



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

## Issued by the Chief Inspector

Name of designated centre:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters Tralee Company Limited by Guarantee
Address of centre:	Our Lady of Fatima Home, Oakpark, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 February 2025
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0046448

## About the designated centre

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

Our Lady of Fatima Nursing Home is a single-storey building that commenced operation in 1968. It provides continuing, convalescent and respite care for up to 66 residents. It is situated on the outskirts of Tralee town and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 58 single bedrooms and in four twin bedrooms all which are en-suite. There is a large central dining room and a number of sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden and a smaller enclosed area opening from the activities room. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	62
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## 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 20 February 2025	08:30hrs to 17:20hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

Based on the observations of the inspector and discussions with residents, Our Lady of Fatima was a nice place to live, where residents were supported to have a good quality of life and had many opportunities for social engagement and meaningful activities. The inspector spoke with 11 residents living in the centre and spent periods of time observing staff and resident engagement over the day of the inspection.

All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents' told the inspector that they said that they could approach any member of staff if they had any issue or problem to be solved.

There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

The daily and weekly activity schedule was displayed in communal areas. Residents confirmed that there was a wide range of activities taking place, seven days a week. For example, inter-generational bonds were fostered between the residents and pupils from a local school through regular visits to the centre. The inspector was also informed that a large group of residents, accompanied by staff and relatives, had recently enjoyed an outing to a local garden centre where they socialised and had afternoon tea.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre comprised of a single storey building with 48 single bedrooms, four twin bedrooms and 10 suites. The comfortable suites comprised a bedroom with an adjoining private sitting room. All of the bedrooms were en-suite with a shower, toilet and wash hand basin.

There was a variety of communal spaces including, an activities room, visitors room, TV lounge, dining room and sun lounge available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly.

The on-site chapel provided a tranquil space for quiet contemplation and prayer. The inspector was informed that the daily mass was well attended by residents and members of the local community.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean and well maintained. The centre was found to be well-lit and warm. The majority of residents had

personalised their bedrooms with photographs, ornaments and other personal memorabilia.

Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. However, carpets and upholstered furniture within the 10 suites on St Dominic's unit were not included on a regular steam cleaning schedule.

Ancillary areas were also generally well-ventilated, clean and tidy. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. The main kitchen was clean and of adequate in size to cater for resident's needs.

Staff had access to dedicated housekeeping rooms for storage of cleaning trolleys and equipment and sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes. However, housekeeping trolleys were prepared within sluice rooms which posed a risk of cross contamination.

Two new clinical hand washing sinks had been installed at nursing stations to support effective hand hygiene. These complied with current recommended specifications for clinical hand hygiene sinks. However, a number of practices were identified which had the potential to compromise on the effectiveness of hand hygiene. For example, the inspector saw evidence that beverages were disposed of in clinical hand washing sinks. This may lead to biofilm build-up and promote bacterial growth in sinks. In addition, alcohol hand gel dispensers in some areas were topped up/ refilled. Infection prevention and control guidelines require dispensers to use disposable single-cartridges of alcohol gel to prevent contamination.

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

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 15: staffing,

Regulation 23: governance and management and Regulation 27: infection control, however however further action is required to be fully compliant. Where areas for improvement were highlighted during the inspection, the person in charge was responsive and committed to addressing these in a timely fashion.

Action is also required to achieve regulatory compliance with Regulation 5; Individual assessment and care plan. Findings will be discussed in under the respective regulations.

The registered provider of the centre is Dominican Sisters Tralee Company Limited by Guarantee, which comprises of seven directors. There was a clearly defined management structure in place, which identified the lines of authority and accountability. The person in charge was supported in their role by an Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM) and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

Staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the 62 residents living in the centre. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support.

However, a review of the staff rosters found that there was only two members of housekeeping rostered on Sundays even through there was no evidence of any reduction in residents' needs. The inspector was informed that there was a reduced cleaning schedule in place on Sundays to support reduced staffing levels. This arrangement did not ensure adequate cleaning staff resources were available each day to ensure cleaning requirements were completed.

Two nurse managers had been nominated to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Both had completed the link practitioner training.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded. Weekly care quality indicators which included information regarding the number of wounds and volume of antibiotic use were also maintained on a weekly basis.

A comprehensive suite of infection prevention and control audits covered a range of topics including waste management, hand hygiene and environmental and equipment hygiene. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent infection prevention and control audits were reflected on the day of the inspection.

The provider also had implemented a number of *legionella* controls in the centres water supply. For example, unused outlets/ and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested to monitor the effectiveness of controls.

Systems were in place to monitor the vaccination status of residents and to encourage vaccination including booster vaccination, to the greatest extent practical.

Staff had effectively managed several small outbreaks and isolated cases of transmissible infections in recent years including two outbreaks in 2024. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

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.

Safety huddles were also in place where staff met at a specified time to highlight safety and risk issues such as the management of indwelling urinary catheters. The goal was to reinforce best practice and ensure that all staff were well informed and vigilant in maintaining a safe environment for residents. However, discussion with staff identified that best practice guidelines were not followed when obtaining catheter specimens of urine. Details of issues identified are detailed under Regulation 27.

### Regulation 15: Staffing

There was enough staff with appropriate knowledge and skills available to meet residents' needs on the day of the inspection. However, from a review of the staff rosters, the inspector found that the household staffing numbers reduced from three staff during the week to two staff on Sundays. This did not ensure adequate cleaning staff resources were available each day.

Judgment: Substantially 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 staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant



## Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). However, further action was required to be fully compliant. This was evidenced by the following:

- The Registered Provider had not acted to address the issues escalated with the electronic care planning system in a timely manner to ensure that the assessments and care plans were up-to-date and provided accurate information for staff to follow when providing care. This is further detailed under Regulation 5: individual assessment and care plan.
- The provider had implemented a number of *legionella* controls in the centre's water supply. However, documentation was not available to confirm that routine testing for *legionella* in hot and cold water systems was undertaken to monitor the effectiveness of the controls.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of incidents as set out in paragraph 7(1)(e) of Schedule 4 of the regulations within the required time period.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

Visits and social outings were encouraged and facilitated. The centre adopted an open visiting policy for residents during the day except during protected meal times

where visiting was restricted in order to allow residents time and enjoyment of meals without distraction.

Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. However, a review of care plans found that the current care planning software was not fit for purpose. The inspector was informed that a software issue had produced updates to care plans which contained conflicting, inaccurate and outdated information which was no longer relevant.

The person in charge confirmed that this issue had been escalated to the Board of Directors. While documentation reviewed showed that this had also been included on the centre's risk register, there was no confirmed plan or agreed time-frame for this issue to be resolved. This is significant in the overall context of provision of safe care and is further discussed under Regulation 23 and Regulation 5.

Notwithstanding the issues identified with the care planning system, residents' nursing care and healthcare needs were met to a good standard. The inspector observed that staff were familiar with residents' medical history, needs and preferences. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. Multidisciplinary support and care was also provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team as required.

The inspector identified some examples of good antimicrobial stewardship. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff had received training on the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

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. A dedicated specimen fridge for the storage of samples awaiting collection was available.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during handling of waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

However, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example,

appropriate procedures were not followed by nursing staff when collecting urine samples from indwelling urinary catheters. In addition, cleaning trolleys were not prepared in housekeeping rooms and one sluice room was not designed in a way that minimised the risk of transmitting a healthcare-associated infection. Findings in this regard are presented under 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.

Judgment: Compliant

### Regulation 17: Premises

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

Judgment: Compliant

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

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

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. This was evidenced by:

- The inspector found that the dedicated sampling port was not used to collect urine samples from urinary catheters. Practices described increased the risk of catheter associated urinary tract infection.
- Housekeeping trolleys were observed to be prepared within sluice rooms. This posed a risk of cross contamination.
- The sluice room on St Albert's unit was small in size, poorly ventilated and did not facilitate effective infection prevention and control measures. For example, access to the hand hygiene sink was observed to be obstructed by linen trolleys within this room.
- Staff informed the inspector that they manually decanted the contents of commodes/ bedpans into the toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- The inspector saw evidence that beverages were disposed of in clinical hand hygiene sinks. This posed a risk of cross contamination. Alcohol gel dispensers were topped up/ refilled. National guidelines require dispensers to use disposable single-cartridges to prevent contamination.
- Carpets and upholstered furniture within the 10 suites on St Dominic's unit were not included on a regular steam cleaning schedule.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that the assessment and care planning system required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide care delivery. This was evidenced by:

- Six urinary catheter care plans contained conflicting, incorrect and outdated information. Furthermore, care plans for the residents who had urinary catheters did not outline the indication for catheterisation or measures to minimise the risk of catheter-associated urinary tract infections.
- A wound care plan contained conflicting, incorrect and outdated information. For example, the care plan stated that the wound had healed while also detailing two conflicting wound dressing regimes.
- All residents had generic infection prevention and control care plans in place when there was no indication for their use. Some of the points in these care plans referenced outdated COVID-19 guidance.
- Medication care plans of three residents prescribed prophylactic antibiotics did not contain the indication for or the intended duration of the prophylaxis.

Judgment: Not compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had regular reviews with a general practitioner.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

### Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions during the outbreaks were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while social activity between residents continued for the majority of residents in smaller groups or on an individual basis with practical precautions in place. The inspector was informed that visiting was also facilitated during outbreaks with appropriate infection control precautions in place.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0046448

Date of inspection: 20/02/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The household roster will be discussed with Board of Management on 03.04.2025</li></ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• The electronic care planning system provider is going to be changed. This will commence from May 2025. A read only license will be obtained for the previous care planning system.</li><li>• Routine water testing was carried out on 19.03.2025. A service contract has been put in place and this water testing has been scheduled to ensure ongoing regular testing.</li></ul>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"><li>• A 'Catheter Care' training huddle is taking place for all nurses during the months of March and April. This training includes the appropriate procedures when collecting urine samples from indwelling urinary catheters.</li></ul>	



- A dedicated cleaning station has been identified on each unit. The cleaning supply company are scheduled to fit appropriate dispensers and storage of required stock in each unit.
- Excess equipment removed from sluice room and options to ensure sluice room compliance will be discussed with the Board of Management on 03.04.2025.
- All staff informed of best practice when disposing of commodes/bedpans. This has been discussed at staff meetings and included in IPC training huddles.
- All staff informed of importance of ensuring that hand wash sinks are not used to dispose of any beverages etc. This has been discussed at staff meetings and included in IPC training huddles. Appropriate signage has been displayed.
- The majority of alcohol gel dispensers are not refillable however the remaining dispensers which require to be refilled will be replaced. These dispensers have been ordered and will be put in place when received.
- A steam cleaning schedule has been put in place for regular steam cleaning of upholstered furniture and carpets in St. Dominic's unit.

Regulation 5: Individual assessment and care plan

Not Compliant

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

- The existing electronic care planning has not been working sufficiently. It has not saved up to date information consistently. This has been highlighted to all staff and measures have been put in place to monitor the residents' ongoing care i.e. care plans have been corrected and saved in PDF format on the nursing home's server for staff to access/review.
- The electronic care planning system provider is going to be changed. This will commence from May 2025. A read only license will be obtained for the previous care planning system.
- GP has been contacted to document the indication for/intended duration of the prescribed prophylactic antibiotics. This information is documented in their care plan.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	03/04/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	19/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/07/2025

	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	31/05/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2025