



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

Issued by the Chief Inspector

Name of designated centre:	St Pappin's Nursing Home
Name of provider:	Silver Stream Health Care Limited
Address of centre:	Ballymun Road, Ballymun, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	04 December 2025
Centre ID:	OSV-0000178
Fieldwork ID:	MON-0039611

About the designated centre

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

St. Pappin's Nursing Home is located in the heart of Ballymun and the registered provider is Silver Stream Healthcare Limited. The centre can accommodate 51 residents, both male and female over the age of 18. Residents are accommodated in bedrooms, ranging from single rooms to three bedded or four bedded rooms. Other facilities include recreational spaces and a large enclosed garden which offers residents the opportunity to enjoy the outdoors in a safe and secure environment. A range of care options are available to suit the personal care needs of residents. The range of long stay, short stay and focused care options ensure residents receive as much or as little support and assistance as they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 December 2025	07:50hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, which was carried out over one day. The inspector met with the majority of the 50 residents living in the centre and spoke with 10 residents in more detail to hear about their experience of living in the centre. Residents were full of praise for the staff, especially their kindness and attention to their needs. Residents said that they felt safe living in the centre and one resident told the inspector that they 'love it here, you couldn't get a better lot'.

The centre is located in the heart of Ballymun and is registered to accommodate 51 residents. A large proportion of the residents came from the local area, reflecting the community-based nature of the centre. Throughout the day the inspector observed many residents engaging in good natured banter, chatting, laughing and interacting comfortably with staff and each other. The atmosphere was warm and friendly, with residents appearing relaxed and sociable, enjoying spontaneous interactions and shared moments of fun and companionship.

Some of the residents, had a diagnosis of a cognitive impairment and could not converse with the inspector. Staff were observed interacting with these residents in a respectful manner and knew the residents' preferences. These residents appeared comfortable in the presence of staff.

There was a low level of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and the inspector observed that staff were familiar with what might trigger a resident's responsive behaviours and knew how to effectively support those residents when they became anxious or agitated.

The inspector met with one visitor who gave very positive feedback on the care provided to their relative. They stated that they now considered the staff 'like family' due to the compassion and support shown. They also described how, over the time their loved one had been in the centre, they had developed relationships with other residents relatives, which further created a supportive community within the centre.

There was a varied schedule of activities available for residents that were held over seven days of the week. A range of Christmas activities were also planned for residents over the coming weeks, including carol services, a Christmas jumper day, a Christmas party and a mass.

Many of the residents said that they particularly enjoyed the bingo and music sessions held in the centre. External outings to local shops and pubs were also facilitated. The inspector also saw posters displaying details of advocacy services, and residents were referred to advocacy services if required.

Young children from a local crèche regularly visited the nursing home as part of an inter-generational programme designed to encourage social interaction and play between toddlers and the residents. The inspector was informed that residents looked forward to the children's visits and staff observed that these interactions contributed to improved mood, engagement and overall well being. To ensure safety of residents, particularly during times of increased seasonal illness, management worked closely with crèche staff to put appropriate infection prevention measures in place. For example, pre-visit checks were routinely undertaken to ensure that visits were postponed if any of the children were showing any signs or symptoms of illness.

Residents gave very positive feedback regarding the quality and choice of food available. The inspector observed the lunchtime meal on the day of inspection. Many residents required assistance and the inspector saw that those who did, were provided with it, in a respectful and unhurried manner. The dining experience had been enhanced since the previous inspection and the timing of lunch and tea time meals had been reviewed to ensure meals were served slightly later in line with normal lunch and dinner times. There was a choice for each meal and menus were displayed in the dining rooms.

Additional seating had been provided on both the ground floor and first floor dining areas. Notwithstanding the additional seating, some residents told the inspector that they still preferred to have their meals at individual tables in the first floor mezzanine while the others choose to have lunch in their bedrooms. Staff respected residents' individual preferences.

The nursing home was set within a protected structure of notable historical significance, having originally served as a catholic church for the Ballymun community. Although largely extended and renovated internally, the church part of the building retained most of its external details, with much of the original architectural character and form thoughtfully preserved including the stained-glass windows, doorways and ornate stone structures all of which contributed to the centre's unique environment.

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 centre had a number of communal spaces which were warm and generally well maintained. Outdoor space was independently accessible for residents living in the centre. The centre had been decorated with christmas trees and decorations which added colour and festive cheer.

Bedroom accommodation comprised single and multi-occupancy twin, three and four-bedded rooms located on the ground floor and first floor. The majority of bedrooms had en-suite showers and toilets and there was toilet and shower facilities in close proximity to bedrooms that were not en-suite. Residents were supported to personalise their bedrooms, with items such as Christmas decorations, photographs and artwork to help them feel comfortable and at ease in the home.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. A clinical hand washing sink was available on the corridor of the ground and first floor. These conformed to the recommended specifications for clinical hand wash sinks. However the hand washing sinks within multi-occupancy bedrooms did not conform to the recommended specifications for clinical hand wash sinks.

The infrastructure of the on-site laundry on the second floor supported the functional separation of the clean and dirty phases of the laundering process. The main kitchen was of adequate in size to cater for resident's needs.

However, other ancillary facilities did not support effective infection prevention and control. Medication rooms were available on the ground and first floor for the storage and preparation of drugs, clean and sterile supplies. However, clinical hand washing sinks were not available in these rooms. Sluice rooms were equipped with bedpan washers for the reprocessing of bedpans, urinals and commodes. However, procedures of the management of urinals and commodes did not support effective infection prevention and control. Findings in this regard are presented under Regulation 27; infection control.

While the centre generally provided a comfortable and homely environment for residents, the inspector observed that the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork and wood finishes in some resident rooms were worn. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting. Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

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 also had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector also reviewed the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that the majority of actions outlined had been addressed and a plan was in place to address outstanding issues. For example, the carpet on the first floor has been replaced, two multi-occupancy bedrooms on the first floor had been reconfigured to enhance residents privacy and access to personal belongings. The

inspector was informed of plans to reconfigure the remaining multi-occupancy rooms in 2026.

New privacy curtains had been sourced for multi-occupancy rooms to give the appropriate degree of privacy for residents. A review was also carried out to ensure no personal or sensitive information was displayed in residents' bedrooms. Some equipment had been replaced, and the inspector was informed that additional televisions had been ordered to ensure that all residents had access to their own personal television.

The inspector viewed the newly installed external storage facility to inform the decision on the application submitted to vary condition 1 of the centre's registration. The registered provider had also submitted updated floor plans with the application. The additional shed supported efficient and safe storage of consumables and efforts had been made to de-clutter the centre.

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre, as described in the centre's statement of purpose. There was a full staffing compliment on the day of the inspection, with no existing vacancies within the centre.

Housekeeping services were provided through an external contractor. The inspector was informed that the continuity of regular cleaning staff in recent months had contributed to improvements in the overall quality and consistency of the service. 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 color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. New deep cleaning records had also been introduced which confirmed that all bedrooms were deep cleaned each month.

The provider had nominated three staff members 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. Staff also had access to specialist infection prevention and control advice and support as required.

A quarterly schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including antimicrobial stewardship staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

Outbreaks of infections were notified in line with the Regulation 31. A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. The centre had experienced four outbreaks of acute infectious gastroenteritis in 2025. While it may be impossible to

prevent all outbreaks, the low level of transmission and short duration of these outbreaks indicated that the early identification and effective management of the outbreaks had contained and limited the spread of infection.

Infection prevention and control guidelines covered aspects of standard infection control and transmission-based precautions. However, appropriate Carbapenemase-Producing Enterobacteriales (CPE) guidelines were not available to staff. Findings in the regard are presented under Regulation 27; infection control.

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 the majority of staff were up to date with infection prevention and control training. However, the inspector was informed that training was solely through online platforms, with no face-to-face or practical training available. This limited opportunities for staff to practice hand-on skills and receive direct feedback, which could limit the consistency of infection prevention and control practices in the centre.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed confirmed that there was a high level of training provided in the centre. Infection prevention and control training was delivered by online training. All staff had received, or had scheduled training in the coming weeks, to ensure they had infection prevention and control training specific to their roles.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the registered provider was committed to the provision of safe and high-quality service for the residents. The majority of actions outlined in the compliance

plan from the previous inspection had been addressed and a plan was in place to address outstanding issues.

The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. Management ensured that service delivery was safe and effective through ongoing infection prevention and control audit and oversight.

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 all outbreaks of notifiable infections as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider was delivering a good standard of social and clinical care. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week.

The centre adopted an open visiting policy during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GPs), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The person in charge confirmed that GP's from the local practice called to the centre twice a week. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents also had access to local dental, optician and pharmacy services.

A vaccination programme was available to staff and residents to mitigate the burden of influenza in the centre. Strategies to promote uptake in 2025 had been implemented and included the provision of on-site vaccination clinics and education

on the benefits of vaccination. However, rates of staff influenza vaccine uptake in 2025 fell well below the national uptake target of target of 75%. This increased the risk of infection transmission within the centre.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded. 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.

The inspector focused on resident's elimination (urinary catheter), infection control and wound care plans. Overall, the standard of care planning was good and described person centred and evidenced based interventions to prevent catheter associated urinary tract and wound infections. Accurate infection prevention and control information was consistently recorded in care plans to effectively guide and direct the care of residents that were colonised with an MDRO. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred back to acute care. Copies of transfer documents were maintained and generally contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, the inspector identified an occasion when colonisation status was not communicated to the receiving hospital.

Upon residents' return or admission to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was cleaned to a high standard, with appropriate routines and schedules for cleaning and decontamination.

There was a full time maintenance person employed in the centre, who had good oversight of the premises. An online software platform was used to log, track and manage maintenance requests within the centre. This system supported timely resolution of maintenance issues and provided a clear record of actions taken.

The provider had a Legionella management programme in place. Water testing reports provided the assurance that the risk of Legionella was being effectively managed in hot and cold water systems in the centre.

The inspector identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

Notwithstanding the good practices observed, the inspector also identified small number of areas that required review to ensure that staff complied with the national standards for infection prevention and control published by HIQA. For example, staff said that they emptied the contents of urinals and commodes prior to placing them into the bedpan washer for decontamination. Improvements were also required in sharps safety and equipment management. Findings are detailed 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. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

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 generally conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had taken action to comply with this regulation since the last inspection. Residents weight was monitored appropriately and screened using a validated assessment tool, for risk of malnutrition.

Residents were provided with nutritious home cooked meals and there was choice of menu at all mealtimes. The inspectors observed the lunch time meal and it was evident that there were enough staff available to supervise and assist residents who required additional support.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The MDRO colonisation status of a resident was not communicated on transfer to hospital. This meant that appropriate precautions may not have been in place when caring for this resident in hospital.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1) including infectious diseases.

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 was required to be fully compliant. For example;

- Sluicing facilities did not support effective infection prevention and control. A spray hose was attached to an equipment cleaning sink within both sluice rooms. The use of the hose posed a risk for environmental contamination.
- Staff said that they manually decanted the contents of urinals into the sluice or toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Safety engineered sharps devices were not used appropriately. The inspector observed that the safety mechanism had not been engaged on needles after use. This practice increased the risk of needle stick injury.
- Equipment was generally clean and well maintained with some exceptions. For example, the underside of several shower chairs were unclean and the covers of a small number of mattresses were worn. This increased the risk of cross infection.

- The CPE guidelines available in the centre were primarily designed for acute care settings and were not fully applicable to the nursing home environment. As a result appropriate infection prevention and control measures may not have been applied when caring for residents with a history of CPE colonisation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional as appropriate.

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

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were involved in their care and had choice in the time they wish to go to bed and when they could get up. Residents had access to newspapers, magazines and books.

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. 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Pappin's Nursing Home OSV-0000178

Inspection ID: MON-0039611

Date of inspection: 04/12/2025

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 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none">• The CNM/ADON reviews transfer documentations to ensure the National Transfer Document is fully completed prior to all transfers to hospital, with specific inclusion of healthcare-associated infections and MDRO status, where applicable.• The Person in Charge will conduct staff huddles with nursing staff to reinforce transfer and discharge procedures, with particular emphasis on clear communication of infection and colonisation status to receiving services.• A transfer checklist sign-off has been introduced and completed by the nurse in charge for each transfer, confirming that all relevant clinical and infection prevention and control information has been communicated.• Monthly audits of hospital transfers will be undertaken for a three-month period, with findings reviewed by management. Quarterly audits will continue thereafter to ensure sustained compliance.	

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

- Spray hoses will be removed from sluice rooms to eliminate the risk of splash and aerosol contamination.
- The practice of manual decanting of urinals and commodes has stopped. All items are now placed directly into bedpan washers in accordance with infection prevention and control best practice.
- The correct use of safety-engineered sharps devices has been reviewed and reinforced with staff. Spot checks are carried out by the ADON to ensure safety mechanisms are engaged following use and that safe sharps practices are maintained.
- Worn mattress covers will be gradually replaced, and all resident care equipment, including shower chairs, is included in the cleaning and inspection schedules. The ADON/PIC will conduct weekly reviews, with actions implemented and documented where non compliances are identified.
- The Carbapenemase-Producing Enterobacterales (CPE) policy was updated on 04/12/2025 following inspector feedback to ensure it reflects best practice for Residential Care Facilities.
- Face-to-face infection prevention and control training sessions have been scheduled to supplement online training and support consistent application of IPC practices.
- The frequency of IPC checks has been increased, with a focus on sluicing practices, sharps safety, and equipment hygiene, and findings are incorporated into the quarterly IPC audit programme.

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	28/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are	Substantially Compliant	Yellow	31/03/2026

	implemented by staff.			
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