheter. Some of the care plans had old information from 2023 and narrative nursing and medical interventions were recorded in the plan of care resulting in a lack of clarity in respect of the care to be provided.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and respectful interactions between residents and staff on the day of inspection. There was a separate room for residents to receive visitors in private if they so wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0045225

Date of inspection: 12/02/2025

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We now have a staff member who has completed the IPC Link Facilitator course and we expect that this will raise all staffs awareness of IPC.</p> <p>Skip the Dip is discussed at daily huddles.</p> <p>Antimicrobial stewardship has always been analysed on a quarterly basis and the findings of this is discussed at the Quality & Safety meetings – chaired by the Director of Quality & Governance. This will continue.</p> <p>Additional IPC training to include catheter care has been scheduled for 07/04/2025 and 14/04/2025 for all staff.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have discussed the inspectors findings at nurses meetings.</p> <p>Additional training for the nursing staff has been scheduled.</p> <p>Policies are easily accessible from all workstations and PCs – staff have been reminded and re-orientated to this.</p> <p>The additional sink has been ordered and will be installed.</p> <p>A new IPC audit has been conducted by the IPC link facilitator and the findings and action plan reviewed by the Quality Manager.</p> <p>Nursing staff will liaise further with GPs on reducing the number of antibiotics prescribed.</p> <p>All notifications to the Chief Inspector will be submitted in the timeframes required.</p> | |

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| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications to the Chief Inspector will be submitted in the timeframes required.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The dining/dayroom room (Dereen Lounge) is scheduled for a full refurbishment, which includes the removal of the fireplace at the centre of the room, relocation of the TV, installation of a new granite fire surround and insert and the replacement of the entire floor, including the dining section. The refurbishment works including the flooring replacement, will be completed by 30/06/2025. • Repairs and replacements for the ventilation have been completed. Regular inspections of all extracts and ventilation are done and documented with repairs/servicing completed as required. These are continuous and ongoing works. • The door leading into the cold storage room has been painted to create a smooth, sealed surface to facilitate proper cleaning. • All pressure-relieving cushions have been reviewed and those which needed to be replaced have been replaced with new ones. • A new handwashing sink has been ordered and will be installed by the 31/05/2025. | |
| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff have been re-educated about waste segregation and the differences between general waste and clinical waste. This is monitored by the clinical management team on their walkarounds.</p> <p>Skip the Dip has been discussed with the nursing staff and practice is being monitored by the IPC Link Facilitator. Further discussions with GPS have also taken place.</p> | |

All staff have been re-educated about catheter care and urinal hygiene. This is monitored on the daily management walkarounds. New urinals have been purchased.

There are now no traditional needles onsite.

A specimens fridge has been purchased.

There is a bedroom audit checklist which should be completed when a vacant room has been cleaned and is ready for a new admission – staff have been reminded to use this effectively. Management will oversee this. A full review of pillows and mattresses has taken place and new items purchased.

Staff have been informed that they are not permitted to store personal belongings in the housekeeping room. This is monitored by the management team on their daily walkarounds.

All staff have been re-educated about the management of used linen.

The director of Operations who leads out on the cleaning operations in the home has been onsite to review all practices and to provide additional guidance and training to all staff.

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans have been reviewed and updated and historical information has been archived.

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 14/04/2025 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 14/04/2025 |
| 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 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and | Substantially Compliant | Yellow | 31/05/2025 |

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| | effectively monitored. | | | |
| 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. | Not Compliant | Orange | 14/04/2025 |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence. | Not Compliant | Orange | 01/04/2025 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | Substantially Compliant | Yellow | 01/04/2025 |