



**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 Ard Na Greine
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Bothar na Cé, Enniscrone, Sligo
Type of inspection:	Unannounced
Date of inspection:	13 January 2026
Centre ID:	OSV-0005421
Fieldwork ID:	MON-0048994

About the designated centre

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

Sonas Ard na Gréine is a purpose built nursing home providing 24-hour long term, convalescent and respite care for both male and female residents. The centre is situated in the town of Enniscrone, Co. Sligo. The aim of the home is to provide a residential setting wherein residents are cared for, supported and valued within the care environment that promotes the health and well being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Tuesday 13 January 2026	08:45hrs to 16:25hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day. The Inspector met with residents who were living in the centre and spoke with four residents and two visitors in more detail to gain insight into their experience of living and visiting. Those spoken to were positive about their experience of living in Sonas Nursing Home Ard Na Greine, and were complimentary of the staff. One resident informed the inspector that 'I am very happy here', while another said 'the food is good'. All spoken to said they felt their voice was heard and also call bells were answered swiftly. There was no negative feedback voiced. Similarly, visitors spoken to were complementary of the care that their family members received.

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

Sonas Ard na Gréine is a purpose-built two-storey nursing home providing long term, and respite care for both male and female residents. The centre is located on the outskirts of Enniscrone, Co. Sligo. Residents' accommodation is provided in both twin and single-occupancy bedrooms located on the ground floor. The inspector saw that bedrooms were personalised, with items such as photos, ornaments, and soft furnishings. Residents told the inspector that they were happy with their rooms and said they were comfortable, warm, and cleaned regularly.

There were a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection several groups of residents were seen enjoying the daily activities. However, much of the activities planned for the mornings were supervision and assistance based. For example; assisting with breakfast and breakfast club. The afternoon planned activities were much more varied and activity based such as art, exercises, music and story telling. Residents spoken with informed the inspector they were happy with these planned activities.

Linen and bedding was laundered by an external provider, and resident personal clothes were laundered on site. The on-site laundry infrastructure failed to provide adequate functional separation between clean and soiled items. Storing clean laundry bins directly opposite washing machines creates a high risk of cross-contamination. This layout allows aerosols, moisture, and pathogens released during the loading of soiled linen or the operation of the machines to settle directly onto clean surfaces. Additionally, the laundry room was used for the storage of blankets, throws, drinks, and cushions which increases the risk of environmental contamination to these items.

Current hand-washing facilities are insufficient as there were no sinks along bedroom corridors to allow staff access to compliant hand-hygiene stations during care delivery. This meant that cross-contamination between residents was possible when hand washing with soap and water is not available.

The bedrooms and communal rooms were seen to be visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishment. The design of bedrooms and social spaces ensures homelike comfort while benefiting from a layout optimized for hygiene and IPC. However, there was resident equipment seen that wasn't clean. Including commodes, wheelchairs and nebulisers. Unclean wheelchairs is a repeat finding from a previous inspection in July 2024.

The sluice rooms (room dedicated for the reprocessing of bedpans, urinals and commodes) were clean, contained bedpan washer/disinfectors and hand hygiene sinks. They contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, waste practices need reviewing as neither sluice room had a general waste bin by the sink. Several spill kits seen in Sluice 1 were out of date. Expired chemical reagents may degrade, losing their ability to stabilize or contain hazardous substances.

The housekeeping room was clean, included a janitorial unit, space for storing and preparing trolleys and cleaning equipment. However, the hand wash sink needed repair as the knee mechanism for water activation was not working correctly and there was no soap and towels stored by the sink to enable effective hand washing and drying. Furthermore, staff were instructed in their policy to break in half a chlorine disinfectant tablet that didn't have a score line. Breaking an unscored tablet can create fine dust and particulates.. This policy required attention.

There was a dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle-stick injury which is good practice. However, the sharps box stored in this room was not signed on assembly or the temporary closure mechanism was not in place. Improperly secured sharps containers (no temporary closure) risk spilling contents, potentially leading to the spread of blood-borne viruses. There was no hand washing sink available in this room to ensure that staff can perform immediate hand hygiene after handling contaminated materials or before preparing medication. The inspector observed that the drug trolley had not been decontaminated as there was an open pot of yogurt left on the drugs trolley from the previous drug round. Additionally, a cupboard within this room held a mix of resident equipment and sterile items which can create a risk of cross-infection.

The treatment room used by nursing staff for storage of aseptic dressings and items did contain a Health Building Note (HBN) compliant hand wash sink, (a clinical hand wash basin specifically designed for health care facilities) but did not have hand towels or soap wall-mounted directly adjacent to the sink. They should be positioned so that staff can reach them without moving away from the sink. The dressing trolley was already prepared and stocked with items required for dressings. This

posed a risk of contamination of the sterile supplies on these trolleys. Single use wound dressings and solutions were open and partially used. This may impact the sterility and efficacy of these products.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with IPC oversight, practices and processes.

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

The designated centre is operated by Sonas Asset Holdings Limited. There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of the person in charge, an assistant director of nursing (ADON) and a quality manager who attends the centre one day per week. A team of staff nurses, health care assistants, a physiotherapy assistant, activities coordinator, household, catering, maintenance, and administration staff made up the full complement of staff.

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

The provider had nominated a nurse to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. They demonstrated a commitment and interest for their role. However, protected hours were not allocated to the role of IPC link practitioner. As a result, insufficient time was available to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

There were management systems occurring such as clinical governance meetings, staff meetings and residents meetings. Additionally, short staff huddles were seen to happen during an influenza outbreak to support and help staff during this outbreak.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. Audits did not capture evidence of unclean equipment, the reuse of single-use items, or inappropriate laundry storage. These observations will be addressed under Regulation 27 infection control and Regulation 17 Premises.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice.

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

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

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

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff. However, the

cleaning and disinfectant procedure and policy required review. This is dealt with under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 23: Governance and management

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

- Inadequate management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene. For example; unclean equipment, inappropriate storage and no bins and hand towels in housekeeping room. Unclean wheelchairs seen were repeat finding from July 2024 inspection.
- Spill kits seen in Sluice 1 were out of date. Expired chemical reagents may degrade, losing their ability to stabilize or contain hazardous substances.
- Protected hours not on staff roster for the IPC link nurse to enable them to complete essential audits, staff training, and surveillance.
- Policies re sharps and disinfectants required review to guide staff practices

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of outbreaks of any notifiable infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that they had a good quality of life. Residents spoken to according to their needs and capabilities. There was social interaction led by staff, and residents had opportunities to participate in group or individual activities.

Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents. From a review of minutes of these meetings, it was seen that issues such as IPC, food and activities were discussed.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

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

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

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

Notwithstanding some of the good practices in IPC seen there were some areas that needed improvement. For example, alcohol hand gel was available along corridors but not at the point of care (in resident bedrooms). As hand hygiene must be accessible where care is actually delivered to be effective. There were toiletries seen around the centre not labelled for a specific resident. Shared toiletries, create a risk of cross-infection between residents. Similarly, some of the double rooms observed by the inspector did not have separate toiletry cupboards in the shared ensuites.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were

encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

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

- Storage areas were cluttered, items inappropriately on the floor. Resident equipment and supplies were not segregated from general supplies, making these areas difficult to clean and increasing risk of contamination. For example the dirty linen bags were stored in the clean linen room. Unclean fans stored in treatment room.
- Hand wash sink not working correctly and hand towels or bins were not provided in unit cleaners rooms
- No hand towels or bin provided by sink in treatment room.
- No individual storage provision in double room ensuites.
- Barriers to effective staff hand hygiene were also identified as there were limited clinical hand washing sinks dedicated for staff use.
- A review of the laundry is required as the segregation of clean and dirty linen is not adequate. This creates a risk of cross-contamination. Additionally, the laundry room was used for the inappropriate storage of items which increases the risk of environmental contamination to these items.
- The hand wash sink in Sluice 2 was not hands free. To ensure effective hand hygiene and prevent cross-infection, hand-wash stations must allow for "hands-free" operation.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

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

Judgment: Compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by:

- Open-but-unused portions of wound dressings and solutions were observed. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Dressing trolleys were prepared and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys.
- Incorrectly stored yoghurt's on drug trolleys were left even though the medication rounds were completed.
- The sharps box observed in the nurses room was seen with the temporary closure mechanism open and not signed. This could lead to accidental injury and a failure in clinical waste traceability.
- Resident equipment seen not clean included commodes, wheelchairs and nebulisers.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

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

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

Judgment: Compliant

Regulation 9: Residents' rights

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Ard Na Greine OSV-0005421

Inspection ID: MON-0048994

Date of inspection: 13/01/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A full deep clean of all storage areas, wheelchairs and reusable equipment was completed immediately following inspection. • Daily cleaning schedules are in place for all reusable equipment. The IPC Nurse will oversee adherence to these schedules on a daily basis. • Compliance with cleaning schedules will be monitored through daily walkarounds conducted by the PIC, Assistant PIC (APIC), and CNM. • The Quality Manager and Chief Clinical Officer will provide additional oversight through monitoring during scheduled and unannounced onsite governance visits. • The IPC Nurse is clearly identified on the staff roster. The IPC link nurse receives dedicated study hours and rostered hours through a team arrangement with the home management team. Clinical duties are performed by the management team in order to release the IPC nurse to IPC duties. This enables both clinical supervision by the home management team and dedicated IPC time for the IPC link nurse. • A general waste bin has been installed in both sluice rooms to ensure appropriate waste segregation and compliance with IPC standards. • Hand towels and the soap dispenser in the treatment room have been relocated adjacent to the designated IPC clinical handwash sink to ensure appropriate hand hygiene practice and compliance with best practice guidance. • All staff have received re-education on the Sharps Management Policy. • Compliance with the policy will be monitored daily by the PIC, APIC, and CNM during environmental walkarounds and IPC audits. • The Cleaning Standard Operating Procedure (SOP) is currently under formal review to ensure alignment with national best practice guidelines regarding the safe and effective use of disinfectant products. • Disinfectant products are no longer cut in half and a new protocol has been issued. • Compliance with correct disinfectant usage will be monitored through ongoing IPC audits and management oversight. 	

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Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The storage area was immediately decluttered. Fans have been cleaned. Dirty linen bags are no longer stored in the clean linen room. Hand washing sink is now in working order and hand towels and bins are now available in the cleaners room and the treatment room. Individual storage units have now been provided in the double ensuite rooms. Additional clinical handwashing sinks will be installed as per capex 2026. A full review of the laundry has taken place and there is clear segregation of clean and dirty linen. A hands free sink in sluice 2 will be installed as part of capex 2026.</p> <p>]</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Refresher onsite IPC training for all staff has taken place on the 16/02/2026. Following the inspection, the following actions were implemented;</p> <ul style="list-style-type: none"> • The dressing trolley was immediately decluttered and re-organised. • All opened single-use dressings and solutions were discarded immediately and staff were reeducated. • Refresher education was provided on aseptic technique and best practice wound care procedures. • Staff were re-educated on the correct use of the sterile dressing trolley, with clear instruction that dressing trolleys are to be stocked at the point of care only and not pre-prepared in advance. • Nursing staff were re-educated regarding their responsibility to clean medication trolleys after each medication round. • All staff received re-education on the Sharps Management Policy, including: <ul style="list-style-type: none"> • Correct assembly and use of sharps bins. • Temporary and final closure procedures. • Labelling and traceability requirements. • A full deep clean of all storage areas, wheelchairs, commodes, nebulisers and reusable equipment was completed immediately following inspection. • Daily cleaning schedules are in place for all reusable resident equipment. The PIC/APIC/CNM oversees adherence to these cleaning schedules daily. • Overall IPC Compliance is monitored through daily walkarounds conducted by the PIC, APIC, and CNM. • The Quality Manager and Chief Clinical Officer provide additional oversight during 	

scheduled and unannounced governance visits.

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/02/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	17/02/2026

	Authority are in place and are implemented by staff.			
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