



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Malahide
Name of provider:	CareChoice Malahide Road Ltd
Address of centre:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0005205
Fieldwork ID:	MON-0039825

About the designated centre

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

Carechoice Malahide Road Limited operates Carechoice Malahide a modern purpose-built centre situated in north Dublin. The centre is located close to amenities such as restaurants, a hotel and a nearby shopping centre. General nursing care is provided for long-term residents, also respite and convalescence care for people aged 18 years and over. Registered general nurses lead a team of healthcare assistants and support staff to provide all aspects of care. Palliative and dementia care can also be provided and there is access to a specialist geriatrician, psychiatry and a physiotherapist. The centre can accommodate up to 165 residents, and has both single and twin en-suite double bedrooms available on all floors except the fifth floor which is a recreation and training space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	154
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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
Thursday 11 May 2023	08:00hrs to 18:30hrs	Margo O'Neill	Lead
Thursday 11 May 2023	08:00hrs to 18:30hrs	Karen McMahon	Support

What residents told us and what inspectors observed

Residents told inspectors that they enjoyed living in CareChoice Malahide and inspectors found that they received a good standard of care. There were many positive interactions between staff and residents observed throughout the inspection and residents reported positively regarding the team providing their care. Residents were observed to be up and dressed, and mobilising freely as they moved around the centre. Many were observed to be taking breakfast in the dining rooms, while others were seen to be socialising in communal sitting areas. Residents appeared to be well-groomed, content and comfortable in their surroundings. Residents told inspectors they were happy living in the centre with one resident reporting it was 'great' living in the centre and it was like 'a holiday home'.

Care Choice Malahide is located close to Malahide in North Dublin. The centre is laid out over five floors and contains 129 single en-suite bedrooms and 18 double en-suite bedrooms. Inspectors observed that residents' bedrooms were spacious, well maintained and clean. Many were observed to have been personalised by residents who displayed personal photos, items of furniture and artwork. All rooms contained appropriate furniture and fixtures. Inspectors observed however that for some residents, who had a larger quantity of possessions, some items were stored in stacked cardboard boxes on the floor and in another room clean linen was sitting in a neat pile on a wheelchair. All residents reported positively regarding their bedrooms.

The centre's top floor was used mainly for activities, large social gatherings and staff training. The centre afforded views of the surrounding countryside when ascending through the different floors and at the rear of the building there was a clear view of airplanes coming in to landing at Dublin airport.

There was evidence of ongoing improvements to the premises and service; for example since the last inspection the reception area and lobby had received reconfiguration and had been redecorated. The area contained a coffee dock, comfortable couches and chairs and tables for residents to use. This created a warm and inviting social space. Throughout the inspection inspectors observed residents relaxing in this space, chatting and laughing with staff, reading their newspaper or enjoying visits from relatives and friends. Multi-occupancy rooms had also been reconfigured to ensure that residents' right to privacy and dignity were upheld at all times. Multi-occupancy rooms were configured to allow each resident to access their en-suite facilities or to enter and exit the room without encroaching on the other resident's personal space. Storage facilities were also available within residents' private curtain space.

Overall the premises was found to be clean, clutter free and well maintained with the exception of a few areas where scratched paint work was observed on walls due to moving and handling equipment. This was discussed with members of the management team who outlined that there was an ongoing programme of

maintenance and repainting in the centre and that these areas had been identified for addressing. Fabric couches were in place on corridors around the centre. Although they added to the overall homely feel of the centre some were noted to be stained.

There was a large well-maintained enclosed garden to the back of the centre accessible through the ground floor. The garden had a greenhouse with raised areas where residents could participate in planting activities. There was also a covered smoking area to facilitate residents who smoked.

Communal sitting rooms were appropriately decorated with memorabilia reflective of what residents may have had in their own homes, providing a home from home feel. Dining rooms had their own kitchenettes where food was plated for residents at meal times. The dining rooms were clean and spacious with adequate seating arrangements for residents, providing a social environment at meal times. Residents reported that there was room for improvement regarding the food that they received. However one resident stated the food was "just okay" while another resident reported "sometimes it's lovely, it was nice today." Many other residents supported the view that the food was 'just okay'. One resident felt that meal times were too early in the day and that there was then a long stretch until evening, but also acknowledged they did receive tea at night and could request snacks at any time. When inspectors were present in the dining room, at 12.50pm, it was observed that most residents were finished dinner and dessert by that time.

Residents stated staff who delivered their care were kind and caring. One resident stated "they are all great" while other residents reported 'they are like family'. Most residents reported that they did not have long waits for support from staff when requested, however, feedback from a small number of residents and visitors indicated that at times staff numbers were insufficient for adequate supervision of communal spaces and that occasionally they had a significant wait for help.

Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff who spoke to inspectors were knowledgeable of their role and reported that they were well supervised and supported. Interactions between staff and residents were seen to be courteous and respectful.

Throughout the day residents were observed to be taking part in different activities throughout the centre. Notice boards displayed activity schedules for the coming week. Some activities included armchair travel, cooking club and religious services. Advertising was observed by inspectors around the centre about an upcoming concert being performed by the in-house choir which comprised of residents and staff. There was great excitement by both staff and residents about this upcoming event. Many residents expressed relief that such events could take place again following the lifting of public health restrictions. They reported that there was a sense of "normality" returning.

Inspectors observed many visits taking place throughout the day of inspection. Some were seen to take place in residents' bedrooms while others were seen to avail of the seating and coffee facilities provided in the reception. Overall visitors

expressed satisfaction with the centre and care provided.

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

Residents were provided with safe care and services, by a management and staff team, who were focused on improving residents overall well being while living in the centre. Inspectors followed up on actions from the last inspection and found that these were complete. Overall the service had a good level of compliance with the Health Act and the associated 2013 Regulations. However inspectors identified that action was required in the following areas to be fully compliant ; Regulation 21, Records, Regulation 5, Individual assessment and care plan, Regulation 18, Food and nutrition and Regulation 27, Infection Control.

There were effective management structures in place that ensured safe, sustainable care was monitored and implemented. The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Systems in place for the monitoring of the safety and quality of the service were effective and there was evidence of ongoing improvements to the premises and service as detailed in the previous section of the report. Management confirmed that they were aware of the recent changes to the regulations which commenced in March 2023. They confirmed that a process of engaging with external advocacy agencies and reviewing of resident literature had begun to ensure that the service was responding to the changes and so that residents' rights could be fully supported.

A copy of the centre's annual review of the quality and safety of the service for 2022 was provided to inspectors. This was found to be a comprehensive review of the quality of the service and was informed by residents and family feedback received. A quality improvement plan was detailed for 2023.

The person in charge had commenced their role in November 2022. They are responsible for the day to day operations in the centre. Inspectors observed that the person in charge was well known to residents during the inspection and that they possessed the necessary clinical and management experience and qualifications to meet the requirements of Regulation 14, Person in charge. Weekly meetings occurred in the centre with the person in charge and a member of the senior management team to review and monitor the service. Two assistant directors of nursing and a team of six clinical nurse managers provided support for the person in charge to fulfil their role. A service manager and human resources manager were present to provide support in the running of the centre.

Inspectors found that there was suitable staffing levels on the day of inspection to meet the needs of the 154 residents living in the centre. Working rosters reviewed

demonstrated an appropriate skill mix of staff for both day and night. A clinical nurse manager was also on duty both day and night, seven days a week, to provide managerial support to staff and oversight of the delivery of nursing and health care. There was a twilight shift (18:00hrs to midnight) to assist with the night time duties. Laundry and household facilities were staffed Monday to Sunday. Samples of 'real-time' call bell activation and wait times were provided to inspectors, these demonstrated that wait times were within acceptable time ranges.

A current insurance policy was provided to inspectors that demonstrated that appropriate insurance cover was in place. The correlating certificate of insurance was clearly visible in the reception on the day of inspection.

All schedule 5 written policies and procedures, as outlined by the regulations, were provided to inspectors on the day of inspection. Policies and procedures were reviewed and up-dated every three years or as required to reflect best practice and learning.

No volunteers attended the centre at the time of inspection. The registered provider was aware of their responsibilities under the regulations should this change.

Regulation 14: Persons in charge

The person appointed to fill the role of person in charge of the designated centre met the requirements of the regulations. Inspectors observed they were well known to residents during the inspection. Residents spoke positively about the person in charge and their communication style and prompt action to resolve any issues identified.

Judgment: Compliant

Regulation 15: Staffing

During the inspection inspectors found that the registered provider had ensured that there was an appropriate number and skill mix of staff to meet the assessed individual and collective needs of residents and with due consideration for the layout of the building.

Judgment: Compliant

Regulation 21: Records

Inspectors were informed that not all documentation was retained in the centre for the required time frame as outlined in the regulations. Some documents had been removed to an external archive facility before the time frame of seven years had passed.

Inspectors reviewed a sample of care records and found that not all were complete. For example; re-positioning charts and food and fluid intake records reviewed were found to be incomplete.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre and service had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were robust and effective management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Details of ongoing quality improvement projects were provided to inspectors throughout the inspection.

Judgment: Compliant

Regulation 30: Volunteers

No volunteers were attending the centre at the time of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Registered Provider had prepared in writing and had adopted and implemented the policies and procedures as set out in Schedule 5. Policies were available to staff

and maintained in line with the Regulation.

Judgment: Compliant

Quality and safety

Inspectors found that the care residents received was of a high quality and there were measures in place to ensure that residents were safe and well-supported. Some further action was required in the areas of individual assessment and care planning, food and nutrition and infection control.

A sample of assessment and care plan records were reviewed by inspectors and although there was a pre-admission assessment completed for all new residents, the process of medicine reconciliation required strengthening to ensure all relevant information could be retrieved. Further detail is provided under Regulation 5, Individual assessment and care plan.

Visiting had returned to pre-pandemic arrangements and there was no restriction on visiting at the time of the inspection. A high level of visiting was seen over the course of the inspection. Residents were observed receiving visitors in their bedrooms, in the outside area and in the reception lobby area over the course of the inspection. Visitors who spoke with inspectors were positive about the care provided to their relative at the time of inspection and were happy with the visiting arrangements in place.

The premises was well maintained internally and externally and met the needs of the residents. Some communal areas and bedrooms were noted to be in need of some cosmetic repair such as repainting. There was a rolling programme of maintenance in place to address this.

Some fabric couches were noted throughout the centre that had visible staining. There was no defined cleaning schedule or policy in place regarding this on the day of inspection and review of service documents provided showed that the couches had not been commercially deep cleaned since January 2022. There was no further details that commercial deep cleaning was planned at the time of inspection. This required attention.

Some staff were observed to wear face masks when delivering care in the centre. Inspectors observed poor practice around this however, with some staff observed not wearing masks appropriately. For example; wearing masks below their nose or under their chin.

The 'National transfer documents and Health Profile for residential care facilities' had been implemented to aid communication when residents were transferred or discharged to receiving facilities in order to provide a comprehensive handover of information. Copies of discharge letters were maintained in residents' care records

and up to date medicines prescriptions were retrieved on residents return to the centre.

Each floor had a kitchenette and dining room for residents' to sit in during meal-times if they so choose. Other residents preferred to have their meals in their bedrooms and this was facilitated by staff. There were daily menus available to residents. The menu offered a choice of two options for dinner time and there was both a hot and cold option for tea time. For residents who required it, staff provided discreet and respectful assistance at mealtimes. Inspectors observed that staff were gentle and appropriate in their interactions and were sitting at eye-level with residents.

The feedback and general consensus on food in the centre was that it was 'okay', with comments from residents such as it is 'not great' and 'It's okay, it's enough'. On review of minutes of residents' meetings inspectors noted that residents had expressed that some improvements had been made around food but that there was still room for improvement. Residents' survey information regarding food also indicated that improvements were required around the variety of food on offer in the centre.

Inspectors noted on the day of inspection that over 60 residents had some degree of weight loss in the previous three months. Review of care plans on the day showed that appropriate action had been taken to deal with this. Residents identified with significant weight loss had been reviewed by a dietitian and care plans had been updated to reflect recommendations post review. Care plans reflected dietary requirements of residents and the recommended consistency of their fluids and diet. However, there were some gaps in the documentation where food diaries had not been completed properly.

Regulation 11: Visits

There was an open visiting policy in place. Visitors were observed attending the centre throughout the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The premises overall was found to be clean, nicely decorated and maintained to a good standard. Communal spaces and residents' bedrooms were nicely decorated, comfortably furnished and sufficient in size.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' weren't fully satisfied with the quality and choice of food on offer in the centre. The sample of care plans reviewed by inspectors reflected the personal dietary needs of the resident, with documented monthly weights, to identify any weight loss issues. However, there was inappropriate recording of food diaries in the care records for residents who had recently been identified as having lost weight and required additional monitoring.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of residents' records showed that the temporary transfer of residents from the centre had been completed in a safe manner and with relevant information about the resident provided to and obtained from the receiving facility. Copies of discharge letters from discharging facilities were maintained in the residents' care records.

Judgment: Compliant

Regulation 27: Infection control

The following infection prevention and control issues were identified during the inspection:

- Some fabric couches throughout the centre had visible staining. There was no policy or cleaning schedule to inform staff regarding the frequency of cleaning for these couches. This posed a possible infection control risk.
- Some staff who choose to wear face masks when delivering care to residents were observed to wear them incorrectly. For example; staff were observed to wear masks below their chin or nose. This posed an infection control risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of pre-admission assessment records completed for residents to ensure that their needs could be met before coming to the centre were reviewed and found to contain information on residents' individual needs. As part of this process medicine reconciliation was also completed in line with the centre's local policy. Inspectors identified that although medicine reconciliation was completed through gathering relevant information from two sources, it was identified that at times the sources used were not effective in providing all relevant information regarding residents' medicines requirements. This part of the pre-admission process required strengthening to ensure all relevant information was retrieved.

A sample of care plans were reviewed; care plans were in place for all identified needs for residents and were undated in accordance with the regulations. Inspectors found however that some care plan records reviewed contained conflicting or unclear information. For example; one pressure injury care plan detailed that reposition and inspection of skin was required every four hours but also outlined that it was required BD or twice daily.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for CareChoice Malahide OSV-0005205

Inspection ID: MON-0039825

Date of inspection: 11/05/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The retention period for resident's clinical records is 7 years after death or discharge. • CareChoice Malahide has recalled all records from archive storage and all residents records are now archived in the centre • Repositioning chart is maintained on the electronic system for all residents and care plans are updated every 4 months. • CareChoice Malahide provides ongoing education regarding individual repositioning plans through Toolbox Talks on a daily basis by the CMT to ensure effective and safe practice, and personalised care is provided to all residents. • As part of the continued education program care plan training was completed by Staff Nurses on the 25th of May 2023. • Food and fluid chart is maintained for residents who have been identified to lose weight on paper format and IT system for 3 days prior to submitting the dietician referral, as advised by GP and Dietitian. Education provided to all staff regarding appropriate recording of food diaries, both on paper and electronic format through Toolbox Talks. 	
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"> • New revised menus have been implemented into the home, with effect from 01st June 2023. • The choices and offerings are based on the feedback received from residents' meetings, NOK feedback and 'one-to-one' engagement with residents. • Residents' surveys will be completed on a weekly basis, through direct engagement with the chef and individual resident's /groups of residents, to allow for 'real-time' 	

analysis and as a tool for ensuring consistency in both quality and menu choices/offering. The most recent Resident Dining Experience Audit was positive with an overall satisfaction score of 90.6%

- When a resident is identified with weight loss, an MDT approach is followed and the resident is referred to a General Practitioner, Dietitian and Speech and Language Therapist as clinically indicated.
- The Senior Clinical Team will ensure the continuation of the implementation of educational sessions regarding documentation of food and fluid intake.
- The Clinical Management team have completed a full review of residents identified at risk of losing weight and MUST trends. An action plan is in place to close any action that arose.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- A revised Sofa Cleaning SOP has been implemented with immediate effect, to ensure correct Planned Preventative Maintenance of all sofas within the home and to capture/record reactive cleaning of sofas.
- A commercial contractor has also been engaged to ensure a bi-annual clean of all fabric sofas in the home. Bi-annual completed on 6th June 2023 with re-scheduling in Q4 of 2023.
- Staff adherence to the correct wearing of PPE is monitored daily by the Clinical Management team. The Clinical management Team oversee the implementation of educational sessions regarding IPC protocol on wearing masks

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The medication reconciliation process for all residents commences prior to admission through the pre admission process. All information gathered about the prospective resident's medicine history: name, route, dose, frequency, date and time of last dose of last administration is documented.
- The nurse manager will use at least 2 sources of information to complete the medicine's history and where there is ambiguity a 3rd source of information will be used to clarify.
- Sources include the resident, family member, current prescription, kardex from hospital

or other facility , CSAR if available and previous Pharmacist if there is ambiguity

- All staff nurses maintain their competencies in Medication Management, and a Medication competency assessment is completed for all Nurses.
- Medication Management Audits are completed annually and Kardex Audit completed on weekly basis.
- Medication reconciliation form updated on 1st June 2023 and all sources identified on the form.
- As part of the continued education program care plan training was completed by staff nurses on the 25th of May 2023
- Assessments and Care plan Audit completed monthly by the Clinical Management Team.
- Care plans within the centre are reviewed at four-monthly intervals with the resident and/or their representative or more frequently as dictated by an alteration in the clinical status or preference of a resident. Recording of care plan reviews are now completed to reflect care interventions, processes and outcomes post MDT review.

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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	04/07/2023
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	Substantially Compliant	Yellow	06/06/2023

	staff.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/06/2023