



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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Announced
Date of inspection:	05 June 2024
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0042034

About the designated centre

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

Padre Pio Nursing Home is a two-storey facility situated in a rural setting within close proximity to the village of Holy Cross, Co. Tipperary. The centre is registered to accommodate 49 residents. Bedrooms comprise of single and twin rooms, some with en-suite shower and toilet facilities; all bedrooms have hand-wash basins. There is chair lift access to the upstairs accommodation. There are two dining rooms, two day rooms, a sun room and a large quieter seating area in the Poppy wing which also accommodates the oratory and hairdressers salon. Residents have access to the secure well maintained garden via several points around the centre. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), people requiring long-term care, convalescent care, respite and palliative care and younger people whose assessed care needs can be met. Residents with maximum, high, medium and low dependency needs are accommodated in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 5 June 2024	10:00hrs to 17:45hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector used observations of interactions between staff and residents, discussions with residents and visitors, a review of documentation and conversations with staff, to gain an understanding of the residents' quality of life. Overall, the inspector found that the residents were content, comfortable and happy in the centre. The registered provider continued to achieve high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in its statement of purpose. Padre Pio Nursing Home aims to "achieve optimum quality of life and independence through individualised and holistically planned care" and "actively encourage the participation of families and friends and recognise the valuable contribution they make to the well being of our residents". The inspector found that this was a centre that ensured that residents received the care and support they required in a meaningful, person-centred way.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all ten surveys completed and found that feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including staff, activities, trips and events, premises and food. During the inspection, the inspector met and chatted with residents who confirmed the positive survey results. All residents spoken with were very happy in the centre. Comments included "they would do anything for you here", "I have been here years and I am very happy, I wouldn't go home now" and "the food is gorgeous". Likewise, visitors to whom the inspector spoke were unanimous in their praise for the centre, and described many positive interactions and experiences that they had had with the centre's management and staff. Visitors told the inspector that Padre Pio Nursing Home was "a saviour" and "a little piece of heaven".

It was apparent to the inspector that residents enjoyed being in each others company and had built up strong connections with each other and with the staff team who worked with them. Residents shared jokes with the inspector and spent time talking about their interests and their lives. For example, one resident was looking forward to going out with family for an overnight stay and a shopping trip, and another was reflecting on their admission to the centre and how much the staff had done for them at that time. The inspector observed that staff attended to residents in a timely fashion, and call bells were answered by staff as soon as practicable. Staff maintained residents privacy and bedrooms doors were observed to be closed when required or requested by the resident. When support was required in communal areas, this was discreetly provided. Staff encouraged residents to maximise their independence with daily activities such as walking and eating independently. Residents who resided on the first floor of the centre were observed using the stair lift with assistance of staff. All residents residing on the first

floor were regularly assessed for their suitability to be accommodated at that level. The inspector spoke with some residents on this floor who stated that they were always able to come downstairs when they wanted. It was noted that no concerns or complaints had been received regarding the twin occupancy rooms, by residents or visitors. Nonetheless, while twin-occupancy rooms met the required size, as set out in the regulations, some of them were laid out in a way that did not fully maximise residents' privacy.

The inspector toured the entire premises including the garden and the adjacent laundry facility. All areas including communal rooms, bedrooms, bathrooms and store rooms were clean and tidy throughout. Bedrooms were generally decorated with residents' own items such as photographs and artwork and included items of interest and personal significance to them. The garden was equipped with wheelchair-friendly paths and garden furniture. The fences were painted in bright, coordinating colours and the flower beds were filled with colourful plants and shrubs. Residents said that they loved the garden, which was freely accessible through the dining room.

An activities planner was on display in the main sitting room, displaying the main activity each day. On the morning of the inspection, Mass was played on the TV for a small group of residents in one of the smaller sitting rooms. In the larger sitting room, residents gathered and listened to age-appropriate and well-known music. There was plenty of chat and nice exchanges of conversation between residents and staff. In the afternoon, a group of residents competed in a game of Boccia, a ball game, and this provided great entertainment and competition. This activity was led by the activities coordinator, and while this was going on, staff ensured that other residents who chose not to, or were unable to compete in the game, were suitably engaged by sitting with them, chatting and doing gentle hand massage or nail painting. Some residents were happy to sit back and watch the game, without participating.

The mealtime service was unhurried as it was carried out over two sittings. Residents were afforded sufficient time to come to the dining room and eat their meal. One resident read the paper while they ate and said they loved to linger after everyone else had finished. Residents were offered a choice of main course, and this was done in a restaurant-style service, with staff going table to table and taking the orders before service, ensuring that residents received the meal of their choice in a warm and appetising fashion. Tables were nicely laid and all had a "lazy Susan" in the centre of the table, and residents were encouraged to use this to reach their preferred condiments. A small number of residents remained in their rooms for meals, at their own request. These residents were attended to promptly by staff and provided with assistance when required.

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 to each resident living in the centre.

Capacity and capability

The inspection found that there was a consistent commitment by the registered provider to deliver a quality service, designed to improve and enhance the lives of residents. There was a system of ongoing quality improvement, and staff of all grades were dedicated to sustaining the high levels of care provided in the centre. The governance and management of the centre was well-organised and sufficient resources were provided to ensure that residents were supported to have a good quality of life. Some action was required in relation to the provision of training to staff.

This was an announced inspection conducted over the course of one day 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. B.M.C Limited is the registered provider of the centre. There are three directors of this limited company, two of whom are actively involved in the management of the centre; one as person in charge and one in a operational management role. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day-to-day running of the service. Within the centre, the person in charge was supported by a deputy person in charge, a team of nurses, healthcare assistants, administration and support staff. This management structure was found to be effective for the current number of residents. The centre was registered to accommodate 49 residents. On the day of inspection, there was 45 residents living in the centre, with four vacancies. There were sufficient numbers of suitably qualified nursing, healthcare and household and catering staff available to support residents' assessed needs. The record of staff on duty was maintained in a roster.

There was evidence of good communication through clinical governance and quality and safety committee meetings, which discussed all areas of the service provided to residents. There was a system in place to ensure that the service was consistently monitored, including the collection of key clinical data to inform a regular schedule of audits. The centre had a risk management policy, and accidents or incidents that occurred within the centre were reported internally and followed up by senior staff

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults, moving and handling and fire safety. A suite of online training in infection prevention and control (IPC) had been completed by staff including hand hygiene and donning and doffing (putting on and taking off) of personal protective equipment (PPE). Some gaps in the training records were identified, as discussed under Regulation 16: Training and staff development.

There was a comprehensive complaints procedure in the centre. Residents and visitors who spoke with the inspector said that they would feel comfortable to raise an issue with staff if they were not happy about any aspects of the service or the care they received. Residents were supported to access independent advocacy services to support them with a complaint if required. Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the centre and had the necessary experience in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number of staff on duty to cater for the needs of residents present in the centre. At all times there was a minimum of two registered nurses on duty.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the records of staff training in the centre identified that a number of staff required refresher training in dementia care and responsive behaviours, and restrictive practice training.

These were important as a large number of the residents living in the centre were living with a diagnosis of, or a suspected, cognitive impairment, and residents were using restrictive devices. Evidence was provided that both of these training modules were scheduled to take place in June and July 2024.

Judgment: Substantially compliant

Regulation 21: Records

All required records were securely stored and maintained in a manner which made them easily accessible to the inspector.

A sample of staff files were found to contain the requirements of Schedule 2 of the Regulations. The records required under Schedules 3 and 4 of the Regulations were also maintained and made available to the inspector for review, for example, the residents' guide, records of on-going medical assessment and records of complaints.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. The inspector examined recent audits including IPC, restraint use and care planning and noted that audits were used to inform service improvements.

Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The person in charge carried out an annual review of the quality and safety of care in 2023 which was available to staff and residents. The review included feedback from the residents satisfaction survey and an improvement plan for 2024.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose displayed in the centre, which had recently been revised. It contained all the required information and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 30: Volunteers

While there were no current volunteers in the centre, the management team were clear on the regulatory requirements for volunteers, and there was a local policy in place to ensure residents' were safeguarded when volunteers were engaged in services.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was displayed in prominent position in the main reception of the centre. The person in charge was responsible for responding to complaints, and a nominated person was assigned as the complaints review officer. Complaints were recorded and managed in line with the centre's own policy, and regulatory requirements.

Judgment: Compliant

Quality and safety

The individual human rights of the residents in the centre were well-respected and promoted. Staff were understanding of the residents needs for care and support and empowered residents to live a full and active life, to the best of their abilities. Some areas for improvement in relation to the management of wounds, and infection control procedures were required, to ensure consistency in the quality of care provided and to promote a safe environment for residents.

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of referral, including speech and language therapists, dietitian services and tissue viability

specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

There was a low level of pressure ulcer formation within the centre, and a referral pathway was in place to enlist the expertise of a specialist wound care nurse to review any presenting wounds. A review of residents' wound care documentation identified one record that required further oversight, to ensure that the recommendations of a specialist wound review were consistently implemented. This was addressed immediately by the person in charge.

A record of restrictive practices such as bedrails was maintained in the centre. There was good oversight of these devices, and staff had a good understanding of what constitutes restrictive practice. A restraint-free environment was promoted in the centre. Any restrictive device was subject to thorough risk assessment, and there was a number of alternatives to restrictive devices in use, such as low-profile beds and sensor alarms. The system of care planning in the centre was well-established and organised, with a comprehensive review of each resident on admission. Person-centred care plans were developed following this review, and these were updated regularly.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular resident council meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, advocacy and empowerment, and influencing standards of care. Minutes of these meetings were documented, with action plans assigned and followed up on. For example, when residents commented that their morning cup of tea was cold on occasion, this was communicated to the kitchen staff, and a solution put in place. This was then followed up with the resident, and again at the next resident's meeting, to determine if the change made was satisfactory to the resident.

The overall premises in the centre was clean, well-maintained and inviting. A schedule of progressive maintenance and decorative upgrades was in place, to ensure that all areas of the centre were maintained in a good condition. As discussed under Regulation 17: Premises, some of the twin-occupancy rooms in the centre required further review to ensure that they fully met the requirements of the regulation, as these were not always configured in a way which maximised residents' privacy.

Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular observational audits were conducted by the management team to ensure staff were consistent in the application of these principles in the centre. Staff were observed using the clinical hand washing sinks in the centre at appropriate times. There was good oversight of infection control from a clinical perspective; the management team kept a log of the use of antimicrobials, with an aim to reduce usage, and to encourage appropriate prescribing. This was reported on in the annual review. Residents who had a known Multi-drug resistant organism (MDRO) were clearly

identified, and each had an individualised care plan in place, detailing their specific requirements in that regard.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively.

Judgment: Compliant

Regulation 17: Premises

Some of the twin-occupancy rooms in the centre were found not to comply with the regulation as follows;

- The floor space area for each resident did not adequately include the space occupied by a bed, a chair, and personal storage space of that room
- The privacy curtains tightly enclosed the bedspaces which meant that residents did not have the necessary privacy to conduct personal activities in private.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation and pertinent information that was required if a resident was transferred to another facility for treatment, was maintained in each resident's file. On return to the centre, discharge information was collated and reviewed, and stored securely.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-

date risk register were in place. Risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good infection prevention and control practices seen on inspection, some issues were identified which could contribute to the spread of infection in the centre;

- curtains were routinely cleaned on a six-monthly basis, as opposed to the required three-monthly intervals
- clinical waste management required review. The large outdoor clinical waste bins were stored close to the laundry door, which is not appropriate, and they were not locked and segregated from other waste.
- there were some areas of exposed wood on the "dirty" side of the laundry, which could not be effectively cleaned or decontaminated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through General Practitioners (GP's) and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals through a system of

referral, including speech and language therapists, dietitian services and wound care specialists. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. There was a low use of restraints such as bedrails. Less restrictive alternatives were trialed and documented in the residents care plan. There was evidence that consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Staff were knowledgeable regarding residents' behaviours and were seen to engage positively and compassionately when behaviours were displayed. Positive behaviour support plans were in place to which described the behaviours, the antecedents to the behaviour and the interventions in place to limit their occurrences

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspector that they would have no difficulty talking to staff should they have any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Dedicated activity staff was assigned to provide activities for residents on a daily basis. The inspector reviewed the activity schedule on offer to the residents and noted that the activities reflected residents interests' and capabilities.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were

seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

Privacy in some twin-occupancy rooms required review, as discussed under Regulation 17: Premises

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0042034

Date of inspection: 05/06/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A scheduled training list was provided to the Inspector on the day of the Inspection which incorporated all outstanding training requirements. All outstanding training has now been completed.</p> <p>Timeframe for Completion: Completed July 18, 2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will reconfigure layout of shared rooms to ensure that each floor space had adequate space for bed, chair and personal storage.</p> <p>The Registered Provider will review positioning of privacy curtains to facilitate more space for each Resident.</p> <p>Timeframe for Completion: December 31, 2024</p>	
Regulation 27: Infection control	Substantially Compliant

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

The Registered Provider will ensure that curtains are cleaned on a 3 monthly basis. All curtains have been cleaned since inspection.

The exposed wood in the laundry has been painted to facilitate effective cleaning.

The clinical waste bins have been repositioned away from the laundry area.

The unlocked bin has since been replaced by the clinical waste provider with a lockable bin.

All staff alerted to the importance of ensuring that clinical waste bins are locked at all times.

Timeframe for completion: Completed

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/07/2024
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	31/12/2024
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	18/07/2024

