



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Anovocare Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Stockhole Lane, Cloghran, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0005191
Fieldwork ID:	MON-0043428

About the designated centre

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

AnovoCare Nursing Home is a purpose-built facility located in a countryside setting while remaining in close proximity within the local metropolitan community. The centre is registered to provide residential care to 112 residents, both male and female, over the age of 18 years. It provides care on an extended/long-term basis as well as transitional, step down, respite and convalescent care basis. Residents with health and social care needs at all dependency levels are considered for admission. Care is provided to residents with varying facets of cognitive impairment and dementia; residents with features of physical, neurological and sensory impairments and residents with end-of-life and mental health needs. Residents are accommodated on two floors. There are 94 single and nine twin bedrooms all with their own en-suite bathroom facility. This modern building has its own inner courtyard and secure landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home. AnovoCare Nursing Home is situated in the North Dublin region close to the vibrant villages of Malahide and Swords. There is close access to hotels, restaurants, pubs, local park lands and shopping centres. There is an established bus service to and from Stockhole Lane.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

110

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 18 April 2024	09:00hrs to 17:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with 11 residents and three visitors. Residents reported their satisfaction with the quality and safety of care they received. All residents spoken with were happy with the standard of environmental hygiene. Those residents who could not communicate their needs appeared comfortable and content.

Call bells were available throughout the centre. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff.

AnovoCare nursing home 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 was arranged over three floors and comprised 94 single and nine twin bedrooms all with en-suite bathroom facilities. Thirty seven resident bedrooms were located on the ground floor, there were 52 bedrooms on the first floor and 23 bedrooms were located on the second floor. Residents were supported to personalise their bedrooms, with items such as photographs and artwork. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

There were two dining rooms, two day rooms and a large inviting seating area and coffee shop near reception. A prayer room was available on the ground floor. The enclosed external courtyard was well-maintained and provided a safe space for residents' use. The inspector observed a calm and relaxed atmosphere within the communal spaces of the centre on the day of inspection.

Finishes, materials and fittings in the communal areas and resident bedrooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. However, the inspector observed that the décor and paintwork was showing signs of minor wear and tear in some bedrooms. The provider was endeavouring to maintain the premises to a high standard at the centre through an ongoing painting and maintenance programme which was in progress on the day of the inspection. Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

The ancillary facilities also supported effective infection prevention and control. For example, staff had access to dedicated housekeeping rooms on each floor for the storage and preparation of cleaning trolleys and equipment. Cleaning carts were equipped with a locked compartment for storage of chemicals.

Each unit also had a sluice room equipped with a macerator for disposable single use pulp bedpans and bottles. There was a treatment room on each floor for the

storage and preparation of medications, clean and sterile supplies and dressing trolleys. These rooms were observed to be clean, tidy and well maintained.

The main kitchen on the ground floor was 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.

An external laundry service was provided for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing going missing.

Clinical hand wash sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the treatment rooms and sluice rooms so that they were convenient for use. However, alcohol hand gel dispensers were not placed to ensure alcohol hand gel was available at point of care. Dispensers on the second floor were not appropriately labelled indicating that they contained alcohol product.

Equipment viewed was generally clean with some exceptions. For example, the underside of a small number of shower chairs were unclean and three cleaning trolleys were unclean. 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 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). 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 inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 17; premises and Regulation 27: infection control, however however further action is required to be fully compliant. Findings will be

discussed in more detail under the respective regulations.

Costern Unlimited Company is the registered provider for Anovocare Nursing Home. The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge was supported in their role by an Assistant Directors of Nursing (ADONs), clinical nurse managers and a team of nursing staff, activity co-ordinators, administration, care staff, housekeeping, catering and maintenance staff.

The person in charge submitted a weekly report to the clinical operations manager outlining key performance indicators within the centre, such as hospital admissions, antibiotic usage, risk management, wound care, infections and maintenance matters.

The inspector followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that they were endeavouring to strengthen oversight and improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance. For example, cleaning staff had received additional training, cleaning schedules were revised, the infection control audit process had been revised and strengthened, equipment and soft furnishings had been steam cleaned, storage issues had been addressed and a schedule of maintenance works was implemented. Approximately 50% residents bedrooms had been repainted in recent months.

The provider had nominated an assistant director of nursing with the required link practitioner training and protected hours allocated, to 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. The infection control link practitioner demonstrated a commitment and enthusiasm for their role. For example, they had implemented an infection control training programme to include interactive workshops and they had also revised the infection prevention and control audit programme.

Staff also had access to support from infection prevention and control specialist advice and support as required. The person in charge had a weekly scheduled phone call with the nursing home specialist infection prevention and control liaison nurse from a local hospital.

The inspector also observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. Five housekeeping staff were rostered on duty on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

The National Clinical Effectiveness Committee (NCEC) Guideline for Infection

Prevention and Control was available and accessible to staff. Efforts to integrate infection prevention and control guidelines into practice were underpinned by annual infection prevention and control education and training. Training was provided on site by the link practitioner using a blended learning approach that incorporated interactive face to face sessions and e-learning.

Infection prevention and control audits were undertaken monthly and covered a range of topics including isolation precautions, equipment and environment hygiene, waste management, hand hygiene and the use of personal protective equipment (PPE). Audits were scored, tracked and trended to monitor progress. Detailed audit reports that included time bound action plans to address any issues identified. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were generally effectively managed, controlled and reported. The most recent outbreak reported was in December 2022. However, the inspector was not assured that all potential outbreaks were identified in a timely manner. Findings in this regard are presented in the quality and safety section of this report.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. The inspector identified, through talking with staff, that all grades of staff were knowledgeable in the management of residents colonised with multi-drug resistant organisms (MDROs).

Copies of the Infection Prevention and Control, National Clinical Guideline No. 30

were available and accessible to staff working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents.

The provider ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance. The majority of actions outlined in the compliance plan from the previous inspection had been addressed and a plan was in place to address outstanding issues.

Judgment: 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 outbreaks of any notifiable 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, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. These included arts and crafts, gardening and music therapy. Access to daily newspapers, television and radio was available.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were

encouraged and facilitated.

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 were found to the premises since the previous inspection. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities including sluice rooms and housekeeping rooms supported effective infection prevention and control. There was sufficient storage for supplies and equipment.

However, the first floor activity room continued to operate as a dining room, contrary to the centre's statement of purpose and floor plans. Findings in this regard are reported under Regulation 17, premises.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

However, the inspector identified through discussions with nursing staff that they were unaware that residents from nursing homes were routinely screened for Carbapenemase-Producing Enterobacterales (CPE) on admission to hospital. A review of acute hospital transfer forms from a hospital in the locality found that there was no dedicated section to record infection and colonisation status on the majority of transfer forms. Findings in this regard are presented under Regulation 25; Temporary absence or discharge of residents.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment, cleaning and safe handling of waste and used linen. However improvements were required in the safe use of sharps and access to alcohol hand gel. Findings in this regard are presented under Regulation 27; infection control.

On the day of the inspection a resident with new respiratory symptoms was observed within a communal day room. A subsequent review of the antimicrobial register found that six residents were prescribed antibiotics within the previous week for respiratory tract infections. The inspector was informed that symptomatic residents were reviewed by the GP. However, staff did not routinely perform both COVID-19 and Influenza as recommended in Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities. Findings in this regard are further discussed under regulation 27.

Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by the inspector were generally person- centred. However, a review of six urinary catheter care plans found that sufficient information was not recorded in four care plans to effectively guide and direct the care residents with urinary catheters in-situ. Details of issues identified are set out

under regulation 5.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as tissue viability and physiotherapy as required.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Prophylactic antibiotic usage was also monitored and records indicated that there was a low level of prophylactic antibiotic use within the centre, which is good practice. In addition the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

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 observed meeting visitors in private, in the coffee shop, the external courtyard and in the many communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. However, the first floor "activity room" continued to operate as a dining room, contrary to the centre's statement of purpose and floor plans.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Nursing staff were unaware that all nursing home residents should be routinely screened for CPE on admission to acute hospitals. As a result, information about the resident's CPE colonisation status were not actively sought by nursing staff prior to transfer back to the nursing home.

Judgment: Substantially 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;

- The inspector was not assured that potential outbreaks of infection were identified, managed, controlled and documented in a timely and effective manner. A resident with new onset symptoms of respiratory infection was not immediately isolated and cared for with transmission-based precautions pending results of testing for viral infection.
- Alcohol hand gels were not correctly labelled and readily available at point of care. This may impact effective hand hygiene.
- A range of safety engineered needles were not available. The inspector saw evidence (used needles recapped in the sharps disposal bin) that needles were recapped after use. This practice increased the risk of needle stick injury.
- Three cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.

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, the urinary catheter (flexible tube used to empty the bladder and collect urine in a drainage bag) change date was not documented in two care plans reviewed, the routine catheter flushing regime was not documented in one care plan and the indication for catheterisation was not recorded three catheter care plans viewed.

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, indication and effectiveness of antibiotic use was monitored each month. Nursing staff 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.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was told that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, visits and social outings were encouraged. There was no requirement to limit the movement of a resident within the centre after return from an outing or hospital attendance. Local guidelines advised that masks and appropriate use of PPE were only required as part of transmission based precautions.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially 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 Anovocare Nursing Home OSV-0005191

Inspection ID: MON-0043428

Date of inspection: 18/04/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The floor plan will be updated to reflect the First-Floor Dining Room/Activity Room, and an application to vary will also be submitted. The Statement of Purpose and Residents Guide will also be amended to reflect the changes. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: <ul style="list-style-type: none"> • The PIC liaises with ADON of the Gerontology Outreach associated with the local hospital providing care in the Home. The PIC has discussed the requirement for CPE results to be identified on the discharge letter when someone is returning to the home. As this is not currently part of the discharge process from the hospital and the PIC has requested this information to be included. In the event of the information not being received the nursing staff of the Nursing Home will endeavour to seek the resident's CPE colonisation status prior to transfer back to the Nursing Home. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

- Residents with suspected or new onset of respiratory tract infection will be closely monitored and isolated, and appropriate screening will be done per the in-house GP's recommendations.
- Alcohol hand gels are now appropriately labelled. In addition clinical staff have the pocket handheld alcohol dispensers.
- Safety needles are now used in the Nursing Home. SNs were re-educated about the safe handling of needles, and appropriate guides were made available to all Nurse Stations, particularly to prevent needle stick injuries.
- The three cleaning staff trolleys were immediately cleaned during the inspection.
- The senior housekeeping staff attended Cleanpass Training from 15th to 17th May to ensure they followed the standard cleaning procedures.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- The PIC, ADON and CNM will provide clinical oversight to facilitate the review of all residents' assessments and care plans by all named nurses. They will ensure that the assessments inform the plan of care and that it is individualised and person-centred, considering the current medical, health and lifestyle status of residents. The input of MDT members and allied health professionals will also be reflected in their respective care plans.
- Resident's care plans identified were activated on the day of the inspection.
- In consultation with the residents, the PIC and ADON will re-audit all care plans, and the CNMs will guide the allocated SN in carrying out actions based on the audit findings.
- The PIC will discuss the findings and recommended improvements at the staff nurses' meetings, daily handovers and monthly management team meetings.
- Any changes or developments in the resident's condition or plan of care will be updated as they occur.
- The PIC, ADON, CNM and named nurse will ensure all personal care needs are recorded, including the level of assistance and intervention required with activities of daily living such as washing, dressing, mobilising, eating or drinking, accessing toilet facilities and continence care.
- The catheter care plans of the residents were re-audited, and necessary changes had been made to reflect the current regimen and indication for catheterisation.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the	Substantially Compliant	Yellow	30/05/2024

	other designated centre, hospital or place.			
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
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024