



**Health  
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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:	Curam Care Home Carrigaline
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Janeville, Carrigaline, Cork
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0008711
Fieldwork ID:	MON-0042661

## About the designated centre

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

Curam Care Home Carrigaline is a designated centre situated in a residential area in the outskirts of the Cork city suburb of Carrigaline. It is registered to accommodate 111 residents. The centre is laid out over four floors. Resident accommodation is located on three floors and non-residential facilities such as laundry, storage, main kitchen and staff facilities are located in the lower ground floor. Resident accommodation comprises single occupancy bedrooms, all with en suite facilities of shower, wash-hand basin and toilet. Additional toilet facilities are located throughout and in close proximity to communal areas of dining room, day, room and seating areas. Each floor has a separate day room. dining room and smaller day room with kitchenette with tea and coffee making facilities. Other seating areas are available on each floor. The quiet reflection room is located on the ground floor. Lift and stairs are on either side of the building to facilitate movement between floors. There is a large landscaped enclosed garden with walkways and seating; the smoking shelter is located in the garden. Curam Care Home Carrigaline provides long-term, respite, convalescence, dementia and palliative care to older adults.

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

Number of residents on the date of inspection:	86
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 16 April 2025	09:00hrs to 18:00hrs	Breeda Desmond	Lead
Wednesday 16 April 2025	09:00hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

This unannounced inspection took place over one day in Curam Care Home Carrigaline. Overall, residents were seen to be relaxed and comfortable in their surroundings and freely walked about the centre. Inspectors met many of the residents on inspection and spoke with 15 residents in more detail to gain insight into their lived experience in the centre. Residents, in general, gave positive feedback about the centre and were complimentary about the care provided; residents said staff were kind and caring and they felt there were plenty of staff available to support them. While the majority of residents were complimentary about the food and choice of food, some did feedback to inspectors that they would like a more varied choice of vegetables for their main meal and more fresh fruit served. Ten visitors spoke with the inspectors and most gave very positive feedback on their experience of visiting the centre, the friendliness of the staff and the care their relative received. A number said it was like a hotel and went on to say that it was lovely, that they could make tea and coffee when they wanted and there were scones left out in the morning for them to enjoy with their relatives. One relative was concerned regarding the lack of availability of specialist seating but was aware it was outside of the control of the centre and was waiting allied health specialists. Another family member was not happy with some aspects of the care of their family member but inspectors saw that the issues were being addressed on the day of the inspection.

On arrival for this unannounced inspection, inspectors completed hand hygiene and sign-in process. The inspectors saw that information displayed in the reception area included an 'easy read' complaints procedure, advocacy services, health and safety statement, and the activities programme along with information leaflets on a variety of topics such as fair deal, and 'Think Ahead' decision making for example. Other information displayed informed residents about the 'guide dogs', visiting pharmacist, and residents' meeting.

There were a number of residents up and about when the inspectors arrived at the centre and one resident was in the hair saloon having her hair up-styled; the hairdresser confirmed that they visit the centre weekly and the residents enjoyed this service. A number of residents were having their breakfast in the dining room while others were getting up and receiving morning care.

The main fire panel and certification, and registration certificate were displayed. Floor plans with emergency evacuation routes were displayed throughout the centre. These floor plans had a point of reference, and primary and secondary evacuation routes and escape exits detailed. Directional advisory signage was displayed throughout the centre advising residents of communal rooms and bedrooms to prevent confusion and disorientation.

Curam Care Home Carrigaline is registered to accommodate 111 residents and is laid out in a three-storey building with a lower ground floor. Resident

accommodation is over three floors, and non-clinical amenities such as staff facilities, storage, main kitchen and laundry are located in the lower ground floor. There were 86 residents residing in Curam Care Home Carrigaline at the time of inspection. There are lifts and stairs on either side of the building to facilitate movement between floors. Bedroom accommodation comprises single bedrooms with en suite facilities of shower, toilet and wash-hand basin. Personal storage space in bedrooms comprise double wardrobes, bedside locker with lockable storage and a chest of drawers. Some residents had additional shelving and storage which they brought with them on admission. Residents bedrooms were personalised with memorabilia from home. All bedrooms had a TV, call bell and over-bed lighting. Outside each bedroom was a lovely photo frame with information displayed such as the resident's name, hobbies, interests and photographs, depending on the wishes and preferences of residents. Specialist mattresses and cushions, low low bed facilities and a variety of hoists were available.

There was good storage space to store and charge large equipment items. There were additional toilet facilities on each floor, in close proximity to communal rooms such as dining and day rooms; and a bath should residents choose to have a bath rather than a shower.

On each floor, communal space included dining and day rooms, a smaller sitting room, large seating areas by the nurses station, and seating by large windows with views of the surrounding areas. Day rooms had a kitchenette area with tea and coffee, fruit and fresh baking for residents and relatives to enjoy independently. There was a visitors' room available for residents to meet with their visitor in private. The quiet reflection room was a lovely space for residents to relax. The sensory room was upgraded since the previous inspection with soft lighting, bubble lava lamp and desk; the person in charge explained that further upgrades will include wall paper and textured displays for example, to enhance the experience for residents.

The enclosed outdoor gardens could be independently accessed by residents; these were well laid out with walkways and ample seating including sheltered spaces should residents prefer to stay out of direct sunlight. Call bells were installed in the garden following the last inspection to enable residents or staff to call for assistance if required. The smoking shelter with seating was located in the garden; it contained a fire extinguisher, a safe receptacle for cigarettes and call bell. One resident spoken with here said it was very sheltered and good to keep out the wind and rain.

It was evident to inspectors that the person in charge was familiar with residents, and their care needs. Inspectors observed positive interactions between staff and residents during the inspection and it was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach.

At the start of the inspection and throughout the morning residents were seen coming to the dining room for their breakfast following personal care, and some residents were served their meals in their bedrooms depending on their preference. Later in the morning and mid afternoon, a member of staff offered residents a

choice of juices or tea, and snacks and then called to residents in their bedrooms offering them refreshments.

A variety of activities were seen to be facilitated on each floor; music and exercise, newspaper reading for example, and one-to-one sessions were observed in day-rooms and residents' bedrooms.

Clinical handwash hubs were located on corridors as well as in designated rooms such as sluice rooms for example. Wall-mounted hand hygiene dispensers were available in each bedroom with advisory signage explaining hand hygiene technique to enable staff complete hand hygiene at point of care. Rooms such as the nurses' station, laundry and household cleaners room were securely maintained to prevent unauthorised access to hazardous materials.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection as part of on-going regulatory monitoring of the service and to follow up on the actions from the findings of the last inspection. Inspectors found that actions required from that inspection relating to Schedule 5 policies, aspects of fire safety precautions, aspects of infection prevention and control, care planning records were addressed. On this inspection, improvements were required in relation to management of complaints, and records maintained regarding employees (Schedule 2 records). Evidence of these findings will be discussed throughout the report under the relevant regulations.

Curam Care Home Carrigaline is a residential care facility operated by Knockrobin Nursing Home Limited, which is part of a group of five centres. The governance structure comprises two directors, and a wider group structure which includes a director of care quality and service, a risk and compliance manager, human resources team and practice development to support the service. There is a clearly defined management structure in place. On site, from a clinical perspective, care is directed by the person in charge and she is supported by a team comprising the assistant director of nursing, clinical nurse managers (CNMs) registered nurses, healthcare, domestic, catering, activities and maintenance staff. Deputising arrangements are in place for times when the person in charge is absent from the centre. Clinical nurse managers (CNMs) were appointed since the last inspection and further supported the governance structure, and there was a manager present in the centre at weekends.

A review of the duty roster demonstrated there were adequate staff for the size and layout of the centre. Additional staff were being recruited and staff were being inducted at the time of inspection, including activities staff. Staffing was discussed

with the person in charge and she explained that they had their full complement of staff and no longer required agency staff.

Training is provided in-house by practice development. A review of staff training was undertaken. Staff had up to date training regarding fire safety, falls prevention, relevant staff had completed restrictive practice training. Following the findings of the last inspection, all staff had completed training relating to dementia awareness and managing behaviours that challenge. There were some gaps noted in safeguarding training and patient handling which is outlined under Regulation: 16 Training and Staff Development

Schedule 5 policies and procedures were available. The complaints procedure was displayed. Nonetheless, recording of complaints required action to ensure issues were recorded in line with specified regulatory requirements.

Records were generally well maintained, held securely and made available for inspection; staff files viewed required action as outlined under Regulation 21: Records.

#### Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time in the centre. They were a registered nurse who met all the requirements as specified in Regulation 14. During the inspection it was evident that the person in charge was well known to residents and staff.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate to the assessed needs of residents, and the size and layout of the centre. Staff supervision was provided by nurses CNMs and the management team.

Judgment: Compliant

#### Regulation 16: Training and staff development

The training records given to the inspector showed high levels of training provided, nonetheless, there were a small number of staff due the following training:



- 10% of staff required Patient Manual Handling training
- 12.5% of staff required Safeguarding training.

Judgment: Substantially compliant

## Regulation 21: Records

A review of records maintained in line with Schedule 2 (documents to be held in respect of staff employed in the centre) was undertaken with four staff files viewed by the inspectors. Action was required as the following was identified:

- one staff file had only one reference on file where the requirement is two
- the date and signature of another reference could not be seen so it could not be determined what the reporting relationship was, to ensure a valid reference
- there were two gaps in the employment history in one file examined
- all documentary evidence of any relevant qualifications or accredited training was not in place for staff as their primary degree/qualification was the only certificate in place; other qualifications detailed in their curriculum vitae were not available such as degrees in infection control and gerontology for example.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure in place and although management systems had strengthen since the previous inspection, action was required to ensure:

- further oversight of records was required as outlined under Regulation 21: Records
- further oversight of mandatory notifications was required as a number of mandatory notifications were submitted late.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The following required action to ensure complaints are maintained in line with regulatory requirements, as follows:

- some complaints received were not fully and properly recorded
- some staff required further training on how to identify a complaint as identified by inspectors during the inspection.

Judgment: Substantially compliant

## Quality and safety

Overall, this inspection found that, in general, staff strove to provide a good standard of care. Inspectors observed that the care team knew the residents and their individual needs and preferences. Nonetheless, some improvements were required regarding elements of quality and safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met. Residents had access to two general practitioner (GPs) who attended the centre twice a week. Prescriptions and medication administration records were electronically maintained and residents reported that GPs discussed their prescriptions with them as part of their consultation. Residents had timely access to allied health professionals such as occupational therapy, physiotherapy, speech and language therapy and podiatry for example.

Validated risk assessments formed part of residents' care documentation which informed the care planning process; care plans were comprehensively maintained, and in general, updated in accordance with the changing needs of residents. In the sample examined, photographic identification was in place for residents. Records maintained regarding oversight of residents at risk of absconsion were discussed with the management team as part of following up on a notification relating to absconsion. Safety check in place for all residents was four hourly, and management agreed to review this as a part of their risk and safety management for residents, in particular, residents assessed as being at risk of absconsion.

Certification was available in relation to servicing of fire safety equipment. Emergency evacuation floor plans were displayed on each unit with a point of reference, primary and secondary evacuation routes, evacuation exits and location of fire fighting equipment. Training records evidenced that drills were completed, cognisant of night duty staffing levels; records were submitted at the time of inspection reflecting drill evacuation of the largest compartment.

Improvement was noted following the findings of the last inspection in relation to Legionella precautions; records demonstrated that infrequently used water outlets were flushed in accordance with current national guidelines. While the centre was

generally visibly clean there were a few areas identified that required attention and these are further detailed under Regulation 27: Infection control.

### Regulation 11: Visits

Visitors were seen coming and going to the centre throughout the day. They were welcomed by staff and offered refreshments; staff knew visitors by name and interacted with them in a social manner. Visitors spoken with gave very positive feedback about the service.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to a minimum of double wardrobes, chest of drawers and bedside lockers as part of their personal storage space; some residents had additional storage space of chest of drawers and shelving units which they had brought in from home.

There was a laundry on site; while some issues were raised by residents regarding laundry, these were addressed immediately by the person in charge.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained and beautifully decorated. There was adequate communal and quiet areas for residents to meet their visitors, with seating areas throughout and room for quiet reflection. The outdoor garden was securely maintained and had walk-ways and seating areas; the smoking area was within the enclosed garden. The centre was monitored by CCTV; signage was displayed alerting people to the use of CCTV in the centre; its usage was confined to communal areas ensuring the privacy of residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

While most residents gave positive feedback regarding food served, some residents reported to inspectors that they would like a more varied choice of vegetables for their main meal and more fresh fruit served.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found the following issues relating to infection prevention and control:

- some water outlets of clinical hand-wash sinks were unclean
- one resident's specialist moisturising cream was on the cistern in another resident's en suite bathroom,
- the clinical waste bin in one sluice room had a domestic black bag insert rather than a yellow clinical waste bag.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Appropriate fire certification was in place for fire safety equipment including emergency lighting.

Improvement was noted following the findings of the last inspection in that drill and evacuation records detailed the number of staff part-taking in these exercises. A drill evacuation record was submitted to the regulator at the time of inspection following undertaking of a full compartment evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' care records were examined and significant improvement was noted following the findings of the previous inspection. Medical histories now informed assessment and care planning process to ensure residents were cared for in accordance with their physical, medical and social care needs; care wishes were detailed as part of their end of life care planning. 'A Key to Me' was seen to be comprehensively detailed to enable individualised care that provided insight into residents occupational wellbeing, spiritual and psycho-social well-being.

Judgment: Compliant

## Regulation 6: Health care

The service was supported by a local GP practice and a GP attended the centre twice a week. The service was also supported by out-of hours GPs. Residents spoken with acknowledged that the GP was on site every week. Residents notes showed they had timely reviews and referrals to specialist services and allied health professionals.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Responsive behaviour training was provided to all staff and staff spoken to were aware of behaviours residents exhibited and what the best distraction techniques were for the resident. Care plans for residents with responsive behaviours were sufficiently detailed to direct care.

The centre were aiming towards a restraint free environment and had reduced the use of bedrails in place in the centre and were working to use a variety of alternatives to restraint.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had access to meaningful activation in accordance with their wishes and preferences. Activity staff provided one-to-one engagement and group activities with residents.

There was evidence of regular residents meetings taking place with good numbers in attendance. Issues identified by residents were discussed and actioned by the management team and fed back at the next meeting.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Curam Care Home Carrigaline OSV-0008711

Inspection ID: MON-0042661

Date of inspection: 16/04/2025

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• To address the training and staff development gaps identified, we have scheduled on-site training sessions for staff on 25th and 26th June and 9th and 10th July 2025. These sessions will focus on key areas of manual handling, safeguarding of the vulnerable adult, and responsive behaviours.</li></ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"><li>• We have reviewed the staff file identified on inspection to ensure that it contains a minimum of two references.</li><li>• The reference has been verified including the date, signature, and clear indication of the reporting relationship, to validate their authenticity and relevance to the candidate's previous employment.</li><li>• The two employment history gaps have been identified in the one staff file and rectified</li><li>• The staff member for whom we did not have evidence for all accredited training as listed on their CV is now available within the staff file</li></ul>	



Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Further oversight of records will be achieved by the addition of agenda item, Reg 21 Schedule 2, to monthly HR priorities meeting</li> <li>• Mandatory notifications will be submitted within the required time frame</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The team has placed increased focus on ensuring that all complaints are fully and accurately recorded in line with regulatory requirements. The correct procedure for identifying and managing complaints is regularly discussed during staff handovers, staff meetings and daily huddles to reinforce staff awareness and accountability. The Person in Charge will monitor the complaints log to ensure all entries are complete and appropriately documented.</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• We will review and enhance the current menu to provide a more varied choice of vegetables at main meals and fresh fruit based on the feedback from residents through surveys and the resident committee meetings. Meal and Mealtime Experience Audit tools will continue in the home as scheduled.</li> </ul>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• We will ensure that each resident's personal care products are stored separately and that when taking an item from stock the item is labelled for the resident it is given to. Daily checks management team and regular monitoring to ensure all clinical waste bins are compliant with the correct clinical waste bag</li> </ul>	

## 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	31/07/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	06/06/2025
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 and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	06/06/2025
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	30/06/2025

	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.	Substantially Compliant	Yellow	06/06/2025
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	06/06/2025
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	06/06/2025