



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

Issued by the Chief Inspector

Name of designated centre:	Hillview Convalescence & Nursing Home
Name of provider:	Hillview Convalescence & Nursing Home Limited
Address of centre:	Tullow Road, Carlow
Type of inspection:	Announced
Date of inspection:	19 November 2024
Centre ID:	OSV-0000238
Fieldwork ID:	MON-0039960

About the designated centre

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

Hillview Nursing Home is a family owned centre which opened in 2003. The registered provider is Hillview Convalescence and Nursing Home Limited. It is a purpose-built centre located on the outskirts of Carlow town, within walking distance of many amenities such as shops and churches. The centre is surrounded by spacious landscaped gardens with access to a secure garden for residents. There is ample parking available to the front and side of the centre. The centre can accommodate up to 54 residents, both male and female over the age of 18 in its 32 single and 11 twin bedrooms. Bedroom and communal spaces are divided over two floors with access to the first floor via a passenger lift and stairs. Communal space includes a dining room, day room, sun room, activity room, quiet room, reminiscence room and seating areas in the reception and landings on the first floor. Services provided include 24 hour nursing care, visiting general practitioners (GPs), pharmacy, chiropody, occupational therapy, physiotherapy, dietetics, speech and language, optician, dental and audiology. A range of social activities are offered to meet the needs of all residents over six days each week. Religious and advocacy services are also available. The centre caters for residents with varying levels of dependency for long term, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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
Tuesday 19 November 2024	08:50hrs to 16:00hrs	Sinead Lynch	Lead
Tuesday 19 November 2024	08:50hrs to 16:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors met with the majority of the 51 residents living in the centre and spoke with seven residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents who spoke with inspectors also confirmed that their rooms were cleaned every day and that they were kept "imaculate".

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. 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. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

There was a varied programme of activities provided seven days a week. Activities were facilitated by an activity co-ordinator, nursing and care staff and were tailored to suit the expressed preferences of residents. On the day of the inspection a group of residents and visitors were seen enjoying interactive light games that were projected onto a table, which they could touch and interact with. The games appeared to promote social interaction, movement and fun.

Residents were actively involved in the organisation of the centre. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the service. Residents' satisfaction surveys were analysed by the management team and action was taken to ensure residents' suggestions were implemented. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The outdoor courtyard and garden area was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home. While the centre generally provided a homely environment for residents, some of the décor and finishes were showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance.

Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

Equipment viewed was also generally clean with some exceptions. For example two urinals in communal bathrooms had not been effectively washed after use. This posed a risk of cross-contamination.

The ancillary facilities supported effective infection prevention and control. Staff had access to a dedicated housekeeping room on both floors for the storage and preparation of cleaning trolleys and equipment and sluice rooms for the reprocessing of bedpans, urinals and commodes. There was a treatment room for the storage and preparation of medications, clean and sterile supplies. These areas were well-ventilated, clean and tidy.

Laundry and resident clothing was laundered onsite. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

The main kitchen, located in the basement, was of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

Conveniently located, alcohol-based product dispensers were readily available along corridors and within bedrooms. Clinical hand wash sinks were accessible to staff within the treatment room, sluice rooms, a nursing office and in the ground floor dining room. Inspectors were also informed that sinks within residents' rooms were dual purpose used by both residents and staff. This practice was not supported by a risk assessment. Details of issues identified are set out under Regulation 27.

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

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports. This was an announced inspection which took place over one day, to monitor ongoing compliance with the regulations.

The registered provider is Hillview Convalescence and Nursing Home Limited. The person in charge was supported in their role by an assistant director of nursing

(ADON) and a clinical nurse manager (CNM), a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. There was a clearly defined management structure in place and accountability for the delivery of the service was clearly defined.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy-to-read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

Each resident had a contract for the provision of services. This contract was very detailed, and the residents or their representatives were informed of the service to be provided and any fees that may be charged. Each contract was signed by the resident, their representative and the registered provider.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing, who had been nominated to 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 staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The low staff turnover and full staff complement was indicative of good working conditions, job satisfaction and a supportive environment. It also provided continuity of staff which promoted consistent, high quality care for residents.

There were sufficient numbers of housekeeping staff on duty to meet the needs of the centre on the day of the inspection. 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 disposable cloths and mop heads to reduce the chance of cross-infection. Cleaning records viewed confirmed that all areas were cleaned each day. However, a review of cleaning products and processes was required to ensure cleaning was effective. Findings in this regard are presented under Regulation 27.

Infection prevention and control audits were undertaken and covered a range of topics including hand hygiene, specimen handling, equipment and environment hygiene, laundry, waste and sharps management. Action plans were developed to address any issues identified.

Surveillance of multi-drug resistant organism (MDRO) colonisation was undertaken and had identified a small number of residents that were colonised with Extended Spectrum Beta-Lactamase (ESBL) and Vancomycin-resistant Enterococci (VRE). These residents were being appropriately cared for with standard infection control precautions.

Staff working in the centre had managed one outbreak of COVID-19 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 the management of the outbreak to ensure preparedness for future outbreaks had been completed.

An outbreak of a contagious skin condition was ongoing at the time of the inspection. Twelve residents and one staff member had been symptomatic with itching and a characteristic skin rash since the outbreak began in July. The Person in Charge was engaging with Public Health regarding the management of this outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors.

The provider had a *Legionella* management programme in place. Controls included running unused outlets/ showers weekly, water temperature was maintained at temperatures that minimised the proliferation of *Legionella* bacteria and shower heads were regularly cleaned. Water samples had recently been taken to assess the effectiveness of local *Legionella* control measures and the results were pending.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, 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.

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

The registered provider was committed to the provision of safe and high-quality service for the residents. The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their appointed representative. The fees charged to the resident were clear. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: 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 the outbreak of any 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

Regulation 34: Complaints procedure

There was an up-to-date complaints policy in the centre. The procedure for making a complaint was displayed around the centre. This was in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-agent for any resident.

Activities were provided in accordance with the needs and preferences of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID-19, influenza and pneumococcal vaccinations were administered to eligible residents with consent.

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 fridge was available for specimens awaiting transport to the laboratory.

Resident care plans were accessible on a paper based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. For example, all residents had generic COVID-19 and respiratory tract infection care plans when there was no indication for their use. Details of areas for improvement identified are set out under Regulation 5.

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. Improvements to the layout of two bedrooms had been made since the previous

inspection. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The person in charge had implemented a structured approach to antimicrobial stewardship to ensure the appropriate use of antibiotics and minimise the risk of antimicrobial resistance in the centre. Nursing staff had completed training on the principles of antimicrobial stewardship. Audits of antibiotic prescribing patterns and infection rates were undertaken and reported each month.

An audit of urinary tract infections had also recently been completed. Staff were exploring alternative approaches to managing urinary tract infections, including the potential use of oestrogen therapies, as part of their commitment to reducing antibiotic use while providing safe and effective care for residents. This initiative provided ongoing assurance in relation to the quality and safety of the service, in particular the burden of infection and antimicrobial resistance in the centre.

Sepsis awareness posters were displayed in the nursing office and in communal areas to raise staff awareness about the importance of recognising and responding to the signs and symptoms of sepsis urgently. However, inspectors were informed that this had not been reinforced with staff training.

Some examples of good practice in the prevention and control of infection were identified. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Used laundry was observed to be segregated in line with best practice guidelines. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

The provider had substituted some traditional hollow bore needles with a safety engineered sharps devices to minimise the risk of needlestick injury. However, inspectors observed that the safety mechanism had not been engaged on several blood collection sets after use. Improvements were also required in the management of clinical waste. 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

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

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

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

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy which included the hazard identification and assessments of risks throughout the centre.

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;

- Clinical hand wash sinks in resident bedrooms were dual purpose, used by staff for clinical hand washing and residents for personal hygiene. There was no risk assessment to support this practice and resident toothbrushes and other items were stored on the sink in some bedrooms. This posed a risk of cross-contamination. Inspectors were informed that used wash-water was emptied down residents sinks which also posed a risk of cross-contamination.
- A range of safety engineered needles were available. However, inspectors saw evidence (used blood collection needles in the sharps disposal bin) that safety mechanisms were not engaged after use and prior to disposal.

Inappropriate use of safety engineered devices increased the risk of needle stick injury.

- There was ambiguity regarding effective equipment and environmental cleaning practices. Inspectors were informed that the same disposable mop was used for en-suite toilets and bedrooms. This posed a risk of cross-contamination. A chlorine based disinfectant was used as part of routine cleaning when there was no indication for its use. Chlorine can damage equipment with prolonged use. Furthermore, this product did not contain a detergent which may have impacted the effectiveness of cleaning.
- Clinical waste bins were inappropriately located within the treatment room, communal bathrooms and a large number of bedrooms where residents were being cared for with standard infection control precautions. This could encourage inappropriate waste segregation practices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person-centred and evidence based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example;

- There were no residents with confirmed or suspected COVID-19 infection in the centre on the day of the inspection. However, all residents had generic COVID-19 and respiratory infection care plans in place when there was no indication for their use. This did not ensure that care plans were reflecting residents' conditions to effectively guide care.
- An infection prevention and control care plan for a resident with a recent history of *Clostridioides difficile* (C-diff) infection advised that staff test for clearance prior to removing transmission based precautions. This advice was contrary to local and national guidelines.
- Accurate colonisation status was not recorded to effectively guide and direct the care of one resident that was colonised with an MDRO.

Judgment: Substantially compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, antibiotic consumption data was analysed each month and used to inform infection prevention practices. There was a low level of prophylactic antibiotic use within the

centre, which is good practice. Staff also were engaging with the “skip the dip” campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The registered provider was not a pension-agent for residents.

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, outbreak reports indicated that restrictions during outbreaks were proportionate to the risks. Visiting was facilitated during outbreaks with appropriate infection control precautions.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview Convalescence & Nursing Home OSV-0000238

Inspection ID: MON-0039960

Date of inspection: 19/11/2024

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Clinical handwash sinks in residents' bedrooms are dual purpose, used by residents and staff. A risk assessment has now been completed for this practice.</p> <p>Staff will check residents' ensuites and ensure no toothbrushes are left on sinks after the resident has completed their personal hygiene needs.</p> <p>Used wash water in basins will be disposed of in the main bathrooms to prevent risk of cross contamination.</p> <p>Staff have been notified of all the above actions to be taken.</p> <p>A memo was sent to nursing staff and poster put in place in treatment room / nurses station to remind staff to always engage the safety mechanism on needles after use prior to disposal to reduce risk of needle stick injury.</p> <p>Disposable mops heads are used by cleaning staff, the mop head is used on the bedroom first and then the resident's ensuite and then disposed of.</p> <p>Going forward the mop head will be changed after cleaning the bedroom floor before the proceeding to the ensuite floor. Domestic staff aware of this action to be taken.</p> <p>IPC nurse was contacted regarding suggestions for alternative cleaning product that will include both a detergent and disinfectant. Our hygiene supplier has been contacted to source the recommended product that the IPC team suggested and it is currently being ordered.</p> <p>A review of the placement of clinical waste bins has taken place after inspection.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The Covid / Respiratory care plans were in place in the event of an outbreak to guide staff on necessary steps to be taken. Since the inspection these care plans have been deleted to reflect the resident's current condition.</p> <p>The IPC care plan regarding C diff was reviewed and amended to adhere to current guidelines.</p> <p>The care plan was implemented and colonization status documented for the resident with MDRO following the inspection.</p>	

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 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	03/01/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.	Substantially Compliant	Yellow	23/12/2024

