



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

Issued by the Chief Inspector

Name of designated centre:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Announced
Date of inspection:	22 March 2024
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0041017

About the designated centre

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

Leeson Park House Nursing Home is home to 45 residents and provides long stay, short stay and focused care options for both male and female adults with a range of dependencies and needs. There is full time nursing care provided to residents. The house is situated in a residential area of Dublin 6. Accommodation is arranged over four floors and includes single, companion and shared accommodation with assisted bath and shower rooms. There is also a penthouse suite situated on the fourth floor. The reception rooms are a defining feature of the house with fireplaces, high ceilings and art work. The dining room is large and spacious. There are a number of lounges, reading and recreational areas including a library and a small oratory. There is an enclosed garden which is maintained to compliment the unique characteristics of the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Friday 22 March 2024	08:35hrs to 16:40hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

This announced inspection took place over one day in Leeson Park House Nursing Home in Dublin 6. The overall feedback the inspector received from residents was positive and they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. Some comments from residents in relation to their life within the centre were "they make sure that everything is right", "nothing is a problem" and "there is a lovely atmosphere here, everyone gets on".

Leeson Park House Nursing Home is registered to accommodate 45 residents. The centre is laid out across four floors, with lifts and stairs to facilitate movement between all floors. Bedroom accommodation was located on all floors and comprised of 35 single bedrooms and five twin rooms. Residents had access to en-suites or shared bathrooms. Residents were supported to personalise their bedrooms, with items such as photographs, plants, bed linen and furniture to help them feel comfortable and at home. Residents spoken with were happy with their bedroom accommodation, including the cleanliness of rooms and one resident reported to enjoy the view from their window. While the registered provider had reviewed multi-occupancy bedrooms since the last inspection, the inspector observed that the space available to residents in one shared bedroom was not adequate.

There were communal spaces available for residents use such as a recreation, dining room, library, chapel, conservatory, hairdressers and a multi-functional room. Some rooms such as the recreation, conservatory and multi-functional room were used to facilitate group activities and also for dining. There was a homely atmosphere in the centre and the inspector was told that some areas such as the conservatory had recently been painted. However, some attention was required in the oversight of maintenance where some areas of poor repair were seen which could impact on the homely environment and on cleaning abilities. In addition, the inspector observed that storage was an issue in the centre, which was confirmed by the management team.

Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. Menus were displayed on tables and residents told the inspector that they were also provided with alternative choices if what was planned for the day was not to their like. On the day of the inspection, residents were provided with a choice of menu which consisted of fish cakes or chicken, while dessert options included cheesecake, fruit salad or jelly and ice-cream. There was choice seen at meal times throughout the day including a cooked breakfast option. Kitchen staff told the inspector that residents on modified diets had the same choices like the residents on normal diets. The inspector observed the dining experience at lunch time and saw that the meals provided were of a high quality, were well-presented and residents who requested additional portions or variety were seen to be accommodated. Assistance was discreetly provided to residents who required additional support and these interactions with staff were observed to be caring and respectful. Residents told the inspector that they enjoyed the meals and

that portions were plentiful. One resident said that “the meals are nice, if you don’t like what is on the menu, they provide you with other options such as a salad”. Another resident commented that “the food is lovely”. Two residents commented that they would prefer the food to be hotter.

There were two activity coordinators working within the designated centre and there was an activity schedule available. On the day of the inspection, there was a coffee morning to celebrate Daffodil day with coffee, tea, cakes and biscuits. Residents were seen to enjoy this time with other residents and staff, with social chit-chat occurring and music playing. In the afternoon, residents attended an exercise class facilitated by an external company. Residents were seen to be supported with a variety of activities on offer, including arts and crafts, visits from a therapy dog, card games, musicians such as pianists and harp players. In addition, residents had the opportunity to attend outings and recently visited the Chester Beatty library, Malahide castle and Knock. Residents spoken with stated they really enjoyed the activities on offer, especially the music concerts and going for walks.

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

Capacity and capability

There was a clearly defined management structure in place and overall this inspection identified it was a well-run centre. However, some improvements were required in the management systems to ensure that there was effective oversight and the necessary resources required within the designated centre to respond to maintenance requirements and infection control.

Shanid Limited is the registered provider for Leeson Park House Nursing Home which is part of the Silver Stream Healthcare group. There were clear roles and responsibilities outlined with oversight provided by the Chief Financial Officer and a Director of Clinical Governance, Quality and Risk. The person in charge reported directly into the Chief Operating Officer. The person in charge was supported in their role by an assistant director of nursing, an administrator, staff nurses, health care assistants, activity staff, domestic, and catering and maintenance staff.

The person in charge holds the appropriate experience and qualifications to meet the requirements of Regulation 14. The person in charge facilitated this inspection and was seen to be well-known to the residents and staff team of the designated centre.

The registered provider had a current certificate of insurance which indicated that cover was in place in the event of injury to residents. There was also limited

insurance in place to cover damage to personal effects belonging to residents, and this information was included in the residents' guide.

There was evidence of some good management systems in place such as management meetings, tracking clinical data and audits. The person in charge reported to their senior manager at monthly meetings where areas such as occupancy, incidents and accidents, health and safety, complaints and infection control were discussed. In addition, meetings were also held with facilities regarding the premises, health and safety and a wider group level meeting with all nursing homes under the registered provider's group. Overall meeting minutes provided evidence that there was management oversight occurring within the centre with actions identified and a person responsible. However, gaps were noted in that some audits and meetings were not effective at identifying or following through with all improvements required. For example, records of a management meeting of February 2024 stated that all actions from the inspection of November 2022 were completed. However, while compliance had improved in some areas, this inspection identified a number of outstanding issues and repeat findings under Regulations 23: Governance and Management, 17: Premises and 27: Infection Control.

The registered provider had completed an annual review of the quality and safety of care delivered to residents in 2023 in accordance with the National Standards and with evidence of consultation with residents. There was an action plan in place to respond to improvements required. For example, a refurbishment of the ground floor communal areas and additional staff training on restrictive practice and human rights was planned for 2024.

Regulation 14: Persons in charge

The person in charge of Leeson Park House Nursing Home has been employed within the centre since 2019. They are a registered nurse with not less than 3 years experience in a management capacity in the health and social care area, and holds a post registration management qualification.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place but were not consistently effective at ensuring the service was safe, consistent and appropriately monitored. Evidence of where further management oversight was required included:

- The oversight of fire safety within the centre was insufficient as housekeeping issues fundamental to good fire safety had not been identified and addressed by the registered provider. For example:
 - A lint removal programme was not seen to be in practice within the laundry room.
 - Storage on corridors may impact on the safe evacuation of residents. The inspector observed that corridors and fire exit routes were not clutter-free. For example, one corridor stored a hoist and was also a charger point for this hoist. Another corridor stored the chair scales and was also a charger point for this scales. There was no treatment room for the designated centre and therefore medicine trolleys were also stored on corridors.
 - Oxygen was inappropriately stored within the designated centre. The oxygen concentrators were seen stored on corridors and under a stairwell. In addition, there was no signage in place to alert people in the centre to the presence of oxygen.
- The risk register and identified controls were not accurate. For example, this document referred to controls in place included the works completed to multi-occupancy bedrooms which now ensured residents' dignity and privacy was maintained. It also referred to appropriate storage of oxygen concentrators and chemical agents which were not seen to be in place during this inspection.
- Some of the registered provider own audits were not effective at identifying areas for improvement. For example, an environmental audit provided to the inspector found 95 percent compliance in December 2023. The audit failed to highlight any aspects of the premises which required refurbishment or maintenance to aid effective cleaning measures.

Judgment: Not compliant

Quality and safety

Overall, the quality and safety of care provided to residents within Leeson Park House Nursing Home was of a good standard. Residents spoke positively about the care and support they received within the designated centre, particularly attributing this to the kind staff. From observations throughout the inspection, the inspector found that staff were respectful and courteous in all interactions with the residents.

However, improvements were required in the areas of residents' rights, the premises and infection control as further evidenced in the report.

Residents reported to feel safe and content within the centre. The designated centre had a safeguarding policy which had recently been reviewed in February 2024. There was evidence that staff had completed safeguarding training with just one staff member awaiting refresher training. Staff spoken with were aware of what to do if they suspected any form of abuse. The inspector reviewed a sample of safeguarding investigations and found these to be appropriately investigated. In addition, safeguarding care plans were in place and appropriate to guide care.

The registered provider was a pension-agent for two residents and held monies for an additional five residents. There was a policy in place to guide staff on the management of residents' personal property which was effective from August 2022. The inspector viewed documentation in relation to residents' possessions and finances and found that there were appropriate procedures in place to safeguard residents' finances.

Residents had access to television, newspapers, radios and wireless internet. Residents were supported to vote in the recent referendum. The registered provider had provided opportunities for residents to participate in activities in accordance with their interests and capacities. There was a varied activity programme on offer within the centre which included many outings. Activities were facilitated by two dedicated activity staff members and also volunteers. There was evidence that residents were consulted about the organisation of Leeson Park Nursing Home through resident meetings and surveys. Residents also had access to advocacy services. However, due to the configuration of one multi-occupancy bedroom, not all residents were able to exercise choice. This is further discussed under Regulation 9: Residents' Rights.

Residents were seen to be supported to communicate freely. The inspector reviewed a sample of assessments and care plans on communication and found that where a resident had a specialist communication requirement, that these requirements were recorded in their care plan.

Overall, the layout of the premises promoted a good quality of life for the residents and the environment was seen to be well-decorated. Since the last inspection, the housekeeping room had been fitted with a janitorial sink and some painting to communal areas had occurred. However, further improvements and maintenance were required in some areas to address worn surfaces, for example to flooring in communal areas on the ground floor and to paintwork on skirting boards and on door frames. The inspector was told that the centre was supported by maintenance, however some areas of repair such as required painting were not actioned and this remained an inspection finding from the inspection of November 2022. In addition, despite assurances from the registered provider that works had been completed, the configuration of one twin room was not appropriate to ensure compliance with Regulation 17: Premises which is further discussed under this regulation. The inspector was informed that the layout of one space with the position of the bed was at the requirement of the resident, however this layout impacted on the

available space for the other resident to enter the shared bathroom. By the end of the inspection, the inspector was told that the registered provider had reviewed the layout and would discuss this with the resident.

The registered provider had prepared a residents' guide in respect of the designated centre which had recently been reviewed in March 2024 and contained all of the required information in line with regulatory requirements.

The risk management policy included all the required information in line with the regulations and evidenced a system in place for responding to emergencies.

Overall, the centre was seen to be clean and residents reported to be happy with the cleanliness including that of their bedrooms. Staff were supported to attend training on hand hygiene, personal protective equipment (PPE) and infection control. There was an infection control policy in place dated January 2023. Cleaning schedules were seen to be in place internally with regular audits occurring. These were completed by an external cleaning company, however, improved oversight of the laundry room was needed as areas were seen to be unclean and there was no cleaning schedule for this area. In addition, while works to the external housekeeping room and sluice room had taken place since the last inspection, further action was required to be fully compliant with Regulation 27: Infection Control which is detailed further below.

Regulation 10: Communication difficulties

There was a policy available to guide staff on Resident Communication effective from April 2022. Communication requirements were seen to be recorded in person-centred care plans to ensure staff were informed of any specialist needs to enable residents to communicate freely.

Judgment: Compliant

Regulation 17: Premises

Action was required to address areas in the premises to ensure that it promoted a safe and comfortable living environment for all residents and that they aligned with Schedule 6 requirements. For example:

- Not all bed spaces in multi-occupancy bedrooms provided sufficient space (a minimum of 7.4 m² of floor space, to include the space occupied by a bed, a chair and personal storage space) for residents to complete daily activities in private and without impacting on the other resident in the room. For example, while the total footprint of one bedroom measured 16.7 m², due to the layout of the room allowing access to the shared bathroom and position

of the beds within the room one area measured 6.6 m2 and the other 7.3 m2. This is a repeat inspection finding from previous inspection dated November 2022.

- Inappropriate storage was seen throughout the inspection, including items on corridors and in communal bathrooms, such as cleaning solutions in unlocked presses which could pose a risk to residents with cognitive impairment.
- The centre was not maintained in a good state of repair internally. Wear and tear was visible to paint work, wall paper on corridors and to flooring such as in one communal bathroom and within the conservatory area.

Judgment: Not compliant

Regulation 20: Information for residents

The residents' guide for Leeson Park House Nursing Home was available and included a summary of services available and the terms and conditions for the designated centre.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was requested prior to the on site inspection and was reviewed. This policy was reviewed in March 2024 and met the criteria stipulated by the regulations, albeit implementation of risk register and identified controls was patchy, which is detailed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

There were a number of gaps in practice and issues fundamental to good infection prevention and control practices which required improvement. For example:

- Notwithstanding the refurbishment of the sluice facility since the last inspection, the location of the only sluice room remained an inspection finding. The inspection of 2023 identified that this room located on the ground floor was quite a distance from the rooms on the upper floors thus increasing a risk of cross-contamination. This was a risk especially since the centre experienced a large norovirus outbreak in February 2024 where 44

percent of residents were affected and which was spread across different floors in the designated centres.

- Wear and tear was visible within the centre, including to some items of residents' equipment such as shower chairs and grab rails were observed to be rusted which impacted on the effective cleaning of these surfaces.
- Storage practices required review. For example, the storage of some equipment and resident items posed a risk of cross-contamination as the inspector observed unused continence wear stored outside their packets and cleaning products and linen trolleys stored in communal bathrooms.

Judgment: Substantially compliant

Regulation 8: Protection

There was evidence that the registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The configuration of one multi-occupancy room had a shared privacy curtain which impacted on residents' of this room retaining choice over their environment. For example, if one resident wished to close their curtain for privacy, the other occupant of this room was impacted. In addition, with this curtain closed, this meant that one bed space did not have access to any natural day light as the curtain blocked both windows within the room.

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 14: Persons in charge	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0041017

Date of inspection: 22/03/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance the register provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> • Fire Safety: <ul style="list-style-type: none"> o Laundry cleaning schedule including daily, weekly and monthly checks of washing and laundry machines, countertops, vents, storage and floor is now in place. o Drills of evacuation have been carried out regularly internally and by external contractors. The various drills have shown that staff can perform an effective and safe evacuation of residents despite the hoist, medication trolleys and scaling chairs storage. The storage of these equipment on the corridors are not blocking the evacuation route, a risk assessment completed re same. o Oxygen concentrators have a designated storage area allocated, identified with a small label on the wall. Each oxygen concentrator have their own manufacture label alerting to the risks associated when they are in use. Oxygen concentrators are different than tanks or other containers supplying oxygen because they use electrical pumps to concentrate the continuous supply of oxygen that comes from the surrounding air. Therefore, the alert signage is on the concentrator itself and not on the wall where it is stored. • The risk registered is maintained updated and reflects the actions taken to ensure resident’s dignity and privacy in the multioccupancy bedrooms as well as the safe storage and use of oxygen. • The environmental audits carried out in 2023 were part of the Infection Control audit. The overall score of December 2023 audit was 95 percent, however, the environmental section scored 84 percent, highlighting non compliances with flooring and floor edges and corners. <p>Notwithstanding, the register provider had identified gaps in the audit system and individual audits have been implemented in 2024 to provide a more accurate reflection of the Nursing Home condition. The environmental audit completed on the 7th of March 2024 reflects 77 percent compliance.</p>	

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure compliance the register provider will have the following implemented and actioned as required:

- The layout and configuration of the multi-occupancy bedroom 1 will be again reviewed by an architect to provide assurances that both occupants of this room will have a minimum of 7.4 m2 of floor space, to include the space occupied by a bed, a chair and personal storage space. Regular updates will be provided to the Chief Inspector until the compliance plan is completed.
- Inappropriate storage - Press in the ground floor communal bathroom was unlocked to facilitate the staff accessing equipment and products required for the morning care routine. There was a bottle of chemical in the cabinet to be available to the night staff to carry out their cleaning assignments. The same was explained to the inspector on the day. The cabinet is kept locked immediately after the morning care. The bottle of chemical has been moved to a higher shelf in the cabinet to ensure there is no risk for residents with cognitive impairment.
- Wear and tear – ongoing schedule of works are maintained to meet the home requirements. It was explained to the inspector that works carried out are phased in order to minimize disturbance to the residents. Some refurbishment and painting works have been completed since the last inspection and, the inspector was informed of the plan to improve other areas like the flooring in the ground floor conservatory and bathroom. These works are due to be completed by the end of July 2024.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 To ensure compliance the register provider will have the following implemented and actioned as required:

- The risk associated to the distance of sluice room from the upper floors are reflected in the home risk register with control measures in place. In addition, extensive refurbishments were carried out to improve the standard of the sluice room as agreed with the IPC specialist that had conducted the previous inspection in 2023.
- Wear and tear in some items of residents’ equipment were noted. The inspector was informed that new grab rails were received and were part of the maintenance operative task list. The grab rails in both bathrooms were replaced on the day of inspection. The inspector was also informed that equipment such as shower chairs are regularly and

routinely replaced, the appearance of small patches of surface rust present is due to the prolonged exposure to moisture and water. A sample of a newly shower chair was shown to the inspector on the day to reflect the proactive approach taken by the register provider which will continue.

- Inappropriate storage – unused continence wear was stored in labelled baskets and removed on the day. The bottle of chemical is used by night staff to carried out their cleaning schedules and it has been moved to a higher shelf in the lockable cabinet.
- Covered linen trolley have been ordered to prevent cross contamination.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

To ensure compliance the register provider will have the following implemented and actioned as required:

actioned as required:

- The layout and configuration of the multi-occupancy bedroom 1 will be again reviewed by an architect to provide assurances that both occupants of this room will have a minimum of 7.4 m² of floor space, to include the space occupied by a bed, a chair and personal storage space. Regular updates will be provided to the Chief Inspector until the compliance plan is completed.

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	31/12/2024
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.	Not Compliant	Orange	26/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/05/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	26/09/2024