



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0043551

About the designated centre

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

Sonas Nursing Home Melview is a three-storey facility located within the urban setting of Clonmel town. The centre can accommodate 81 residents. The centre has three distinct wings with bedroom accommodation in two of the wings, the New Extension and Orchard Wing, and communal space in the third wing, Melview House. There is a lift close to the reception area and stairs on both sides of the house to enable easy access to the all floors. Bedrooms comprise seventy one single bedrooms and five twin rooms with full ensuite facilities. Communal sitting and dining facilities are on each of the three floors in Melview House. A quiet room, hairdressing room and a visitors room are also available to residents. Residents have access to a safe outdoor courtyard area to the back of the centre. Sonas Nursing Home Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73
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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
Wednesday 1 May 2024	09:30hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents appeared to be relaxed and those residents that spoke with the inspector expressed satisfaction with the responsiveness of staff to any requests for assistance. Residents spoke positively on the care they received and the services provided.

Following an introductory meeting with the person in charge, the inspector did a walk about of the centre accompanied by the person in charge. Sonas Nursing Home Melview comprises three distinct wings, New Extension, Orchard Wing and Melview House. The centre is currently registered to accommodate 81 residents in seventy one single and five twin bedrooms, all with en suite facilities. There were 73 residents living in the centre on the day of the inspection. Bedroom accommodation is in the New Extension and Orchard Wing with communal space predominantly provided over three floors in Melview House. Orchard Wing has two floors and has bedroom accommodation for 29 residents in nineteen single en suite bedrooms and five twin en suite bedrooms. On the day of the inspection, three of the twin rooms and one single room on the ground floor were vacant. The New Extension has three floors and a basement. There are sixteen single ensuite bedrooms on the ground floor with eighteen single en suite bedrooms on each of the first and second floors. The basement section of this wing houses the main kitchen and staff facilities. There is no resident' accommodation at basement level.

Subsequent to the construction of the New Wing, the older sections of the premises were renovated. Melview House is the oldest part of the premises and predominantly comprises communal space. While renovations of Melview House were underway, 12 bedrooms in the New Wing were being used as temporary communal and dining rooms. Now that the renovations of Melview House are complete, these rooms have been converted into single en suite bedrooms. The provider had previously submitted an application to vary the conditions of registration to include these additional rooms and increase resident capacity to 93. However, when the inspector visited the centre in November 2023, the rooms were not ready for occupation and the application was withdrawn by the provider. The current registration is due for renewal on 19 May 2024 and the provider had applied to include these bedrooms in the designated centre. This inspection was conducted to support the decision making process for the renewal application, particularly in relation to the proposed increase in bed capacity from 81 to 93 beds. On this inspection the inspector found that the 12 new bedrooms were suitably decorated and furnished and were ready for occupation. Each room was of an adequate size, with enough space for residents to have a comfortable chair at their bedside and to store personal possessions.

Generally, the premises was found to be clean and efforts to have a homely environment were evident. Residents said they were satisfied with the level of cleanliness of their rooms and the communal areas. Residents' bedrooms were viewed and many were seen to have been personalised with family

photographs, ornaments and decorative items. Residents had access to a large secure outdoor area that was suitably landscaped and had garden furniture, should residents wish to spend time here when the weather was good. There is a balcony on the first floor that is predominantly used by residents that smoke. It was found on previous inspections that the height of the balcony railing was insufficient and posed a risk to residents. The provider had indicated in the compliance plan response that this had been addressed and the railing height had been increased. However, the inspector found that this work had not been complete. An additional metal bar had been put in place but the glass panels had not been installed. The inspector did not see any residents use this area on the day of the inspection and access to the balcony was secured by a keypad controlled door. The inspector was informed that residents were not provided with a code to the door. There was a second outdoor smoking area on the ground floor and a number of residents had fobs that allowed them to access this area.

On the morning of the inspection, the atmosphere was observed to be busy but pleasant. Staff were observed attending to residents requests for assistance promptly. Improvements were noted in the the usage of communal space. At the last inspection it was found that communal space was rarely used and residents spent most of their time in their bedrooms. On this inspection, a larger number of residents were seen to spend time in the communal rooms on all floors in Melview House and these areas were appropriately supervised by staff. Large group activities were facilitated in the sitting room on the ground floor but smaller group and individual activities were also facilitated in the other sitting rooms.

One resident told the inspector that on some days they like to go to the sitting room and staff will support them to do this. On other days they like to stay in their bedroom and "it's great that I have a television in my room". A number of residents commented that the food is very good and they are always offered choice.

Adequate dining facilities were provided throughout the designated centre. The inspector observed the lunchtime meal and saw that it was a relaxed and social occasion for residents. Residents were mostly complimentary of the food they were served. The lunch was observed to be well presented, warm, and with ample amounts on the plate. The meals were home-cooked on-site and there was tea, coffee and snacks served throughout the day also.

Throughout the inspection, resident and staff interactions were observed to be friendly and respectful, and staff were seen to support residents to carry out activities at their own pace. The general feedback from residents was that staff were kind and caring.

Residents had access to a range of activities for social engagement. There were staff dedicated to providing activities, however, other healthcare staff were also observed to be providing entertainment for residents, such as balloon games and arts and crafts. There is a full time physiotherapist employed in the centre and residents were seen to be assessed and supported to enhance their mobility.

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

This inspection found that while there were some improvements in the overall compliance since the last inspection, there continued to be deficits in the governance and management structure committed to by the provider in their Statement of Purpose.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The provider had submitted an application to renew the registration of the centre. The renewal application included a request to increase bed capacity from 81 to 93 beds following the conversion of temporary communal sitting and dining areas to bedrooms. Communal areas were now predominantly in Melview House, which had recently been renovated.

Sonas Nursing Services Limited, a company comprising four directors, are the providers for Sonas Nursing Home Melview. The directors are involved in the operation of eleven other nursing homes throughout Ireland. The overall governance structure reflects the size of the organisation.

The person in charge is an experienced nurse and is responsible for the care and welfare of residents and the oversight and supervision of clinical care. It was found on the last inspection that the governance structure had been enhanced by the appointment of a Quality Manager. Since then this person had left their role and a new Quality Manager had been appointed. The new Quality Manager was still undergoing induction on the day of the inspection but visited the nursing home to introduce themselves to the inspector. The persons in charge of this and three other centres report to the quality manager, who in turn reports to a Director of Quality and Governance, who has oversight of all twelve centres. The Director of Quality and Governance reports to the Board of Directors through the Director of Operations. There is also a hospitality manager with direct oversight of catering, housekeeping and laundry services.

The person in charge works full time and is supported by three clinical nurse managers (CNMs), working the equivalent of 2.5 whole time equivalent staff. This is less than the three whole time equivalent staff committed to by the provider. The management structure also provides for an assistant director of nursing (ADON), however, this post remains vacant. At a meeting with the provider on the 20 March 2024, inspectors were informed that a person had now been appointed to the role of ADON. It was found, however, on inspection that role was again vacant when the person appointed to the role had left after a short period. Management are supported by a team of nurses and healthcare assistants, an activities coordinator,

housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities.

Management systems were in place to monitor the quality and safety of the service, however, there were some areas identified that needed to be addressed. Areas of required improvements are outlined under Regulation 23 of this report. There was a schedule of clinical and environmental audits that evaluated key areas, such as infection control procedures, falls management, residents' documentation and medication management. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at weekly clinical management meetings and at regular staff meetings across all departments.

A review of the staff roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff on duty on the day of the inspection. Staff were observed to be respectful in all their interactions with residents. It was evident that they knew residents well and could converse with residents on issues that were of interest to them. Oversight of clinical care and the operation of the centre had been enhanced with the inclusion of a CNM at weekends.

A review of training records for staff showed staff were up-to-date with training and there was a schedule in place for refresher training. Staff spoken with on the day of inspection were knowledgeable about safeguarding procedures and told inspectors they felt supported in their roles. Staff members spoken with by the inspector were knowledgeable of residents and their individual needs. Staff were also respectful of residents' wishes and preferences.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications as specified in the regulations. They were full time in post and is actively involved in the governance and management of the centre. The person in charge has positively engaged with the regulator and was knowledgeable regarding their responsibility relating to the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rotas, the observations of the inspector and from speaking with staff and residents, 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

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults, management of responsive behaviour and manual handling. 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.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had insurance in place and there was documentation available to indicate that the policy covered injury to residents and loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Action was required in relation to governance and management to support the provision of safe and quality care to residents. For example:

- commitments given by the provider in the Statement of Purpose in relation to nursing management were not in place. For example, there was a commitment to have an ADON in place once capacity reached 54 residents. There was also a commitment to employ three whole time equivalent (WTE) clinical nurse managers (CNMs), however, records indicated that there were 2.5 WTE CNMs employed in the centre. There were 73 residents living in the centre on the day of the inspection.
- actions identified in previous inspection were not addressed in accordance with commitments given by the provider in compliance plan responses. This included increasing the height of the safety rail on the balcony on the first floor. Assurances were provided that this work had been completed, and while work had commenced on increasing the height of the railing, it had not

- been completed on the day of the inspection
- the risk register required review as it did not include the risk associated with residents that smoked in the centre. While each resident was assessed individually, there was a need for the overall risk of residents smoking in the centre to be included in the risk register.

Judgment: Not compliant

Quality and safety

Residents living in this centre experienced a good quality of life and were supported by staff that were caring and knew residents well. Care was generally person-centred and reflected the residents' needs and preferences for support in their daily routines. Throughout the day of the inspection, the inspector observed that staff interacted with residents in a respectful manner. Notwithstanding the positive findings, this inspection found that some further improvements were required to premises and infection prevention and control and will be detailed in this report under the relevant regulation.

Comprehensive assessments had been completed for all residents on admission and person-centred care plans were in place to reflect the information obtained from each assessment. Residents' health and social care needs were met by timely access to their general practitioner (GP) and other health and social care services. There was a full time physiotherapist on site and this is reflected in detailed post fall assessments conducted by members of the multi-disciplinary team to review each fall in an effort to identify contributing factors and put measures in place to reduce the chance of recurrence.

The premises was generally well maintained and communal facilities were tastefully decorated and comfortable for residents to enjoy. A number of residents were observed to spend large parts of the day in communal areas to participate in activities and entertainment and to take their meals in the various dining rooms. This was a noticeable improvement from the last inspection. While a number of residents continued to spend time in their bedrooms, significant efforts had been made to provide entertainment in communal areas to encouraged residents to spend time here, should they so wish. The provider had applied to increase resident capacity from 81 beds to 93 by converting temporary communal areas on each of the three floors in the New Wing to bedrooms. These rooms had been designed as bedrooms but dividing walls had not been constructed to allow twelve single rooms to be used as six temporary communal rooms, while the communal areas in Melview House were being renovated. The renovations were now complete and the dividing walls were put in place and what were previously six communal rooms, were now twelve single en suite bedrooms. Adequate assurances had been provided from a competent person that these rooms were in compliance with fire safety requirements. The inspector found that these bedrooms were suitably furnished and

decorated and were ready to be occupied by residents. The inspector found that there is adequate communal space throughout the centre for the intended number of residents.

The inspector spent time in the dining rooms during lunch and sat with some residents to discuss and observe mealtime practices. There was a menu on the wall with the weekly lunch menu and each table had a pictorial menu of what was on offer on that day. There was a choice of food offered at lunchtime. There was good social interaction observed between residents and also with staff members supporting and assisting them with their meals.

The inspector observed good practices with regard to infection prevention and control, which included good hand hygiene techniques, and procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff had access to hand sanitisers at locations that supported hand hygiene at the point of care. The inspector visited the laundry facilities in the centre and found them to be suitable for their intended purpose. All personal laundry was done on site and bed linen was outsourced to an external laundry. The laundry was adequate in size and there was a procedure in place for segregating clean and dirty linen. Adequate arrangements were in place for returning clothing to residents following laundering and residents expressed satisfaction with the service provided. There was also sufficient storage in the centre which ensured that there was appropriate segregation of clinical and non-clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained.

Good practices were identified in the coordination of all fire systems in the centre, including checking of means of escape and the arrangement of the centre's emergency response plan, Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed by staff and regular fire drills were undertaken, including the simulation of a full compartment evacuations.

Staff had attended training on responsive behaviour and the inspector observed that staff did demonstrate adequate knowledge and skills to support residents who were displaying signs of this type of behaviour during the day of the inspection.

The provider ensured that all staff were facilitated to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place. Residents told the inspector that they felt safe living in the designated centre.

Regulation 17: Premises

While the premises was designed and laid out to meet the number and needs of

residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements and also aid effective cleaning. For example:

- on the day of the inspection the height of the railing on the balcony on the first floor had not been raised to mitigate the risk to residents. While the process of raising the railing had commenced, glass panelling had not been installed
- the floor covering in an area of the Orchard Wing was significantly worn and in need of replacement.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- there was a hose pipe attached to the taps in the sluice sink in one of the sluice rooms. The inspector was informed that this was sometimes used to clean bedpans. This practice has the potential to cause cross contamination and was unnecessary when the centre had fully functional bedpan washers
- the inspector note that a resident wash basin containing personal hygiene items was stored on the floor in an en suite bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Management systems were in place to monitor fire safety. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm and was conducted at the required intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. Regular fire drills, including horizontal and vertical compartmental evacuation scenarios were conducted at regular intervals and simulated both day and night time staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were conducted to ascertain if the centre could meet each resident's needs. A comprehensive nursing assessment was conducted following admission. A review of a sample of records found that care plans reflected each resident's needs. Validated risk assessments were regularly completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. The inspector saw that assessments and care plans were updated when residents' condition changed.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were provided with appropriate evidence based healthcare. A physiotherapist was employed full time in the centre providing one to one assessments and group exercise programmes. Comprehensive post-fall multi-disciplinary reviews were conducted to minimise the risk of further falls. There was evidence that residents were referred to other health and social care professionals such as dietitians, speech and language therapists and palliative care services as required. Tissue viability expertise was also available to support nursing staff with the management of wound care. There continued to be a low incidence of pressure ulcer development in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff that spoke with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were knowledgeable on the triggers that may cause residents distress or anxiety and were able to use de-escalation techniques to protect residents from harm. There were 11 residents using bedrails in the centre and appropriate risks assessments were conducted prior to the use of bedrails with safety checks conducted while bedrails were in place.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. Significant improvements were noted in the socialisation of residents since the last inspection. All communal rooms were seen to be used throughout the day. And while a larger number of residents continued to spend time in their bedrooms there was a noticeable improvement in resident' participation in activities. There were suitable facilities available for residents to engage in recreational and occupational activities. Resident meetings were held on a regular basis. Residents had access to radio, television and newspapers and were supported to exercise their political and religious rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0043551

Date of inspection: 01/05/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>ADON was appointed 29/06/2024. Recruitment is ongoing for an additional CNM. The balcony work has now been completed to the standard required 02/05/2024. The risk register has been reviewed and updated.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The balcony work has now been completed to the standard required 02/05/2024. The floor covering in the area of the Orchard Wing is scheduled for replacement on the 05/07/2024</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>On the day of inspection, a resident wash basin containing personal hygiene items was stored on the floor in an en suite bathroom – this was addressed immediately and</p>	

during the daily staff huddles, all staff have been reminded not to store residents personal items on the floors.

The hose pipe attached to the taps in the sink has been removed and replaced with the appropriate fitting.

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	05/07/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/08/2024

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2024