



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

## Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0043683

## About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms were also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	47
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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 22 May 2024	08:45hrs to 15:30hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

Based on observations and discussions with residents, Tara Care Centre was a nice place to live, where residents were supported to have a good quality of life and had many opportunities for social engagement and meaningful activities. 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. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff. The inspector met with the majority of the 47 residents living in the centre, and spoke with three residents in more detail to gain a view of their experiences in the centre.

Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents said that they they were cared for by excellent, kind staff who always respected their opinions and choices. One resident told the inspector they felt "very lucky" to be living in the centre and was delighted with their bedroom which had a view of Bray Head.

Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection and staff were observed to take time to chat with residents or assist them with walks. All interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. Staff were observed to be familiar with residents' needs and preferences and that staff greeted residents by name.

A monthly newsletter was provided to residents. This contained details of all the activities that had taken place, and what future outings and activities were planned. One resident reported that they had thoroughly enjoyed a trip to a garden centre the previous day. A staff member was observed assisting this resident to send photos of his outing to his sister. On the day of the inspection residents in the Butterfly Unit were seen to enjoy activities that were appropriate for residents with a diagnosis of dementia.

The centre was a three storey Victorian house, which was originally two private houses that were renovated and extended to reach its current capacity of 47 residents. The original features of the main house had been maintained with high ceilings and large windows that created a sense of space and grandeur. Access between floors was facilitated by a passenger lift and stairs.

Overall the entrance and communal areas were inviting and comfortable with a large ornate front door, antique artwork, decorative cornicings and other architectural details. Communal space included a dining room, TV room and piano room on the upper ground floor and another dining room and day room on the lower ground floor.

The enclosed external patio garden was accessible from the lower ground floor day room. This area was well-maintained with level paving and comfortable seating. The inspector spoke with a resident who said that they enjoyed and took pride in taking care of the plants and shrubs in the garden.

The centre comprised 15 single bedrooms (13 en-suite), 10 double bedrooms and four 3 bedded rooms. Bedrooms were personalised with residents' family photographs and personal possessions. Residents who spoke with the inspector confirmed that their rooms were cleaned every day and that they were kept "spotless." However incorrect storage of toothbrushes and washbasins in shared bedrooms posed a risk of cross infection. Findings in this regard are presented under regulation 27.

While the centre generally provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, the décor and paintwork in the centre 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. Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

The centre provided a laundry service for residents. Residents were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

Three clinical hand wash sinks were accessible to staff and were located on the corridors within close proximity of resident bedrooms. Alcohol hand gel dispensers were in place in every bedroom to ensure alcohol hand gel was available at point of care. However, the inspector observed excessive hand hygiene signage within some bedrooms and en-suite bathrooms. For example, one bedroom had seven hand hygiene posters on display and an en-suite bathroom had four posters displayed which took away from the homely feel of the bedrooms.

The main kitchen 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. The lunch time experience was observed in the ground floor dining room. Residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising.

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.

Nirocon Limited is the registered provider of Tara Care Centre, which is registered to accommodate 47 residents. The company has two company directors, both of whom were engaged in the day to day organisation and running of the centre. One of the directors is also the person in charge, and worked full-time in this role. She was supported by a supernumerary, full-time assistant director of nursing, who deputised for the person in charge in her absence.

Overall, this was a well-managed centre with a clear commitment to providing high standards of infection prevention and control for the residents. The inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 23: governance and management, Regulation 25: temporary absence and discharge Regulation 27: infection control, however further action is required to be fully compliant. Findings will be discussed in more detail under the respective regulations.

There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infections. The person in charge was the infection prevention and control lead and had completed and received a post graduate diploma in infection prevention and control. Staff also had access to support from infection prevention and control specialist advice and support as required.

Staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the 47 residents living in the centre. Staff who spoke with the inspector had a good awareness of their defined roles and responsibilities. There were also sufficient numbers of housekeeping staff assigned to each unit to meet the needs of the centre on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. The inspector was informed that additional housekeeping staff had been employed to support the deep cleaning schedule within the centre.

The provider had a number of effective 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.

Infection prevention and control audits covered a range of topics including waste management, hand hygiene and environmental and equipment hygiene. Audits were scored, tracked and trended to monitor progress. The high levels of compliance

achieved in recent audits were reflected on the day of the inspection.

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 staff were up to date with mandatory infection prevention and control training. Nursing staff had completed antimicrobial stewardship training. Housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare.

The centre had effectively managed several small outbreaks and isolated cases of COVID-19, influenza and Norovirus in recent years. There had been no outbreak in the centre in 2024 to date. A review of notifications submitted found outbreaks were generally well managed and contained to limit to spread of infection within the designated centre. Discussions with staff on the day revealed they were familiar with the precautions that were required to reduce and mitigate against the risk of the spread of infections in the centre.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with Extended Spectrum Beta-Lactamase (ESBL). Findings in the regard are presented under regulation 23.

### 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. There were no outstanding staff vacancies at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a comprehensive programme of training, and staff were facilitated to attend training relevant to their role. The provision of mandatory infection prevention and control training was up-to-date for all staff.

A copy 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

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action was required to be fully compliant. For example, surveillance of MDRO colonisation was not comprehensive. There was some ambiguity among staff and management regarding a small number of residents that were colonised with MDROs. As a result appropriate infection prevention and control precautions were not in place when caring for these residents.

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 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 Tara Care Centre enjoyed a good quality of life. Residents lived in an unrestricted manner according to their needs and capabilities. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and social outings were encouraged and facilitated.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, 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.

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. Overall, the standard of care planning was good and described person

centred and evidenced based interventions to meet the assessed needs of residents. However, care plans were not in place to effectively guide the care of a small number of residents that were colonised with MDROs. Findings in the regard are presented under Regulation 5; individualised assessment and care plan.

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. The environment was generally clean.

The inspector observed some examples of good practice in the prevention and control of infection. Staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps and waste. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needlestick injury. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. Waste and laundry was segregated in line with best practice guidelines.

However, the distance of the only sluice from the lower ground increased the risk of cross contamination where correct procedures were not adhered to. For example; two staff members told the inspector that they emptied the contents of commodes prior to taking them downstairs for decontamination. Findings in this regard are presented under regulation 27.

When residents returned from the hospital, there was evidence that relevant information was obtained upon the residents' readmission to the centre.

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 MDRO colonisation to support sharing of and access to information within and between services. However, a review of documentation found that infection and MDRO status and history was not always recorded when residents were transferred to hospital. This is further discussed under Regulation 25; temporary absence or discharge of residents.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. A review of residents' files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, a dedicated specimen fridge was not available for the storage of samples awaiting collection. Findings in this regard are presented under regulation 27.

The inspector identified some good examples of antimicrobial stewardship practice. The volume of antibiotic use was also monitored each month. This information was analysed and used to inform infection prevention and control training requirements. There was a low level of prophylactic antibiotic use within the centre, which is good practice. 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. However, this initiative needed to be further supported to ensure full implementation within the centre. For example nursing staff

said that they occasionally performed dipstick testing when infection was suspected.

The person in charge told the inspector that the centre was participating in the Irish National Warning System (INEWS) study for Older Person Residential Services. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration and sepsis (Sepsis is a time-sensitive, life threatening illness, which can quickly develop from any type of infection). All staff had received training and two local facilitators had been nominated and received additional training. The inspector was told that the project had raised awareness of the signs and symptoms of sepsis, increased the understanding of the risk of sepsis and encouraged staff to seek urgent medical attention for residents if they suspected sepsis.

### 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 and in the communal spaces through out the centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were clean, well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

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

The national transfer document was incorporated into the centre document management system. However, a review of copies of transfer letters in resident's files found that accurate MDRO status and history was not recorded in several files. Consequently, appropriate infection prevention and control measures may not have been implemented when these residents were transferred to hospital.

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;

- Sinks in multi-occupancy bedrooms were not kept clear of extraneous items including toothbrushes, washbasins and personal hygiene products. This increased the risk of cross contamination.
- There was ambiguity regarding the correct procedure for decontamination of commode basins and urinals. For example, two staff members confirmed that they manually emptied and sluiced urinals and commode basins prior to placing them into the automated bedpan washer. This practice increased the risk of environmental contamination and cross infection.
- There was no specimen fridge for the storage of clinical samples awaiting transport to the laboratory. Microorganisms can die or lose their viability if left at room temperature for extended periods. This may impact the accuracy of culture and sensitivity testing.

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. Specifically, accurate information was not consistently recorded in three care plans to effectively guide and direct the care residents colonised with MDROs.

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.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that residents' rights to privacy and dignity were respected. Resident told the inspector that they could choose when to get up, how to spend their day and when to rest.

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
<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	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 Tara Care Centre OSV-0000107

Inspection ID: MON-0043683

Date of inspection: 22/05/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. Identify all residents on pre admission assessment , admission or return from hospital that have a MDRO.</li> <li>2. Document in the residents file and generate an appropriate care plan in the management of the MDROs, thus minimizing the risk of cross infection.</li> <li>3. The current IPC link nurse will check all microbiology reports to identify MDRO’s weekly .</li> <li>4. Continue to monitor antimicrobial usage and follow good practice points from the National Antimicrobial point prevalence survey 2020/21.</li> <li>5. Ensure that all staff are trained in IPC at a minimum every 2 years and encourage face-to-face training.</li> <li>6. 1 staff member to complete link nurse training, which is due to commence in October 2024 in CHO6</li> <li>7. IPC audits are discussed at staff meetings and all staff involved in the care of the residents have access to residents MDRO status</li> <li>8. Ensure that all transfer documentation of residents leaving the designated centre contain MDROs status of the resident.</li> </ol>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ol style="list-style-type: none"> <li>1. Nursing staff will record the IPC information on the national transfer letter when</li> </ol>	



residents are being admitted to another facility.

2. On return to the designated center nurses will record all information from hospital transfer letter in relation to IPC into the residents file , complete a risk assessment generate the most appropriate care plan (National Clinical Guidelines N0.30).
3. Ensure that all staff and family members are aware and have the appropriate training of any IPC measures or the use of PPE when delivering care to the resident.
4. Ensure that all information on laboratory reports is acted on appropriately.

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

1. All residents residing in multi occupancy rooms have been issued with individual personal care boxes. These boxes are stored in the residents lockers and will contain tooth brushes toothpaste hair brushes and emollients that are individual to that resident , Wash hand basins are also labeled individually and stored in the residents personal space.
2. The policy and procedure for the emptying, sluicing and decontamination of commode pots and urinals have been updated , so staff are very clear in the process.
3. A Specimen fridge for the storage of laboratory samples has been purchased and is now in operation.

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

1. All residents for admission will have a pre admission assessment , where IPC concerns will be identified.
2. When any resident is identified as having an MDRO a comprehensive assessment will be carried out so the health , personal and social care needs of the resident can be identified and a a care plan will be generated in conjunction with the resident’s needs.
3. The residents care plan will be formally reviewed 4 monthly or sooner where necessary and revised , after consultation with the residents concerned and where appropriate the residents families.
4. The 3 care plans identified on the day have now been updated to include their MDRO status.



## 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 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	13/06/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre,	Substantially Compliant	Yellow	13/06/2024

	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	13/06/2024
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	13/06/2024