



**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:	St. Eunan's Nursing Home
Name of provider:	St. Eunan's Nursing and Convalescent Home Limited
Address of centre:	Rough Park, Ramelton Road, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	26 September 2024
Centre ID:	OSV-0000392
Fieldwork ID:	MON-0044965

About the designated centre

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

The centre is a modern purpose built one storey residential care facility that can accommodate 42 residents who need long-term, respite, convalescent and end-of-life care. Accommodation for residents is provided in 22 single rooms and 10 twin rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet. The centre provides a comfortable and homelike environment for residents. The philosophy of care is to provide a residential setting which promotes residents' rights and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 September 2024	08:25hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a welcoming and homely atmosphere in the centre. The inspector spoke with five residents living in the centre and two visitors on the day of inspection. All were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents stated that they were well looked after and that the staff were always available to assist with their personal care.

Residents with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre also appeared to be relaxed and enjoyed being in the company of staff.

Residents were very complimentary of the home cooked food and the dining experience in the centre. They stated that there was always a choice of meals, and the quality of food was excellent. A "treat trolley" was also provided three mornings a week with a choice of confectionery, ice-cream or fruit on respective days.

Relatives said that they were informed if/ when there was an infectious outbreak in the centre, and appropriate measures were introduced when they visited their family members to reduce the likelihood of the spread of infections.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed that resident's rights and dignity were supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents. The person in charge (PIC) was visible and approachable for residents and staff. They were seen meeting with and talking to residents throughout the day.

A "resident of the day" programme had been implemented to ensure each resident had multiple opportunities throughout the year to be celebrated and re-elevated. The initiative was designed to improve person-centred care and inclusivity and was used to talk to individual residents to discuss their specific needs and preferences.

St. Eunan's Nursing and Convalescent Home is a purpose built single storey designated centre registered to provide care for 42 residents on the outskirts of Letterkenny. Resident accommodation comprised 22 single and 10 twin bedrooms. All single rooms and nine twin bedrooms had access to en-suite shower and toilet facilities.

Residents had access to an enclosed courtyard. This area was well maintained with flower beds, level paving and seating.

Residents were supported to personalise their bedrooms with photographs and artwork to help them feel comfortable and at ease in the home. Communal areas and residents' bedrooms were clean. There was adequate storage in residents'

rooms for storage of their clothes and belongings and a lockable unit was available to all residents who wished to use one.

While televisions were available in the majority of residents bedrooms, televisions had not been installed in several twin-bedded rooms. The provider stated that two additional televisions were available to residents on request. However, this would not have been sufficient for the large number of residents that were required to isolate in their bedrooms during a recent COVID-19 outbreak.

There was a choice of communal spaces which were seen to be used throughout the day of inspection by residents. These were nicely decorated and had appropriate and comfortable seating for residents use. The environment was generally free from clutter and trip hazards and there were instructions and equipment for emergencies, such as fire extinguishers.

Clinical equipment was generally clean, well maintained and stored appropriately. However, hoists were stored in one of the living rooms. This reduced the space available for the residents to safely move around these communal areas. The inspector also noted that a room registered as a multi-denominational prayer room was being used as an office by clinical nurse managers.

The ancillary facilities generally supported effective infection prevention and control with some exceptions. For example, the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

There was a sluice room for the reprocessing of bedpans, urinals and commodes and a dedicated housekeeping room with a janitorial unit available for the preparation and storage of cleaning trolleys. Equipment and cleaning products were stored safely and were not readily accessible to residents.

In addition, there was a treatment room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. However, this room was untidy and cluttered. Open, unlabelled and partially used wound dressings were observed in the treatment room. This may have impacted the sterility and efficacy of these products.

Barriers to effective staff hand hygiene were again identified during the course of this inspection. The housekeeping room did not have hand washing facilities and staff spoken with were not carrying their individual bottles of alcohol hand gel.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 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.

The provider generally met the requirements of Regulation 6: healthcare, Regulation 9: resident rights, Regulation 17: premises, Regulation 23: governance and management 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.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to address infection prevention and control findings. An infection prevention and control clinical nurse specialist had visited the centre to follow up on infection prevention and control related findings following the last inspection. Replacement clinical hand hygiene sinks, had been purchased and were awaiting installation. These sinks complied with the recommended specifications for clinical hand hygiene sinks. New privacy curtains that fully enclosed the resident's entire bed space had also been installed following the last inspection.

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

The PIC was supported in their role by a clinical nurse managers and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

There were sufficient numbers of housekeeping staff to meet the needs of 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 colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and the inspector was informed that every bedroom was deep cleaned each month.

Staff had managed a significant outbreak of COVID-19 in July 2024. A total of 25 residents and nine staff had tested positive. As part of outbreak management, staff undertook serial testing on all residents and identified that a number of asymptomatic residents were positive for COVID-19. This proactive approach to testing assisted in detecting and isolating all symptomatic and asymptomatic residents with COVID-19 infection without delay and limited onwards transmission.

Staff confirmed that sufficient staffing levels were maintained during the outbreak, and in the event of a staff member not being able to work their shift this was covered by other staff. Staff also told the inspector that they had sufficient time allocated to undertake cleaning allocated to them and said there was enough PPE and resources to support good infection control during the outbreak. An outbreak report which included learning had been completed.

A schedule of infection prevention and control audits was also in place. Infection prevention and control audits were undertaken by the PIC and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

However, some disparities between the findings of local infection prevention and control audits and the observations on the day of the inspection indicated that more robust auditing practices were required to ensure compliance with the National Standards for infection prevention and control in community services required further improvement. Details of issues identified are set out under regulation 23.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required.

However, accurate surveillance of MDRO colonisation was not undertaken. Staff were unaware that a small number of residents were colonised with MDROs including Extended Spectrum *Beta-Lactamase* (ESBL) and Vancomycin-resistant *Enterococci* (VRE). As a result, accurate information was not recorded in three resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets/ showers were run weekly, water temperature was maintained at temperatures that minimised the proliferation of *Legionella* bacteria and shower heads were regularly cleaned. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of these controls. The management team were responsive to the issues identified during this inspection and the provider had acted immediately to source a company to undertake *Legionella* testing.

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, the inspector was informed that all training was done online. National guidelines recommend a blended learning

approach is taken with theory online e-learning modules and practical infection prevention and control training and competency assessment.

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. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

There were sufficient staff resources to maintain the cleanliness of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

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

- MDRO colonisation was not routinely monitored and recorded. Staff and management were unaware that a small number of residents were colonised with MDROs including VRE and ESBL. This impacted appropriate antibiotic treatments and the early identification and control of multi-drug resistant organisms (MDROs) within the centre.
- While *Legionella* controls were in place, water was not routinely tested to monitor the effectiveness of the *Legionella* control programme.
- The inspector identified some disparities between local findings and findings on the day of the inspection. For example, the audit found that soap

dispensers were not refilled and that flooring was sealed including edges and corners". These findings were not reflected on the day of the inspection.

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 all notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, 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. The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place on the day of the inspection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Resident care plans were accessible on a computer based system. Care plans viewed by the inspector were personalised, and sufficiently detailed to direct care and minimise the risk of infection.

Processes were in place for receiving and sharing information with other health and social care providers. Staff told the inspector that they received enough information about residents' wishes and needs when they were first admitted to the centre, and when they were discharged back to the home after any time spent in hospital.

The overall premises were generally designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had sufficient space for their belongings. The environment was generally clean. However, the multi-denominational prayer room had been re-purposed and the treatment room was untidy. Furthermore moving and handling equipment was inappropriately stored within a living room. Findings in this regard are presented under Regulation 17.

The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was inappropriate use of dipstick urinalysis in the diagnosis of urinary tract infections (UTIs). This can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including adverse effects, drug interactions and antimicrobial resistance. Prophylactic prescriptions were not routinely audited by nursing staff and there was no evidence that all prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them.

The inspector identified some examples of good practice in the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with local guidelines at point of care. Staff were observed to have good hygiene practices and correct use of PPE. Staff spoken with knew what action to take to reduce the likelihood of the spread of infection, should an outbreak occur.

However, a number of practices including disposal of human waste, equipment management, hand hygiene facilities and sharps safety, were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. Findings in this regard are presented under Regulation 27.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example;

- The treatment room where drugs and lotions were stored and prepared, a supply of clean and sterile supplies were held and dressing trolleys prepared was cluttered and untidy. This posed a risk of contamination of sterile supplies.
- The housekeeping room did not have hand washing facilities. This may impact the effectiveness of hand hygiene.

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of moving and handling equipment in the living room.
- The multi-denominational prayer room was not being used in accordance with the centre's statement of purpose. On the day of the inspection it was being used as an office.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

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.

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

Judgment: Compliant

Regulation 27: Infection control

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

- In the absence of wall mounted alcohol gel dispensers at point of care, staff were required to carry individual bottles of alcohol gel. However, seven staff spoken with on the day of the inspection did not have individual bottles of gel on their person. This impacted the effectiveness of hand hygiene.
- Soap dispensers were topped up/ refilled. Local audits required dispensers to use disposable single-cartridges of soap to prevent contamination.
- Resident's washbasins (used for personal hygiene) were routinely washed in the bedpan washer. This practice is not appropriate as bedpan washers are only validated for the decontamination of human waste receptacles such as urine bottles, bedpans and commode basins.
- Staff informed the inspector that commodes and urinals were manually emptied in en-suite bathrooms prior to decontamination in the bedpan washer. This practice increased the risk of environmental contamination and cross infection.
- A full range of safety engineered needles were not available. Some hollow bore needles were used. Furthermore, the inspector saw evidence that

retractable blood collection needles were not retracted after use. This practice increased the risk of needle stick injury.

- The inspector was informed that single resident use nebuliser cups (where liquid medication is put) were washed in the sink after use and replaced weekly. This posed a risk of cross contamination. Best practice guidelines advise that nebuliser cups are cleaned with sterile water and stored dry after each use and be replaced every 24 hours/as per manufacturer instructions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and resident's preferences and choices were documented. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. A review of three urinary catheter care plans found details regarding clinical indication of catheterisation, change date and appropriate measures to prevent catheter associated UTIs.

Judgment: Compliant

Regulation 6: Health care

The volume of antibiotic use was monitored each month. Antibiotic usage and infections were discussed at weekly staff meetings. However, this data was not used to inform or target quality improvement initiatives. There was no evidence of targeted antimicrobial stewardship audit, training or guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Care plans were detailed and resident's preferences and choices were documented. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. A review of three urinary catheter care plans found details regarding clinical indication of catheterisation, change date and appropriate measures to prevent catheter associated UTIs.

Televisions had not been installed in several twin-bedded rooms. The provider stated that two additional televisions were available to residents on request.

However, this would not have been sufficient for the large number of residents that were required to isolate in their bedrooms during a recent COVID-19 outbreak.

The prayer room was not available for staff as it was used for an office.

Judgment: Substantially 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	Substantially 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	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Eunan's Nursing Home OSV-0000392

Inspection ID: MON-0044965

Date of inspection: 26/09/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of MDRO colonization care planning has been undertaken. Any residents who are colonised with an MDRO have a person center care plan indicating an appropriate treatment plan and procedures are in place for early identification of these residents starting at pre-admission stage.</p> <p>A legionella risk assessment has been requested and paid for to be undertaken by a competent person, initial water samples will be taken and tested once the risk assessment is complete. A monitoring system is in place for ongoing continued sampling and testing by an accredited lab.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The treatment room has been de-cluttered and reconfigured reducing the risk of contamination of sterile dressings.</p> <p>Plumber has been advised that a hand wash sink is to be installed in the cleaner’s store.</p> <p>Moving and handling equipment observed on the day of inspection has been relocated to alternative space therefore not impacting on resident space.</p> <p>The multi-denominational prayer room has been reinstated to its original space in accordance with the centre’s SOP.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff have been issued with individual bottles of alcohol gel which will resolve the issue of the effectiveness of staff hand hygiene.</p> <p>A program is in place to replace all refillable hand soap dispensers to single use in all hand wash facilities.</p> <p>Residents personal wash basins no longer placed in bedpan washer.</p> <p>The bed pan washer is being used as per guidelines, contents of commodes/urinals are decanted into the bedpan washer.</p> <p>A range of safety engineered needles have been purchased; retractable blood collection needles are now retracted after use.</p> <p>Nebuliser cups are cleaned with sterile water and replaced every 24hrs as per manufacturers guidelines.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All registered nurses have completed the Antimicrobial Stewardship in Practice training and certificates are on file.</p> <p>Antibiotic use is audited monthly the data is analysed by the clinical team to inform and target quality improvement initiatives.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

The prayer room has been restored to its original space in accordance with the centre's SOP.

Any resident who resides in a twin room has been consulted in relation to television installation which is clearly outlined in the individual care plan. Additional televisions are available upon request.

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	23/10/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	23/10/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	23/10/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	23/10/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate	Substantially Compliant	Yellow	23/10/2024

	freely and in particular have access to radio, television, newspapers and other media.			
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