



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 December 2021
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0035138

About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.

Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated.

Nursing care is provided to residents who require long term care, convalescent, respite or palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Friday 10 December 2021	10:50hrs to 16:00hrs	Liz Foley	Lead

What residents told us and what inspectors observed

The centre was experiencing an outbreak of COVID-19 and all residents were isolating in their bedrooms on the advice of Public Health. This was not the normal routine in the centre and therefore not a true reflection of the lived experience for residents. There was a high number of residents with cognitive impairment in the centre and some of those did not understand the context to the restrictions on movement. The inspector had few opportunities to speak with residents as they were being cared for in their bedrooms. The inspector briefly spoke with some residents during the inspection who all confirmed they were being well looked after.

The inspector was guided through the centre's infection control procedures before entering the building. Staff were wearing PPE in line with the guidance and there were several PPE stations set up conveniently throughout the centre. There were hand hygiene sinks on the corridors and alcohol hand gel dispensers available throughout the centre to promote good hand hygiene.

The centre was operating as two separate units in order to protect residents and minimise the spread of COVID-19. The isolation zone had seven residents on the day of the inspection and occupied the largest part of the centre. The isolation zone included a large day room and the main dining room along with several bedrooms and had its own separate entrance. Some residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not understand the context of isolation and routinely accessed these communal areas and a decision was made to maintain this access in order to safely manage these residents' care and isolation periods in a dignified manner. The kitchen staff had temporarily developed a safe route to transport food in and around the centre in order to prevent any cross-contamination from the isolation zone. The laundry which was located in the isolation zone also had its own separate entrance and this was utilised by laundry staff to avoid any cross-contamination by entering through the isolation zone.

In the isolation zone the inspector observed six residents in their bedrooms, another resident was asleep in the day room and was not disturbed. There were three staff in this zone on the day of inspection. Residents waved a greeting from their rooms and some spoke to the inspector briefly. Residents were observed interacting with the staff in the isolation zone and were familiar with them despite the barrier caused by PPE. These interactions were kind and person-centered. Some residents were smartly dressed in their day clothes and one was observed mobilising on the corridor. The centre was clean to a high standard throughout and dedicated housekeeping staff were now rostered in the isolation and in the green zones.

The centre was closed to indoor visits but would facilitate compassionate visits if required. One family member was observed having a window visit in the afternoon. The centre were continuing to assist residents with telephone and video calls as

they preferred. Communication had been sent to residents' care representatives and ongoing arrangements were in place to communicate changes as they happened.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The centre were managing an outbreak of COVID-19. Poor findings in relation regulations 6 Health care, 5 Individual assessment and care plan, 21 Records and 23, Governance and management, warranted an urgent action plan which was issued following the inspection. The senior management team took immediate steps to come into compliance.

Sonas Asset Holdings Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by two clinical nurse managers and a team of nurses, healthcare assistants, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was further supported by a senior quality manager and by shared group departments, for example, human resources. The provider was undertaking to update the centre's statement of purpose to reflect recent changes in senior manager roles.

This was an unannounced risk inspection following receipt of solicited information from the centre. The centre were following public health advice in order to minimise the impact of the outbreak. The centre was operating as two separate zones, one for residents who were positive for COVID-19, called the isolation zone and one for those who were not, called the green zone. There was poor oversight of care provided to residents in the isolation zone. Documentation was poor and did not provide detailed information to form basic assessments of care, for example, there was no records of fluid and food intake and output to assess hydration and nutritional need. There was poor oversight of cleaning and housekeeping in the isolation zone, there were no records maintained for daily cleaning and conflicting information was given regarding what cleaning tasks were completed during the first 11 days of the outbreak. The registered provider had experience of managing outbreaks of COVID-19 in other centres within the group and had not applied some of the learning from these outbreaks to better manage the outbreak in this centre.

There was a failure to put in place sufficient resources to manage, respond and care for residents in an outbreak situation. Findings in relation to health care and records indicated that that staffing levels were not sufficient in the isolation zone during this

time. Throughout the outbreak the centre had sufficient staff numbers rostered in the green zone and had access to additional agency staff and staff from a nearby centre within the group but had made a decision not to allocate more than one staff member in the isolation zone. It was unclear on the day of inspection what informed the staffing levels during that period. Sufficient staffing resources had not been in place prior to the inspection to provide evidence-based care to residents in the isolation zone of the centre and this had impacted on the safety and quality of care provided to residents. For example, the nurse in the isolation zone did not always have enough time to document care to the standard required and in some instances did not document care for each resident during their shift. There were no records of daily cleaning maintained in the isolation zone and the staff member did not have sufficient time to complete daily cleaning tasks as they were busy caring for residents and supervising mobile and confused residents.

The centre had allocated one nurse to care for the residents in the isolation zone from the beginning of the outbreak on 28 November up until the afternoon of the 9 December 2021. For 11 days one nurse was responsible for the nursing and daily care and welfare of the residents in this area. Initially there was one resident in the isolation zone for three days and then there was a gradual increase up to six residents on day 10. In addition the nurse was responsible for cleaning, housekeeping, laundry, supervising mobile residents, communicating with the team and GP, assessment, care planning and record keeping.

Staffing had increased on the day of the inspection. There were three staff in the isolation zone, a nurse, a care assistant and a housekeeper. However, staffing levels needed further review to ensure that all residents in the isolation zone were being effectively cared for and to ensure that best practice in infection prevention and control were being adhered to. For example, one resident was observed leaving the isolation zone unsupervised during the inspection. The provider had a strategy for managing residents with responsive behaviours, however, they had not factored in additional staff that may be required to ensure residents' needs were safely met. The remaining part of the centre was referred to as the green zone and there was sufficient staff to provide care and maintain the cleanliness of this part of the centre. Some staff in the green zone were supporting some of the activities in the red zone, for example, reception, catering and maintenance.

There was a clear lack of oversight of the standard of health care and the risks that the staffing levels posed to the residents and staff in the isolation zone. Systems in place were not supporting the effective management of care and hygiene in the isolation zone. Systems in place for health care monitoring were poor and there was no system in place to guide effective housekeeping in the isolation zone. This was not in line with the centre's contingency plan or their policy on managing an outbreak.

There was on site practical infection prevention and control training sessions ongoing throughout the outbreak to keep all staff up to date on the correct use of PPE, hand hygiene etc. However oversight of training was poor and centre's records were not up to date, for example, there were five staff named on the training matrix that were not on the staff roster which may indicate that these staff had left.

Similarly there were staff on the roster that were not listed on the training matrix which may indicate that these staff had not completed mandatory training. Three key staff had been responsible for housekeeping and environmental cleaning in the isolation zone for 11 days, evidence of appropriate training was not available during the inspection and was submitted following the inspection.

Poor staff allocation also impacted on the quality of the documentation in the isolation zone, for example, poor standards of care planning and no documentation of regular housekeeping tasks.

Regulation 15: Staffing

Staffing levels required review to ensure the needs and safety of all residents were met. Residents who had responsive behaviours were not always supervised and this may impact on the safety of other residents especially during an outbreak of COVID-19. For example one resident was observed wandering out of the isolation zone during the inspection. This risk may impact on the onward transmission of COVID in the centre and on the well being of the resident who was not aware of the reason for isolation. The allocation of staff also required review as discussed under regulation 27.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were gaps in mandatory training for new staff, for example, three staff had not had training in infection prevention and control. There were no records on the training matrix for four staff on the roster.

Staff in the isolation zone were not appropriately supervised or supported for 11 days of the outbreak. This resulted in poor care practices and poor standards of cleaning and documentation.

Judgment: Not compliant

Regulation 21: Records

The registered provider had not ensured that the records set out in Schedule 3 were

maintained and available in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Staffing resources had not been made available in the isolation zone to effectively manage care and infection control during the first 11 days of the outbreak.

Systems in place to manage an outbreak of COVID -19 were not in line with the centre's contingency plan or their policy for managing an outbreak. The major impact of this was seen in regulations 6 Health care, 5 Individual assessment and care planning and 21 Records, and was potentially impacting on the safety and quality of care provided.

Judgment: Not compliant

Quality and safety

Overall systems were not supporting staff, particularly those working in the isolation zone, to provide a high standard of evidence-based nursing care and this may impact on the quality and safety of care provided to residents. There were good infection prevention and control procedures in the green zone, conversely this was not a finding in the isolation zone.

On the day of the inspection, there were seven residents who had tested positive for COVID-19, another resident was being cared for in hospital. Staff reported that the residents' symptoms were mild and the inspector observed that some residents in the isolation zone were quite well and were mobilizing and communicating well. However, one resident had developed lethargy and was unable to mobilize as normal, they were observed in bed with the bed rails up however their care plan did not reflect their changing needs.

The standard of care planning was poor and was not in line with the centre's policy for managing residents who contracted COVID-19. Daily nursing notes were maintained for residents however in the absence of appropriate care plans, these notes were not detailed enough to provide an accurate record of residents' health and condition. In addition, some nursing notes were written by staff who were not directly involved in caring for the resident whose notes they were updating. There were many examples observed where the nurse in the green zone had documented the care of a resident in the isolation zone. This was not in line with the regulations and did not support the ongoing assessment of residents' needs.

Vital signs were recorded but basic information on symptoms was not recorded. Residents' whose mobility changed had not been re assessed and their care plan had not been updated to inform ongoing care. The systems in place for transfer of a resident from the acute hospital were poor, in one example a resident had been returned from the hospital without information about their treatment or investigations completed. The centre had not followed up with the hospital and important information was not available to inform the resident's care plan.

Overall, the provider had put in place many measures to promote good standards of infection prevention and control throughout the centre. Cleaning procedures, housekeeping schedules and deep cleaning schedules were in place to ensure the centre was cleaned to a high standard. In addition to this high touch cleaning was completed twice per day to further reduce any potential spread of airborne viruses. The centre were following the advice of the HSE infection control specialists and liaising with public health to ensure the best outcomes for residents and staff. However, during the outbreak there was very poor oversight of cleaning in the isolation zone. There were conflicting reports of the type and frequency of cleaning completed in this area and poor record keeping. Staffing constraints had impacted on the ability of the one staff member in the isolation zone to continue to maintain a high standard of effective housekeeping and decontamination. In addition the lack of systems to oversee housekeeping in the isolation zone further impacted on the ability of staff to complete all the tasks required, as they were prioritising the care and supervision of the residents, including those who had responsive behaviours.

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26. The provider had put in place many measures to keep residents and staff safe and provide a safe service. However improvements were required to ensure more robust arrangements were in place to manage increased risks caused by COVID-19.

Regulation 26: Risk management

A register of active risks was maintained in the centre and included risks associated with COVID-19. Some of the control measures in place required review to ensure they were clearer and more robust. For example, control measures in place to ensure residents who wandered continued to be safe during an outbreak were vague and did not take into account staffing levels in the isolation zone. In addition, control measures around symptom checking and screening of visitors was not listed as a control in minimising the spread of COVID-19.

Judgment: Substantially compliant

Regulation 27: Infection control

Oversight of cleaning and infection control procedures in the isolation zone were very poor. One nurse had been responsible for all cleaning, decontamination and recording of cleaning. There was uncertainty regarding what cleaning tasks had been completed over 11 days of the centre's outbreak and there were no records maintained of routine cleaning in the isolation zone. This did not provide assurances that the centre were fully implementing infection prevention and control procedures in line with the guidance during an outbreak.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans and assessments did not guide staff to provide evidence-based care for residents with COVID-19. In addition to the residents' care plans, COVID-19 core care plans were also in place, however neither of these care plans were sufficiently guiding care, for example, basic assessments for monitoring hydration were not in place to guide residents ongoing care. End of life care plans were generic and did not detail individuals' understanding of acute illness which has been a common feature of COVID -19, nor did they guide staff on the residents' preferences for their care should they deteriorate due to COVID-19. This may impact on the quality of care a resident would receive and may lead to unnecessary and inappropriate hospital admissions at end of life.

Residents care plans had not been reviewed and amended following a change to a resident's condition, for example, a resident whose mobility had deteriorated did not have their needs re assessed and their care plan had not been updated.

Judgment: Not compliant

Regulation 6: Health care

The registered provider was not providing a high standard of evidence based nursing care to all residents, for example, residents who were COVID-19 positive did not have appropriate as required medication prescribed to manage symptoms of COVID-19. This was not in line with the centre's policy and may impact on the quality and safety of care received in the centre. It may also lead to unnecessary

admission to hospital particularly if a resident is approaching their end of life.

Residents changing needs were not always assessed and documented, for example, one resident had their bed rail up as they had become very lethargic due to COVID-19. Their care plan was not reflective of this change and usual safety checks for the use of bed rails were not being recorded.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Sonas Nursing Home Carrick-on-Suir OSV-0007883

Inspection ID: MON-0035138

Date of inspection: 10/12/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: On the 09/12/2021 one additional HCA was allocated to the red zone for both day shift and nights shift, this ensured that restless residents could be fully supported to mobilise safely and to further support the nurses so that they could ensure comprehensive documentation. One housekeeper was also allocated to the red zone from 9.00am-4.00pm daily. All allocated staff continued to clean high touch surfaces 24/7. An updated risk assessment was completed. A reflection exercise was facilitated by the Director of Quality and Governance so that there was learning achieved for any similar future situations. The contingency plan was updated to reflect the learning. The red zone was closed on the 26/12/2021 when all residents had completed their isolation period. Complete.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff had completed mandatory training but the training matrix had not been updated. This has now been completed and the records for same have been submitted to the Chief Inspector. 17/12/2021.</p> <p>Additional staffing allocated to the red zone served to enhance care practices and the standards of cleaning and documentation. 09/12/2021.</p> <p>The PIC or CNM conduct a minimum of 3 walkarounds per day in order to review and supervise practices in all zones. Buddy systems for donning and doffing are in place.</p>	

There is a CNM on-duty every day. The PIC and the Quality Manager review nursing records, meet with staff, discuss residents care, delegate, direct and supervise the care. The review of the nursing records has now been formalised between the Quality Manager and the Person in Charge. Ongoing.

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The required training records were submitted to the Chief Inspector. 17/12/2021.

The home management team have been reminded and supported to ensure that all residents care records are comprehensively recorded and that cleaning and cleaning records must be appropriately supervised. Complete and Ongoing.

Regulation 23: Governance and management

Not Compliant

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

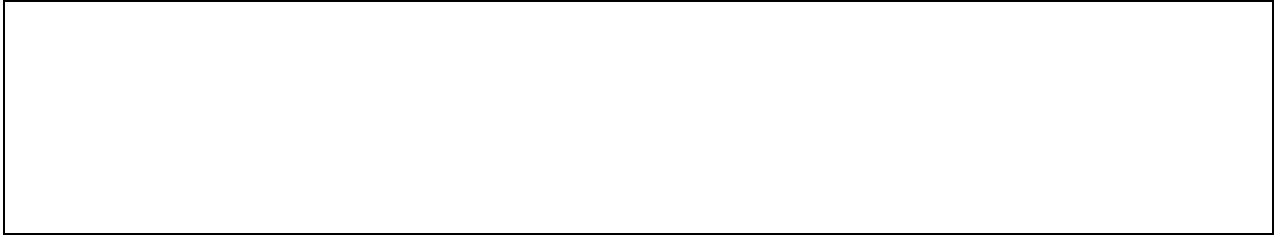
On the 09/12/2021 one additional HCA was allocated to the red zone for both day shift and nights shift, this ensured that restless residents could be fully supported to mobilise safely and to further support the nurses so that they could ensure comprehensive documentation. One housekeeper was also allocated to the red zone from 9.00am-4.00pm daily. All allocated staff continued to clean high touch surfaces 24/7. An updated risk assessment was completed. A reflection exercise was facilitated by the Director of Quality and Governance so that there was learning achieved for any similar future situations. The contingency plan was updated to reflect the learning. The red zone was closed on the 26/12/2021 when all residents had completed their isolation period. Complete. The ongoing an continuous review of the all records has now been formalised between the Quality Manager and the Person in Charge. Ongoing.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk

<p>management: The Quality team and the PIC have reviewed and updated all risk registers and communicated same to the nursing home team. 15/12/2021.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: All staff in the red zone had received training in IPC and cleaning chemicals training prior to entering the red zone and evidence of this was submitted to the Chief Inspector 17/12/2021. The home management team reviewed this knowledge and practice with all staff and enhanced governance was introduced so that the home management team supervised and monitored the standard of cleaning in the red zone. 10/12/2021.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All residents care plans and assessments have been reviewed and updated. 17/12/2021. The PIC and the Quality Manager now formally review these daily and weekly. A comprehensive care plan audit is underway for January as per home operational plan and this will identify any further gaps or areas for improvement. 31/01/2022.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The nursing team liaised further with the GPs to ensure that all medication prescribed supported the potential needs of the residents who were Covid-19 positive. 17/12/2021. The home management team increased their supervision, monitoring and governance of the red zone in order to ensure that all appropriate actions were taken, care delivered and care plans and assessments updated to reflect the residents current needs. 10/12/2021.</p>	



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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	09/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	17/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	09/12/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Not Compliant	Red	09/12/2021

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	09/12/2021
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 effectively monitored.	Not Compliant	Red	09/12/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	15/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Not Compliant	Orange	10/12/2021

	infections published by the Authority are implemented by staff.			
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	17/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Red	31/01/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with	Not Compliant	Red	17/12/2021

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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