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

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|---|---|
| Name of designated centre: | The Four Ferns |
| Name of provider: | FFNH Limited |
| Address of centre: | Brighton Road, Foxrock, Co. Dublin |
| Type of inspection: | Unannounced |
| Date of inspection: | 06 August 2025 |
| Centre ID: | OSV-0007729 |
| Fieldwork ID: | MON-0047758 |

## About the designated centre

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

The Four Ferns is located in Foxrock, Dublin and the registered provider is FFNH Limited. The centre accommodates 176 residents, both male and female over the age of 18. The living accommodation comprises of single and twin bedrooms, all of which have en suite facilities. Residents have access to a garden area, which includes a nature trail. The centre provides 24-hour nursing care to residents assessed as independent up to maximum dependency.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 138 |

## 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 6 August 2025 | 07:30hrs to 16:25hrs | Aoife Byrne | Lead |
| Wednesday 6 August 2025 | 07:30hrs to 16:25hrs | Sarah Armstrong | Support |
| Wednesday 6 August 2025 | 07:30hrs to 16:25hrs | Yvonne O'Loughlin | Support |

## What residents told us and what inspectors observed

Overall, The Four Ferns was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. Inspectors met with many residents and spoke in depth with 11 residents in order to gain insight into the experience of those living there.There was a calm and relaxed atmosphere in the centre and a respectful approach to care provided to residents. Residents were positive about their experience of living in the centre and said that they were happy with the level of care and support provided. Residents spoken to stated that "I have been here for a few years now and I am very happy with everything" while another was complimentary towards staff stating "the staff are just wonderful".

The Four Ferns is situated in Foxrock in Dublin 18. The centre was purpose-built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. The centre is registered for 176 residents and there was 138 residents living in the centre on the day of inspection. The accommodation is arranged over three floors and consists of single and twin bedrooms with en suites. The Tall Trees (memory unit) runs across three floors and accommodated residents on the ground floor only on the day of inspection. Inspectors were informed that the first and second floor will open to residents once the necessary staff have been recruited.

Inspectors arrived unannounced at the centre and were permitted entry via a bell system where the front door was opened remotely. Inspectors waited in the reception area for staff to arrive to verify their identity. Inspectors approached two staff sitting at the nurses station and asked that they inform the nurse in charge of their arrival. A staff member spoken with stated they thought it was "agency staff arriving for shift". Inspectors walked through the centre before an introductory meeting took place with the person in charge and assistant directors of nursing. At the introductory meeting, inspectors were told that management would follow up to ensure effective measures were in place in respect of safe access to the centre. Management confirmed this was not standard practice.

The centre experiences a COVID-19 outbreak that affected nine residents and nine staff, however, all residents in the centre on the day of inspection had completed isolation on the 5 August 2025. However, the local public health team had given a time frame for the expected date the outbreak was due to close as being 9 August 2025, due to the expected end date of isolation for one resident was was an inpatient in hospital on the day of the inspection. On arrival to the centre there was signage to alert visitors that the centre was in outbreak, however, there were a large number of staff not wearing face masks, this was not in line with the current guidelines for managing an outbreak of infection. An immediate action was given and staff responded.

The inspectors met with nine visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. One family member said "I am satisfied with how concerns were managed".

The dining experience was observed to be a pleasant and enjoyable experience for residents. Residents were provided with a choice for their meals and could attend the dining room or remain in the privacy of their bedroom for meals. Staff were available to provide support and assistance to residents with their meals.

Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. The inspectors observed that the level of cleanliness throughout the centre was good. However, alcohol hand gel dispensers were not readily available at point of care for all residents.

There were plenty of activities scheduled and activity notice boards were visible throughout the centre. There was photographic evidence of activities and days out that residents enjoyed throughout the year displayed along the corridors. The centre had previously held a summer BBQ for residents.

Residents had access to and were seen enjoying group activities throughout the day such as a sing-a-long and word games which was interactive and inclusive. Residents described the activities as great and spoke highly of the activity co-ordinators in the centre saying they were "brilliant". They said there was a great variety and those spoken with said they enjoyed the mens club, bridge club and days out.

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

This was a one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in January 2025 was reviewed by inspectors. While some actions were completed, findings from this inspection identified that

action was required in respect of governance and management, infection prevention and control, premises and care plans.

The Four Ferns is operated by FFNH Ltd who is the registered provider of this designated centre and is part of the wider Virtue group who operates a number of other designated centres nationally. The person in charge is new to the centre since April 2025 and is supported in their role by three assistant directors of nursing and four clinical nurse managers who work full-time in the centre. The assistant director of nursing deputises in the absence of the person in charge. A local team of staff nurses, healthcare assistants, activities, administrative, catering and domestic personnel complete the complement of staff supporting residents in the centre. Staff members spoken with told the inspectors that the management team were supportive and had a visible presence within the centre daily.

Overall, there was a clearly defined management structure in place, which identified lines of authority and accountability. While there was on-call arrangements for management support at night, the inspectors found that there was insufficient oversight of residents during this time. This led to an action at the onset of the inspection, which was promptly addressed.This inspection found that further action was required by the provider to ensure that the service was adequately resourced to support the safe and effective delivery of care to residents. On the day of the inspection the registered provider informed inspectors that the person in charge had previously identified night supervision as a concern and the registered provider was in the process of reviewing this with the board of management.

The centre is registered to provide accommodation for 176 residents, and there were 138 residents residing in the centre on the day of inspection. Inspectors found that there was an appropriate level of clinical and support staff to meet the needs of the residents present during the inspection. There was a minimum of two nurses on duty over 24 hours. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

Staff had access to appropriate training and the registered provider had a robust oversight system in place to ensure all staff training was up to date. New employees were supported in their roles through a comprehensive induction programme which included theory and practical based training, and assigning a more senior member of staff as a named support for them, during the course of their induction. All staff had a written record of their induction kept on file in the centre. Staff working in the centre had valid garda vetting in place. Staff spoken with were able to inform inspectors of how to recognise a deteriorating resident and the process for managing the deteriorating resident.

Inspectors reviewed a sample of closed complaints, the complainants received a written response to inform them if their complaint was upheld or not, the reason for this decision, any improvements recommended or details of the review process. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. The centre was visibly clean and odour free on the day of inspection.

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff have access to appropriate training and there were arrangements in place to ensure staff working in the centre were appropriately supervised. A review of staff files demonstrated that staff appraisals were being completed and where required, performance improvement plans had been implemented.

Judgment: Compliant

## Regulation 19: Directory of residents

The registered provider had maintained a Directory of Residents in the designated centre which captured all the information as required under paragraph 3 of Schedule 3.

Judgment: Compliant

## Regulation 21: Records

The inspector reviewed a sample of four staff files and found that in the case of two files, the staff members had gaps in their employment history which were not explained, as is required under Schedule 2 of the Regulations.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider had failed to ensure that management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

- There was ineffective staff supervision at night, resulting in a lack of resident and staff supervision and support. For example, some staff were seen not wearing the appropriate personal protective equipment (PPE) during an outbreak on night shift.
- Access to the centre was not appropriately supervised. For example, the inspectors were admitted before the reception was open and were not asked for identification or the purpose of the visit.

Oversight of documentation was inadequate and required further overview by management. For example:

- End of life care plans did not outline the arrangements to be put in place when residents reached their end of life.
- A record of transfer letters of a resident to another designated centre, hospital or place was not available
- Where a resident refused a weekly weight check, this was not documented in the progress notes or weight recording sheet.

Judgment: Not compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way and that complainants were advised of the outcome of their complaint.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents living in The Four Ferns enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy. Notwithstanding the efforts made by the nursing and care staff to provide a good standard of care to the residents, inspectors found that further improvements continued to be required specifically in the areas of Regulation 27: Infection control, Regulation 17: Premises, Regulation 5: Individual assessment and care planning and Regulation 13: End of life care.

Residents' had their needs comprehensively assessed on admission to the centre, and again at regular intervals and where there were changes in their condition. Care plans were prepared and reviewed within the required time frames and where residents were unable to fully participate in their care planning, there was evidence of family involvement in the process. This was also confirmed by the inspector through discussions with relatives on the day of inspection. However, further improvements were required to ensure that care plans were written in a person-centred manner and contained detailed information about the resident to guide the staff team in providing appropriate and good quality care. This is further discussed under Regulation 5: Individual assessment and care planning and Regulation 13: End of life care.

The inspectors observed that the staff treated residents with kindness and compassion throughout the inspection. Residents' health and well-being was promoted and appropriate supports were in place to ensure residents had timely access to health professionals in order to address any identified health care needs.

Despite the findings under Regulation 27: Infection prevention and control, there was some good practices observed. For example, housekeeping staff were knowledgeable in cleaning practices and processes with regards to good environmental hygiene and waste, laundry, linen and sharps were managed in a way to prevent the spread of infection.

## Regulation 13: End of life

Spirituality and end of life care plans reviewed were clinical in nature and did not outline resident's wishes with regards to the arrangements to be put in place when they reached their end of life, nor did they set out the religious and cultural needs of the resident. This meant that staff were not always aware of residents' end of life wishes, including their physcial, emotional, social, psychological and spiritual needs.

Judgment: Substantially compliant

## Regulation 17: Premises

Overall the centre was well maintained, however improvements were required to ensure compliance with schedule 6 of the regulations. For example:

- The call bell monitors were not positioned to ensure that all staff could hear the residents' call bells ringing and respond promptly. This is a repeat finding.

Following the last inspection in January 2025, the registered provider had committed to the compliance plan in relation to Regulation 17: Premises. The ventilation in all the treatment rooms in the centre was adequate, and new air conditioning units had been installed for safe storage of food supplements and medications.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Improvement was required to ensure a record was kept of all relevant information provided about the resident who is temporarily absent from The Four Ferns to the receiving designated centre, hospital or place. A copy of the transfer letter was not available for these residents.

Judgment: Substantially compliant

## Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. For example;

- Hand hygiene facilities were not in line with best practice and national guidelines in all areas of the centre.
    - Dispensers or individual bottles of alcohol hand gel were not readily available at point of care for all residents. The inspectors acknowledge that some staff had personal toggles but this practice was not consistent.
    - The centre had a clean utility that was used to prepare medication and to prepare for sterile procedures on each floor with no easy access to a clinical hand wash basin.
    - The new dementia unit that consists of three floors had one clean utility that did not have a clinical hand wash basin that is within easy reach.

Although residents with COVID-19 were out of isolation, the public health advice was that precautions were required until 9 August. At the beginning of the inspection, staff providing care to residents were not wearing the required personal protective equipment. This failure to follow public health advice increased the risk of respiratory virus transmission between staff and residents.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Following the last inspection in January 2025, the registered provider had committed to the compliance plan in relation to Regulation 29: Medicines and pharmaceutical services. The ventilation in all the treatment rooms in the centre was adequate, and new air conditioning units had been installed for safe storage of food supplements and medications. There was a process in place for monitoring and recording temperatures of both the treatment rooms and medication fridges to ensure medications were stored in line with their required storage conditions.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of 20 care plans. The person in charge had ensured that comprehensive assessments were carried out for each resident on their admission to the centre and care plans were prepared within 48 hours of admission and there was evidence that residents and their families were involved in the care planning process. Infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to a medical practitioner of their choosing or who was acceptable to them. Residents also had good access to other health and social care professionals. From a review of records, inspectors found that timely referrals were made to health and social care professionals, including physiotherapists and dietitians, in response to changes in condition. Residents were reviewed promptly by those professionals and recommendations were accurately incorporated into the residents' care plans.

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 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 13: End of life | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Substantially compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |

# Compliance Plan for The Four Ferns OSV-0007729

## Inspection ID: MON-0047758

## Date of inspection: 06/08/2025

**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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>Completed review of onboarding and interview process with HR. Interview forms have been updated to include CV gaps check list and to ensure information about the reason for these gaps is added. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Staff are made aware of appropriate use of PPE and compliance in Infection Prevention and control measures during the outbreak situation. Nurse on duty and unit in charge/ ADON each unit to supervise the staff to ensure compliance. At night supervision is to be completed by the appointed RGN on each Unit.<br><br>99% of the staff had completed IPC Use of PPE training at the time of inspection and all outstanding staff has been under strict follow-up from line manager and HR to complete any outstanding training.<br><br>Staff received reminders on safe practice of access to the home. This is now included on the induction program as well. We are currently recruiting senior staff on duty for night supervision and support.<br><br>A team from the Centre completed CARU program, we also officially launched the program in the Centre for residents, staff and families in September 2025. | |

We are in the process of using `the document called 'Think Ahead- Planning for Dying, Death and Care. Every resident in the Centre has an appropriate person-centered care plan. CNM ensures the care plan is person-centered, and it guides the staff to care for the individual residents live in the Centre.

Record of all transfers now saved in VCare since the inspection

Refusals of care and monitoring weights are discussed, reviewed and documented in the care plans. CNMs to continue to monitor compliance with documentation.

| Regulation 13: End of life | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 13: End of life:
The Centre has end of life care multi-disciplinary committee with the staff completed training in CARU program. The staff are trained in advance care planning.

The Centre is supported by Irish Hospice Foundation to educate the staff in providing a person-centered care.

Every resident whose approaching end of life care has a spirituality/care plan in place. The centre is still performing review and improvement for advance planning for end-of-life care plans for residents who have not yet reached this stage. We are in the process of introducing "Think ahead" document as part of care plan and continuous care plan training for the nurses.

The Centre has reviewed the end-of-life care practice and started making a real positive difference in care where staff are aware of residents' end-of-life care wishes in terms of physical, emotional, social, psychological and spiritual needs.

| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
Call bell system app is being updated. The call bell will now be displayed in the wall mounted screens for electronic records and on the nurses, tablets used for medication administrations to ensure staff can easily see what call bells are active. Residents were

upset with the noise from normal call bell screens and for this reason we did not add more of these screens. This new approach allows us to keep the noise to a minimum.

| Regulation 25: Temporary absence or discharge of residents | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
Discussed with the team that they are required to save a copy of the transfer letter in the resident's electronic records. All the hospital transfers/temporary absent information is now saved in V care since the inspection. Compliance in the area is ensured by the CNMs on the unit.

| Regulation 27: Infection control | Not Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:
A plan including some renovation works to address the lack of sinks in the medication rooms has been submitted to HIQA via email. The works will commence before the end of the 2025 and will be completed by October 2026.

PIC reviewed the additional requirements for hand hygiene dispensers in all units, and a work order has been logged with the facilities team to complete the installation.

Discussed with staff importance of adhering to IPC practices 24/7 as per training provided and policies in Place. There are 2 nurses per floor/unit at night, and they are responsible to supervise the use of PPE and action any non-compliances immediately.

## 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 13(1)(a) | Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided. | Substantially Compliant | Yellow | 31/10/2025 |
| 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 | 15/10/2025 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and | Substantially Compliant | Yellow | 31/10/2025 |

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| | 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | | | |
| 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. | Not Compliant | Orange | 31/12/2025 |
| Regulation 25(1) | When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place. | Substantially Compliant | Yellow | 20/09/2025 |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in | Substantially Compliant | Yellow | 01/10/2026 |

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| | place and are implemented by staff. | | | |
| Regulation 27(b) | The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required. | Not Compliant | Orange | 01/10/2026 |