Health Information and Quality Authority

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:	TLC Centre Santry
Name of provider:	TLC Spectrum Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	04 July 2024
Centre ID:	OSV-0000184
Fieldwork ID:	MON-0039393

About the designated centre

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

TLC Centre Santry is a designated centre located in north Dublin, registered to provide care for 100 men and women over the age of 18 years in single and twin bedrooms across four storeys. The ethos of TLC Santry is to promote an individualised person-centred approach to care for residents and their families who choose to live in the designated centre. TLC Centre Santry aim to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment. All staff encourage residents to maximise their independence, achieve their potential and maintain interests. We support residents to develop new friendships and participate in activities appropriate to their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72

How we inspect

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 4 July 2024	08:00hrs to 15:40hrs	Karen McMahon	Lead
Thursday 4 July 2024	08:00hrs to 15:40hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

This inspection took place in TLC Santry located in Northwood park, Santy, Dublin 9. The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Residents appeared relaxed and those spoken with were content with the care they received living in the centre. Those residents who could not communicate their needs appeared comfortable and content.

Following an introductory meeting with the person in charge, the inspectors walked around the centre. The centre is based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus routes. The centre is spread out over five floors, including a basement level. Resident's accommodation was spread out over the ground to third floor.

Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed linen, personal belongings and furniture. Bedrooms were seen to be clean and residents reported being happy with their bedroom accommodation. However, inspectors observed that some furnishings were dated and worn.

The hallways were all carpeted, most of which were in good repair. Some of the residents rooms were also carpeted and looked clean on the day of inspection. Inspectors observed that the general environment was dated and had wooden furnishings that were worn and needed upgrading, ceiling damage and tiles in bathrooms that needed re-grouting. The large communal rooms were sparse and lacked fixtures and fittings to make them cosy and inviting for residents to sit in. Inspectors observed that these rooms were not used by residents throughout the day of inspection.

There were a number of twin bedrooms in the centre. The registered provider had recently submitted an application to remove condition 4 of registration, that required six of these rooms to be reconfigured to allow enough space to be occupied by a bed, a chair and personal storage for each resident of that bedroom, while also allowing enough room for each resident to mobilise around the room unrestricted, while maintaining the privacy and dignity of others living in that room. Inspectors observed that, while reconfiguration had taken place, the rooms did not meet the required criteria. This is discussed further on in this report.

A number of access points on the ground floor opened out to a large enclosed garden. This space was well-maintained and had a suitable ground surface to enable residents who use wheelchairs or mobility aids to access and utilise the space. There was appropriate outdoor furniture and colourful flowers and plants. Inspectors

observed that the space was currently being set up for the resident's summer BBQ the next day.

Inspectors observed residents' dining experience and found that the dining rooms were calm spaces. The ground floor had a large dining space available to residents and there were smaller dining rooms on each floor. A menu was displayed on each table. On the day of the inspection, residents were provided with a choice of dinner options which consisted of roast lamb or beef stroganoff. There was a choice of jelly and ice-cream, fresh fruit salad or peaches in syrup for dessert. Snacks and refreshments were seen to be offered throughout the day of inspection. Residents were observed enjoying the food provided to them.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. The inspector saw that there was sufficient staff available to provide assistance to residents who required support at meal times. The inspector observed that staff sat with residents and provided discreet, resident- centred care and support.

The inspectors spoke with nine residents living in the centre and four visitors. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents told the inspector that the staff looked after them very well. One resident said they couldn't praise the staff enough that 'they are just excellent'. On observation of care interventions, staff were seen to anticipate residents' needs in a timely and sensitive manner. Three of the residents spoken with and one visitor said that the centre was 'dated and need upgrading' but they had received communication that there was a plan for refurbishments in place.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, the oversight systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored were not fully effective.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection also followed up on the compliance plan from the last inspection in October 2023, reviewed solicited information, and had an additional focus on infection prevention control practises in the centre.

This designated centre is operated by TLC Spectrum Ltd. The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required by the regulations. They engaged positively with the inspectors during this inspection. They also had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The person in charge was supported in their role by a company director, who represented the provider, and clinical nurse managers. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry and catering staff.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and in infection prevention and control practice, that was appropriate to their specific roles and responsibilities. Staff were knowledgeable in these practises when spoken to, and the housekeeping team were found to be knowledgeable in cleaning practices and processes within the centre.

There was a comprehensive schedule of clinical audits, including IPC audits, in place to monitor the quality and safety of care provided to residents. However, inspectors found that records did not always provide clear findings and detailed analysis of the information and therefore were not leading to action plans for quality improvement.

There was good oversight and management of IPC practises in the centre. This including processes around legionella risks which required housekeeping staff to keep checklists to confirm that water was being flushed regularly in unused outlets. Staff were knowledgeable about the reasons for doing so. Assurance processes in place in relation to the standard of environmental hygiene included cleaning specifications and checklists and colour-coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned once a week.

The inspectors observed that there were building works in progress and refurbishments had started on the basement level of the centre. The person in charge had an IPC risk assessment to outline any risks to residents that may occur and the control measures that were in place. This risk assessment was in line with the national policy for preventing Aspergillus infection during construction work.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19. A review of notifications found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had not experienced an outbreak since February 2024. Staff spoken with were knowledgeable about the signs and symptoms of COVID-19, and knew how and when to report any concerns regarding a resident. There was a detailed outbreak contingency plan that was up to-date and accessible for staff.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application applying for the removal of condition 4 of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review at the time of this inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the relevant experience and qualifications as set out in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw evidence that staff had access to appropriate training and supervision.

Judgment: Compliant

Regulation 23: Governance and management

Gaps were identified in the management systems in place to ensure the service provided was safe, consistent and effectively monitored. The inspectors identified the following:

- Audits were found to be ineffective and did not always result in the development of a quality improvement plan. While auditing was taking place in the centre there was no detailed analysis of the information gathered or time bound action plan to deal with the findings of the information.
- Action, committed to by the provider following previous inspections, in relation to ensuring the premises was safe were incomplete.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents expressed satisfaction with the care provided and with the responsiveness and kindness of staff. However, the overall condition and maintenance of the premises was impacting on the overall quality and safety of the service provided to residents.

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors and they were observed visiting the centre on the day of inspection.

Residents who required transfer to hospital had all relevant documents, including the national transfer document sent with them. The national transfer document included information on their past medical history, list of current medications and emergency contact numbers. Any changes to care were reflected in the residents care plan, on return to the centre.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required and many staff had taken part in training to enhance the end of life care that they delivered. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

The provider had ensured that good hand hygiene facilities were provided in line with best practice guidelines. For example, clinical hand wash basins that met the required specifications were available on each floor and within easy access for staff. There was a hand sanitiser in each residents' room and along corridors for staff to decontaminate their hands between episodes of care.

The provider had introduced a tagging system to identify equipment that had been cleaned. This system had been consistently implemented at the time of inspection and several items of shared equipment had been tagged after cleaning. Patient

equipment on the day of inspection was clean and in good repair. However, inspectors observed that improvements were needed in the area of waste management. For example, all of the residents that were colonised with a multi-drug resistant organism (MDRO) had a clinical waste bin inside their room which was unnecessary and led to inappropriate waste segregation.

Furthermore, the centre had a clinical room on each floor for the preparation of medication and storage of medical supplies. The temperature of the clinical rooms on the first and second floor were too high for the storage of medicinal products that are recommended for storage at a room temperature. For example, the temperature in the room on the first floor was 26.2 degrees despite a portable fan in progress. This room had shelving that was dusty on the day of inspection and the use of a fan in this room may increase the risk of products being contaminated. The temperature of the clinical room on the second floor was 26 degrees.

While the staff had tried to provide a homely environment for residents by decorating residents rooms with photographs and personal possessions, inspectors found that the quality of the premises and the associated impact on the management of IPC did not meet regulatory compliance. For example, most of the surfaces and finishes including wall paintwork, wood finishes of doors, architraves and skirting boards were worn in places and as such did not facilitate effective cleaning. The kitchen floor was heavily stained and worn, and this impacted on the cleanliness of the kitchen. This is discussed further under Regulation 17: Premises and Regulation 27: Infection control.

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 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were

facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

Regulation 17: Premises

Many aspects of the premises did not conform to the matters set out in Schedule 6 of the regulations. For example:

- Many of the residents sinks in the en-suites and in the residents room did not have a plug. This prevents residents from using the sink to shave or any other personal hygiene needs.
- The premises were not kept in a good state of repair that supported good infection control practices. For example, the wooden handrails were worn and the paint was flaking, the skirting boards and window sills were worn and had exposed chip board. This was a recurrent finding from the previous inspection.
- The kitchen floor could not be effectively cleaned to support good hygiene practices as it was worn and heavily stained.
- Many communal rooms were not suitably decorated, and, as a result, were not being used by residents. Furthermore, the activity room was observed to be dirty and mainly used for storage of activity items including three large roll containers, all of which were full with boxes.
- Recently reconfigured six twin rooms did not meet the requirements of Schedule 6 (1B) of the regulations, to address Condition 4 of centre's registration. For example, many of these rooms could not facilitate a chair for each residents behind the privacy curtain. In one room one resident would have no access to the sink if the other resident had the privacy curtain pulled. Furthermore, in many of those rooms the switches to control the over bed lighting was at the end of the bed and out of reach of the resident occupying that bed

There was inappropriate storage seen across the centre. For example:

- On each floor the storage room was multi -purpose. For example, clean linen was stored along side other equipment and supplies this meant that clean items may be contaminated and increase the risk of infection spread.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information.

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

Judgment: Compliant

Regulation 27: Infection control

The provider did not fully met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). For example;

- The clinical rooms on the first and second floor did not fully support effective infection prevention and control in terms of good ventilation and room temperature. For example, both rooms had a temperature of 26 degrees and one of the rooms was 26.2 degrees and the environment felt overly heated.
- All of the residents who were colonised with an MDRO like *Methicillin-resistant staphylococcus aureus* (MRSA) and *Carbapenemase-producing enterobacteriaceae (CPE)* had a clinical waste bin in their room despite the care plan stating that these residents were cared for with standard precautions. This practice leads to poor waste segregation and staff confusion around standard precautions and transmission based precautions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the resident. They were updated quarterly and sooner if required. Care plans demonstrated consultation with the residents and where appropriate their family.

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with weekly oversight by a general practitioner and referrals made to specialist health and social care professionals as required.

The inspector identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices. Staff were knowledgeable about "Skip the Dip" the national programme to reduce inappropriate urine testing that may lead to unnecessary antibiotic prescribing. "Skip the dip" posters were on display to educate staff at each nurses station.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint was not always used in line with national policy. This was evidenced in documentation reviewed which recorded that some residents residing on both the ground and first floor, who had a restrictive interventions in place, had no alternative tried. Furthermore, four residents who had two full length bed rails in place did not have these identified as a restrictive practise in the resident's records.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and staff spoken with confirmed to inspectors that they had the appropriate skills and knowledge on how to respond to allegations or incidents of abuse. A review of potential safeguarding incidents that had occurred in the centre were seen to have been appropriately investigated.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for TLC Centre Santry OSV-0000184

Inspection ID: MON-0039393

Date of inspection: 04/07/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. A review of the current audit programme will be completed by 31st December 2024 to ensure that monthly and quarterly audits are efficiently identifying areas for improvement and to ensure that appropriate action plans are developed and closed. 2. The PIC will examine each audit analysis during monthly quality and safety committee and/or other relevant meetings to facilitate quality improvement initiatives within the home. This will be implemented by 30/08/24 and overseen monthly by the regional director. 3. From 1st August 2024, monthly governance meetings, attended by the regional director and PIC will include a review of all action plans to ensure that timely progress is made to close agreed actions and where required, escalation of actions not closed.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Refurbishments on the nursing home commenced on the 24th of June 2024. A phased plan for completion has been confirmed with an external contractor and all resident areas, including furnishings and surfaces, will be fully completed by December 2025. Kitchen floor will be completed by 31/01/25 as part of these works.	

2. The recently reconfigured twin rooms on the ground floor will be reviewed further in respect of access to light switches, furniture and curtains. By 31st December 2024, the rooms will be equipped and furnished to ensure that both residents have adequate space for their personal items, chair and light switches.

3. The recently configured twin rooms on the third floor will be further enhanced as part of planned refurbishment and by 31/12/2025, these rooms will ensure adequate space and privacy for both residents, their personal belongings and access to the sink for both residents will be reviewed as part of this project.

4. Resident bathrooms and sinks have been reviewed and a remedial solution will be in place by 30th September 2024.
5. Resident communal areas are currently being updated to ensure they are inviting to residents and visitors. The ground floor living room has been furnished with additional seating, and the activity room has been cleared and rearranged to maximize its use. The remaining six living areas will also be furnished with additional seating by 30th September 2024

6. A review of storage areas has been completed. Equipment will be stored in designated storage equipment rooms on each floor which will be used solely for this purpose. The storage rooms will be further divided and shelved to allow for segregated storage of clean linen and stock. This system is in place as of 30/07/24 and is monitored for compliance on daily walkarounds- complete and ongoing

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Substantially Compliant

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

1. The clinical room temperature will be monitored daily and a review of potential solutions to maintain suitable temperatures and adequate ventilation will be completed by 31st October 2024

2. Clinical waste bins in rooms where residents are colonised with MDROs were immediately removed post inspection on the 05/07/24- complete

3. Staff training on standard precautions and clinical waste management will be refreshed by 31st October 2024.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

1. The PIC is completing a comprehensive audit of restrictive practices to ensure all restrictive interventions are appropriately identified, and any requirements for trial of alternatives are highlighted. This audit will be completed by the 09/08/24. The data collected as part of this review will be thoroughly analysed to inform a quality improvement plan in this area of practice- complete and ongoing

2. The Restrictive Practice Committee is now meeting monthly to review restrictive interventions in place for each resident on an individual basis and to discuss findings from restrictive practice audit and analysis. The committee is currently working on identifying the least restrictive alternatives and/or discontinuing interventions where they are no longer needed. Each resident will be reviewed for trial of suitable alternatives by the 30/08/24.

3. An information session for residents and their family members on restrictive practices has been scheduled on the 14/08/24 to provide support for making informed decision in this area.

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.	Not Compliant	Orange	31/12/2025
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	31/10/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/08/2024