



# 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:	Unannounced
Date of inspection:	14 November 2024
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0045301

## 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
Thursday 14 November 2024	10:00hrs to 17:10hrs	Kathryn Hanly	Lead
Thursday 14 November 2024	10:00hrs to 17:00hrs	Laura Meehan	Lead

## What residents told us and what inspectors observed

Inspectors met with the majority of the 45 residents living in the centre and spoke with seven residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visitors also complimented the quality of care provided to their relatives by staff, who they described as approachable, attentive and respectful.

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Communal areas were seen to be supervised at all times and call bells were answered promptly. Residents confirmed that there was a wide range of interesting activities taking place, seven days a week. On the day of the inspection residents were seen enjoying an exercise class and a sing along.

Padre Pio nursing home is a two-storey centre situated on the outskirts of Holycross. The centre was purpose built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Residents' bedroom accommodation comprised 31 single and nine twin bedrooms. The centre was divided into four units; Rose on the first floor and Heather, Lavender and Poppy on the ground floor. The inspectors observed that there was a variety of communal spaces available to residents on the ground floor. These areas were tastefully decorated with comfortable furnishings and artwork.

Families and residents were encourage to personalised bedrooms with ornaments, pictures and photographs. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms appeared appeared visibly clean with few exceptions.

The enclosed dementia friendly garden was well maintained and readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

However, there was limited parking available for visitors. Five allocated visitor parking spaces and one disability parking bay were used by staff on the morning of the inspection. One visitor said that they parked down the road but that they would not feel safe walking on the road on dark evenings.

The centre provided a laundry service for residents. Residents whom inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Two sluice rooms were available for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean, tidy and well maintained.

The main kitchen was also clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

However, improvements were required in storage of equipment. For example, a cleaning trolley and used linen trolley were stored in a room containing clinical equipment and supplies. This posed a risk of cross infection.

Facilities for and staff access to clinical hand wash sinks promoted effective hand hygiene. Conveniently located alcohol-based product dispensers also facilitated staff compliance with hand hygiene. However, several bottles of alcohol hand rub had passed it's expiry date. Findings in this regard are presented under regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation

23: governance and management, Regulation 17: premises and Regulation 27; infection control, however however further action is required to be fully compliant.

B.M.C (Nursing Home) Limited is the registered provider of Padre Pio Nursing Home. The company has four directors, two of whom were engaged in the overall governance and management of the centre. One director was also the person in charge (PIC) of the centre. They were supported in their role by a deputy PIC, a clinical nurse manager and a team of nurses, health care assistants, domestic, activity, catering and administration staff. The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Housekeeping staff were found to be knowledgeable in cleaning practices and processes within the centre. Notwithstanding this, improvements were required in ensuring the deep cleaning schedule was completed and accurate records were maintained.

There were clear lines of accountability and responsibility in relation to governance and management of prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The deputy PIC had been nominated to take up the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Inspectors followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. For example, three bedrooms had been reconfigured to support resident privacy.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets/ showers were run weekly and storage tanks were regularly cleaned. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of these controls.

Infection prevention and control audits covered a range of topics including laundry management, hand hygiene, personal protective equipment (PPE), environment and equipment hygiene. Audits were scored to monitor progress. High levels of compliance were consistently achieved in recent audits.

A review of documentation found that outbreaks of infection were generally identified, managed, controlled and documented in a timely and effective manner.

Surveillance of multi-drug resistant organism (MDRO) colonisation was also undertaken and recorded. Staff were aware that a small number of residents were colonised with MDROs including Carbapenemase-Producing *Enterobacteriales* (CPE), Extended Spectrum *Beta-Lactamase* (ESBL) and Vancomycin-resistant *Enterococci* (VRE). Residents that had been identified as being colonised with MDROs were appropriately cared for with standard infection control precautions.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. However, improved oversight of the deep cleaning records was required. Findings in this regard are reported under Regulation 23.

The centre had a suite of infection prevention and control guidelines which covered all elements of standard and transmission-based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

### Regulation 15: Staffing

A review of the staff roster, and the observations of the inspectors found that there were adequate numbers and skill-mix of staff to meet the care needs of residents on the day of this inspection. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role.

Judgment: Compliant

### Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action is required to be fully compliant. This was evidenced by:

- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of the local *Legionella* control programme.



- Gaps were also observed in deep cleaning records. As a result inspectors were not assured that all bedrooms were deep cleaned monthly and following outbreaks.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

### Quality and safety

Overall, findings of this inspection were that residents were supported and encouraged to have a good quality of life in Padre Pio Nursing Home. There was evidence of regular consultation with residents.

An outbreak of a contagious skin condition was ongoing at the time of the inspection. Fifteen residents and three staff had initially been symptomatic with itching and a characteristic skin rash. The provider had engaged with Public Health regarding the management of this outbreak and had implemented recommended controls to ensure the safety and well-being of residents and staff. The treatment protocol included treating all residents, staff and visitors deemed 'close contacts' of symptomatic residents with a topical cream on two occasions.

Following the first application of treatment, all clothing, bedding and towels were washed. Items that could not be washed were placed in a bag for several days. These included items which have been exposed to prolonged direct contact with the skin, for example shoes and coats. However, inspectors were informed that upholstered chairs in resident bedrooms and communal areas had not been steam cleaned or vacuumed at this time. Furthermore, privacy curtains had not been washed after residents were treated. This may have impacted the efficacy of treatments.

Inspectors were informed that initial courses of topical treatments had not been successful for a large number of residents and second line treatment had been applied. The person in charge confirmed that all symptomatic residents had been cared for with contact precautions for 24 hours after the first application of

treatments on both occasions. A follow up course of oral medication had also been prescribed for all residents as a precaution.

The provider continued to manage the ongoing risk of infection and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Inspectors observed that visitors were encouraged to perform hand hygiene when entering the centre.

Residents' health and well-being was promoted and residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents with their consent.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, a dedicated fridge was not available for specimens awaiting transport to the laboratory.

Resident care plans were accessible on a paper based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. For example, all residents had generic COVID-19 care plans when there was no indication for their use. Details of issues identified are set out under Regulation 5.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Improvements to the layout of three bedrooms had been made since the previous inspection. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. While the centre generally provided a homely environment for residents, improvements were required in respect of storage of housekeeping trolleys. Findings in this regard are presented under 17; premises.

The person in charge had implemented a structured approach to antimicrobial stewardship to ensure the appropriate use of antibiotics and minimise the risk of antimicrobial resistance in the centre. Nursing staff had completed training on the principles of antimicrobial stewardship. Audits of antibiotic prescribing patterns and infection rates were undertaken and reported each month.

Inspectors were also informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are

generally preferred narrow spectrum agents or “red” which are broad spectrum agents generally best used very selectively.

Sepsis awareness posters were displayed in the nursing office to raise staff awareness about the importance of recognising and responding to the signs and symptoms of sepsis urgently. However, inspectors were informed that this had not been reinforced with staff training to ensure that staff were competent in the early recognition and response to symptoms of sepsis in line with best practice.

Notwithstanding this, some examples of good practice in the prevention and control of infection were identified. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Waste was observed to be segregated in line with best practice guidelines. Ample supplies of PPE were available. Appropriate use of PPE was observed during the course of the inspection. The provider had also substituted traditional hollow bore needles with a safety engineered sharps devices to minimise the risk of needlestick injury.

### Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

### Regulation 17: Premises

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, a cleaning trolley and a used linen trolley was stored in a room with clinical and activities equipment This posed a risk of cross contamination.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Co-ordination and continuity of health care for residents was maintained for residents being transferred between services. Local transfer documentation

contained details of health-care associated infections and colonisation to support sharing of and access to accurate information when residents were transferred to acute care.

Upon residents' return to the centre, the staff made efforts to ensure that all relevant information was obtained from the hospital and follow-up appointments and referrals were attended.

Judgment: Compliant

### Regulation 27: Infection control

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

- Privacy curtains were not washed when residents were treated for a contagious skin condition. This may have contributed to re-infection post treatment. Furthermore, upholstered furniture was not on a steam cleaning schedule. This was a risk in the context of the ongoing outbreak.
- 70% alcohol wipes were inappropriately used to clean the nursing office. This was ineffective as alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces and may damage wooden surfaces with repeated use.
- Cleaning carts were not equipped with a locked compartment for storage of chemicals. This posed a risk to residents who may be at risk from contact with or ingestion of cleaning products.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Staff informed inspectors that if samples required refrigeration they would be stored within the medication fridge. This posed a risk of cross-contamination.
- Single use nebuliser cups (where liquid medication is put) were washed after use and replaced weekly. Best practice guidelines advise that nebuliser cups are cleaned with sterile water and stored dry after each use and be replaced every 24 hours/as per manufacturer instructions.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. For example;

- There were no residents with confirmed or suspected COVID-19 infection in the centre on the day of the inspection. However, all residents had generic COVID-19 care plans in place when there was no indication for their use.
- The 'Personal Details' section of several resident profiles did not contain up to date infection and colonisation status. Accurate information was however included in specific care plans.
- One urinary catheter care plan did not outline catheter change dates. A second care plan stated that a short term catheter had been inserted, however the catheter change record indicated that a long term catheter was inserted.

Judgment: Substantially compliant

### Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that residents' rights to privacy and dignity were respected. Resident said that they could choose when to get up, when to have their meals and how to spend their day.

Inspectors found that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0045301

Date of inspection: 14/11/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Legionella – The Registered Provider has contacted our water treatment specialist to arrange water sample testing. Date of completion: 31/12/2024</p> <p>The Registered Provider will ensure that all deep cleans are completed each month and documentation completed in a timely manner. Date of completion: Completed</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The storage room on the first floor will be reconfigured to segregate linen skips and the cleaning trolley from clinical and activity equipment. Date of completion: 31/03/25</p> <p>Commodes are not inappropriately stored in Resident's bedroom. Commodes are used in Resident's bedrooms as per the individual Resident's request and care preferences and in keeping with Resident's rights.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider has ensured that privacy curtains have been washed since inspection. All upholstered furniture has been steam-cleaned since inspection. Steam cleaning will be included on any future post-outbreak cleaning schedules. Date of completion: Completed</p> <p>The Registered Provider will source alternative cleaning trolleys with lockable storage. Date of completion: 31/01/25</p> <p>The Registered Provider has purchased a dedicated specimen fridge. Date of completion: 09/12/24</p> <p>The Registered Provider has contacted suppliers to order nebulizer chambers but have been advised that they are currently on backorder. Once in stock, the Registered Provider will ensure that chambers are changed daily. Date of completion: 31/01/25</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The following changes have been made to Care Plans:</p> <p>Generic Covid Care Plans have been removed – completed</p> <p>Personal Details sections have been updated – completed</p> <p>Urinary Catheter Care Plans have been updated - completed</p>	

## 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	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/01/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	13/12/2024