



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

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| Name of designated centre: | CLA E1 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 07 August 2025 |
| Centre ID: | OSV-0007985 |
| Fieldwork ID: | MON-0047008 |

About the designated centre

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

This designated centre is a small house based on a campus in co. Kildare. The centre comprised of a two bedroom, two storey cottage which was surrounded by a large garden. The ground floor comprised of a sitting room, kitchen, living/ dining room and two bedrooms. The residence had its own vehicle to facilitate and promote community integration for the resident. Care and support is provided by a person in charge, a senior staff nurse and health care assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|------------------------|----------------------|-------------------|------|
| Thursday 7 August 2025 | 10:30hrs to 17:20hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

The inspector had the opportunity to meet with both of the residents in this designated centre, speak with their direct support team, and observe their interactions and routines during this inspection. The inspector also reviewed how residents and their representatives were facilitated to provide commentary and feedback on their experiences living in this centre, and how this information was being used by the registered provider to contribute to continuous development of the service and the residents' support structures.

One resident lived in this centre full-time, and shared the house with one of a small number of other service users who were accommodated on respite breaks. The inspector observed evidence to indicate that this arrangement was discussed and agreed with the full-time resident, as an alternative arrangement from living outside the provider's primary campus setting. The resident told the inspector they liked the house but did not always get along with their housemates, preferring some over others. However the inspector observed that the resident was supported to independently come and go from the house as they pleased, and to join their peers for activities and outings if they wished to do so or spend time alone if preferred. The full-time resident enjoyed spending time on the campus meeting up with people they had known for years, and was provided a walkie-talkie to keep in contact with the house, and keys to come and go from shared-use areas. The resident was also well-known in their local town, including the hairdresser, coffee shop and supermarket. There had been a trend of minor falls for this resident, and the staff were observed encouraging them to use their walking aid to stay safe and retain their independence in navigation. The centre had exclusive use of a vehicle to facilitate further transport.

On the inspector's arrival, the two residents were out at the cinema and got ice cream on the way home. On their return they both talked to the inspector about the film. After lunch, the residents played a board game with the staff members. The inspector observed some instances in which residents got impatient or rude to each other, and observed staff calmly and patiently reminding residents to have respect for each other in the shared setting. At one point, one of the residents became upset due to the recent bereavement of a friend. Staff encouraged the resident to talk about them and how they were feeling as much as they wanted and not be afraid to express themselves. The resident told the inspector of the staff that "I know that they will help me feel better".

Residents were invited to fill in a written survey ahead of the centre's annual report for 2024. The inspector reviewed this for one resident and found it to be comprehensive with 35 pages of questions seeking their feedback and experiences. The resident felt comfortable to raise complaints with staff and had done so with a satisfactory outcome. They commented that for the most part they got along with others but understood they could be alone if they preferred. They were satisfied with the choices provided to them on how they used their money, picked out their

clothes, decided who they wished to visit, and being provided privacy including opening their own post and taking phone calls in private. They also used this survey to identify hobbies they wished to get back into or what they wanted to do for trips and holidays. Surveys had also been responded to by three resident representatives, who commented positively on staff being kind and helpful and the provider's support balancing the need for the residents to stay safe with the equally important need to support them to be independent and engage in a level of risk in their lives.

Residents met routinely in house meetings to discuss plans for the week ahead such as outings and meal options for shopping. These meetings were also used to update residents on news in the house such as staff changes or maintenance work being carried out. The residents were reminded of events such as Easter and St. Patrick's Day activities, plans to have dinner in their favourite restaurants, and important matches on TV. The residents were planning to go to the show 'Riverdance' in Dublin and the staff were in contact with the venue to ensure availability of accessible seating. Residents were reminded what HIQA is and why inspections take place. Both residents understood what an inspection entailed and were happy to chat with the inspector through the day.

This centre consisted of a two-storey building in which only the downstairs was used, with the upstairs closed off and only used for long-term storage. The active areas of the living spaces were decorated and furnished in a homely and comfortable manner, and the full-time resident was supported to decorate their bedroom to their personal tastes. The outside of the house was pleasant and included plants potted by the residents and a patio seating area to the rear. The residents looked after a number of cats who had made a home of the centre premises, and the inspector observed how the residents and staff provided food and beds for them. Residents were supported to make requests for changes to their home, such as improved outdoor lighting.

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 on the quality and safety of the service being delivered.

Capacity and capability

The purpose of this unannounced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to follow up on information which had been submitted to the Chief Inspector of Social Services. In the main, the inspector found that the designated centre was sufficiently resourced to provide staffing support and managerial oversight in accordance with the assessed needs of the residents. The staffing arrangements had been revised to reflect the change in the centre occupancy and in response to identified risks and control measures, though

amendments were required to ensure that the statement of purpose reflected the current staffing complement for the designated centre.

The centre was subject to six-monthly quality of service inspections which incorporated feedback and experiences raised through surveys, complaints, incident patterns, and resident meetings. The annual review of the centre also highlighted challenges, achievements and improvement initiatives of the preceding year. The inspector observed good examples of actions arising from audits, resident feedback and staff discussions being progressed in a timely fashion as part of the continuous development of the service. In discussion with the person in charge, the inspector observed that they were not involved in the supervision and management of staff who worked in this centre at night, which did not provide assurance that the person in charge had oversight of all aspects of the quality of service.

Regulation 15: Staffing

The inspector met with the front-line staff through this inspection and reviewed risk assessments and care plans with them, as well as reviewing the statement of purpose, and the worked rosters for July and August 2025. Staff demonstrated a good knowledge and understanding of the residents' personal, social and health care needs, as well as their personalities and preferences.

Rosters clearly identified the hours the person in charge worked, the location of staff reallocated from another location, and shifts affected by sick absence and annual leave. The centre was fully staffed with no vacant posts at the time of this inspection, and where relief personnel were used to cover shifts, this was limited and consistent to mitigate potential impact on the continuity of resident support.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the most recent annual report dated November 2024, which detailed a comprehensive summary of the major events, changes, challenges and achievements in the centre through the year. The report highlighted the lived experiences of the resident and respite service users including their response to the changes in the centre purpose in the past year, progression of personal development goals, and areas they wanted to focus on for the year ahead. The report also consolidated trends and key learning from incidents, complaints, safeguarding concerns, goal completion and areas in which the service required development. The residents and their representatives had been invited to participate towards the content of the annual report and their feedback comprised a substantial portion of the narrative.

The inspector was also provided the inspection reports of the provider's own quality and safety review conducted in November 2024 and May 2025. While also capturing the lived experience of residents, this report focused on the provider's compliance with regulatory requirements, standards of care and provider policies. The provider had assured themselves that trends of concern in incidents such as compatibility of peers and a pattern of unwitnessed falls were promptly responded to with appropriate risk control measures. The provider had been in receipt of a serious complaint related to the quality of care of one resident, and this had been appropriately escalated to an external inquiry to gather the full extent of the evidence and take appropriate action to address same. This was still ongoing at the time of inspection so it was too early to relay an outcome to the local management and actions to be taken at centre level on foot of the findings of the investigation.

The person in charge did not manage or supervise the staff who worked in this centre at night, who reported to a separate member of management in the provider organisation. This arrangement was not reflective of the management structure outlined in the statement of purpose, and did not provide assurance that the person in charge had full oversight of all aspects of the service provided. However, as part of their six-monthly audits the provider noted that the night manager and person in charge remained in contact and that the night manager occasionally attended governance meetings.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for the designated centre dated 11 July 2025, which contained information on services as required under Schedule 1 of the regulations. In reviewing the staffing complement identified in this document against the staffing rosters for the centre, the inspector observed that a review was required to ensure this information accurately reflected the total staffing complement required for the designated centre to provide care and support to its service users, and the organisational structure of the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents told the inspector they would feel confident that they could make a complaint if they were not satisfied with the service, and that it would be taken seriously. The inspector reviewed the records of complaints for 2024 and 2025 and observed suitable details on the matter raised, the actions taken and the outcome of the review. The provider noted how it was that they knew the complainant was

satisfied with the outcome of their complaint. Complaints were reviewed in quality audits and risk assessments to ensure any trends were identified or that the matter was escalated as required.

Judgment: Compliant

Quality and safety

The inspector observed that residents were supported to be safe, active in their home and in their community, and invited to contribute their opinions and feedback to the registered provider. Residents were appropriately supported in their assessed needs related to communication, life goals and personal care. The inspector observed evidence that residents were being supported in taking positive risks, pursuing hobbies or voluntary work, going on holidays and participating in their community.

The inspector reviewed a sample of assessments of needs and associated support plans, staff guidance and risk control measures, including communication, mobility, positioning and skin integrity. Support plans were subject to multi-disciplinary review and reviewed annually or as required. Some gaps were observed in proactive and reactive strategies for staff to support residents whose response to anxiety or distress may present a risk to staff or peers.

In the main, residents told the inspector they felt safe and the inspector observed safeguarding plans in effect in this centre including ongoing peer compatibility review and appropriate staffing ratio. The provider had identified where an investigation into an alleged omission of care required a more comprehensive exercise in gathering information and evidence, and had referred the matter to an external inquiry which was in progress during this inspection. The provider committed to advising the Chief Inspector of the key outcomes and actions resulting from this investigation.

Regulation 10: Communication

The inspector reviewed support plans for two residents which outlined their communication needs and provided guidance to staff on how to ensure that there was effective communication to and from the residents. These support plans included guidance on what to say to residents to reassure them they are not being ignored, and what to do or say to discourage inappropriate speech. Where residents required simple sentences or additional time to process questions, staff were guided on the most effective way to do so. Support plans identified where residents owned glasses or hearing aids and noted their preference not to use them where relevant. In the main, the inspector observed staff speaking with residents in accordance with

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| their guidance and support plans. |
| Judgment: Compliant |
| Regulation 13: General welfare and development |
| <p>The inspector observed evidence which indicated how residents were supported and facilitated to make the best use of their capacities and autonomy to be active members of their community. The provider supported the full-time resident to follow a preferred routine which involved an element of positive risk-taking and proactively promoted their independence including accessing their community outside the campus setting. The provider was observed to use their oversight and risk assessment mechanisms to adapt resources to respond to the changing needs of residents and the changing purpose of the designated centre. The inspector observed examples of a resident being supported to pursue voluntary work, access their local community, and go on holidays with staff or family. The resident and staff showed the inspector an album with arrangements and photographs for personal goals related to sport, trips away, hobbies and shows that the resident chose. These objectives which required a degree of organisation by staff included specific and time bound steps to progress, and if completed, also noted if the resident enjoyed it and would like to arrange something similar going forward, or explore different goals instead.</p> |
| Judgment: Compliant |
| Regulation 18: Food and nutrition |
| <p>The house was observed to be stocked with a variety of meals, drinks and snacks. Items in the fridge such as milk and meat were labelled by staff when opened to ensure they were disposed of when required. Menu options based on the residents' choices were posted in the kitchen, with one day a week marked where residents wanted a Chinese takeaway. Where residents required modifications to their food or fluids to reduce risk of choking or aspiration, the staff were provided clear instructions based on the recommendations of the speech and language therapist.</p> |
| Judgment: Compliant |
| Regulation 26: Risk management procedures |
| <p>The inspector reviewed a sample of accident and incident reports, and how the</p> |

provider was using this information to identify patterns and identify risks. Where risks had been identified, they had been risk-rated and control measures were set out to mitigate the likelihood or impact of said risks. Where relevant, the inspector observed cohesive links between risk assessments, audit findings and team discussions. Control measures which had been set for higher risks such as compatibility of peers, risk of pressure ulcers, and risk of falls were observed to be implemented in practice and reviewed for their effectiveness.

Judgment: Compliant

Regulation 27: Protection against infection

In the main, the premises was clean including the kitchen, bedroom and bathroom areas. Appropriate infection control practices were observed in the management of food, waste, and pets. While disposable towel dispensers were installed in both bathrooms and in the kitchen, they were empty with the towel rolls loose in the bathroom, which increased the risk of them being handled by multiple people. There was no means of drying hands in the kitchen and the inspector was not assured how staff completed hand hygiene while preparing lunch. Some items such as oral syringes and medicine cups were stored loose in an open container in the kitchen which carried the risk of contamination. This centre comprised a two-storey house in which the entire upstairs was no longer used, which resulted in a number of sinks, showers, toilets and other plumbing fixtures and outlets going unused, some of which the inspector observed with a build-up of grime. The provider confirmed that periodic water testing for waterborne bacteria was not taking place in the building, however the risk was mitigated by a recorded log of staff running the taps and flushing the toilets as part of the cleaning regime.

Judgment: Substantially compliant

Regulation 6: Health care

Through reviewing residents' care plans, risks assessments and other documentary evidence as well as speaking with residents and staff, the inspector observed evidence that residents were in receipt of timely review by members of the multidisciplinary team. The inspector observed examples of appointments and evaluations for clinicians relevant to the residents' assessed needs, including but not limited to the audiologist, optician, chiropodist, cardiologist, rheumatologist, dentist and dietitian. The inspector reviewed guidance from the occupational therapist where residents required support with mobility and positioning, and how this was kept up to date in light of risks including likelihood of skin injury or unwitnessed falls.

The provider could refer to information available to indicate the residents' vaccination status against winter flu and/or COVID-19. Where residents were eligible, they had been supported to avail of the national screening services. The inspector observed information on residents being advised and informed of upcoming examinations and medical appointments so that they could make informed consent to avail of health care services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to live in a restraint-free environment. Besides restrictions which were implemented to avoid accidental injury such as bed rails and lap belts, residents were not observed to be subject to physical, environmental or rights-based restraints. Residents did not require codes or staff assistance to open doors, access their property or use their kitchen. While risk had been identified relative to residents who were unaccompanied in the community, these risks were being managed without the use of restrictive practices.

The inspector reviewed a sample of support plans related to positive behaviour support. One support plan reviewed was informed with input from the psychiatrist and was primarily centred on the phasing out of psychotropic medicine, which was observed to be progressing effectively. The inspector observed that where risks had been identified regarding how residents responded to distress or anxiety, such as verbal or physical aggression towards others, guidance had not been developed on proactive and reactive strategies for staff to implement.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector reviewed how safeguarding concerns raised in the centre as notified to the Chief Inspector in 2024 and 2025 were being internally managed. In a sample of incidents reviewed, the inspector observed evidence that concerns were being reported to the designated officer and the Health Service Executive Safeguarding and Protection team, and records of further information sought by the latter. As required, the provider composed safeguarding plans to protect residents from specific or ongoing risks, including risks related to peer interactions. The inspector observed safeguarding measures to be implemented in practice, and their effectiveness reviewed in the provider's quality of service inspections. The provider was satisfied that in the main, the control measures had reduced the risk to a more acceptable level for risk which could not be eliminated entirely. Adult safeguarding was a standing topic for discussion in meetings, and the inspector observed

residents being reminded by staff to ensure they engaged in respectful interactions.

At the time of this inspection, an investigation was in progress into alleged significant failure in supporting a resident in line with their assessed support needs. It had been identified that there was grounds for concern that a resident's personal support needs had not been met in the centre for an extended period of time. The inspector observed evidence of their engagement with the resident and their representatives and had referred the matter to an external inquiry in order to optimise evidence gathering and facilitate a comprehensive investigation of all aspects of the care and support systems, and the most appropriate action to be taken at provider and local levels prior to the respite user returning to the service.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed evidence which indicated that residents were central to choices in the routines and activities, and actively consulted in decisions made in their lives. Resident consultation and feedback was sought by the provider and featured in the findings of audits, discussions at staff meeting, and actions in quality improvement plans.

Residents were supported to make choices in how they arranged and decorated their living spaces, and when they chose to continue or cease personal objectives and community participation. Residents were supported to engage in positive risk taking and were not subject to restrictive practices where there was no risk rationale identified for that person or where the risk was managed by a less intrusive means. Residents were supported to hold onto their money in the community, go to ticketed events, meet friends and family and go on holidays.

Through observing interactions and speaking with staff members, the inspector observed examples of how staff supported and interacted with residents with respect and dignity. Staff ensured that residents were included in discussions about them and supported communication between the residents and inspector based on their knowledge of residents' communication needs.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for CLA E1 OSV-0007985

Inspection ID: MON-0047008

Date of inspection: 07/08/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: The designated centre will continue to be overseen by the Person in Charge, who will retain overall responsibility for the governance and operational management of the service. The Person in Charge will continue to engage in weekly liaison meetings with the Night Duty Manager. These meetings will now be formally documented to ensure a clear and auditable record of all communications, in line with Regulation 23. | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and updated to accurately reflect the current staffing complement, and to clearly outline the governance and management arrangements in place for night duty staff, in accordance with Regulation 3. | |
| Regulation 27: Protection against infection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection | |

against infection:

The registered provider has replaced the existing towel holders with electronic hand towel dispensers in the kitchen and bathroom areas of the designated centre to enhance infection prevention and control measures, in line with evidence-based best practice and in compliance with Regulation 27. All medicine cups and syringes are now stored in containers in a kitchen cupboard.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Person in Charge (PIC) will liaise with the Positive Behaviour Support team to develop and implement clear and concise support strategies for the individual, ensuring a consistent and informed response to any behaviours of concern, in accordance with Regulation 7.

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 23(1)(b) | The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision. | Substantially Compliant | Yellow | 10/10/2025 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 10/10/2025 |
| Regulation 27 | The registered provider shall ensure that | Substantially Compliant | Yellow | 10/10/2025 |

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| | residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| Regulation 03(2) | The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year. | Substantially Compliant | Yellow | 10/10/2025 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 10/10/2025 |