



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Ballynoe
Name of provider:	Carechoice Ballynoe Limited
Address of centre:	Whites Cross, Cork
Type of inspection:	Unannounced
Date of inspection:	15 April 2025
Centre ID:	OSV-0000210
Fieldwork ID:	MON-0046821

About the designated centre

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

Carechoice Ballynoe (known as Ballynoe) is a designated centre which is part of the Carechoice group. It is located in the rural setting of Whites Cross and is a short distance from the suburban areas of Ballyvolane, Blackpool, and Cork city. It is registered to accommodate 46 residents. Ballynoe is a two-storey facility with lift and stairs to the upstairs accommodation. It is set out in three corridors on the ground floor called after local place names of Glen, Shandon and Lee; and Honan on the first floor. Bedroom accommodation comprises single and twin rooms downstairs and 12 single occupancy bedroom upstairs. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise a comfortable sitting room, Morrissey Bistro dining room, large day room and a large quiet room with comfortable seating. The hairdressing salon is located near the main day room. There is a substantial internal courtyard with lovely seating and many residents have patio-door access to this from their bedrooms; there is a second smaller secure courtyard accessible from the quiet room and a further enclosed space accessible from the main day room. At the entrance to the centre there is a mature garden that can be viewed from the sitting room, dining room and some bedrooms. Carechoice Ballynoe provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Tuesday 15 April 2025	08:45hrs to 15:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a calm and welcoming atmosphere in the centre. All interactions observed were person-centred and courteous. Based on the observations of the inspector and discussions with residents, Carechoice Ballynoe was a nice place to live, where residents were supported to have a good quality of life and had opportunities for social engagement and meaningful activities. The inspector met with the majority of the 46 residents living in the centre and spoke with 10 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 also confirmed that their rooms were cleaned every day and that they were kept "spotless".

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. They told the inspector that they could approach any member of staff if they had any issue or problem to be solved.

Visitors were observed attending the centre over the course of the day. Visits took place in communal areas and residents bedrooms. There was no booking system for visits and the residents confirmed that their relatives and friends could visit anytime. Four visitors whom the inspector spoke with were complimentary of the care and attention received by their loved ones.

There was a low level of 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 staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

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 two storey building with four single bedrooms, 26 single bedrooms with en-suite facilities and three twin bedrooms with en-suite facilities. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean and well maintained.

There was a choice of communal spaces which were seen to be used thought out the day by residents. The outdoor courtyard was well maintained and readily accessible, making it easy and safe for residents to go outdoors independently or with support, if required. Five of the bedrooms on the ground floor had patio doors which opened directly onto the courtyard.

The centre had recently been redecorated. All areas had been painted, new curtains and artwork had been hung and flooring had been replaced in some communal areas. 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.

The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. Lockable storage space was available and personal storage space comprised of a bedside locker and wardrobes. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

The main kitchen was clean and of adequate in size to cater for resident's needs. The chef served meals to the residents from the serving pass, an opening that linked the kitchen to the dining room. This created a smooth and efficient connection between the kitchen and the dining room, allowing home cooked meals to be served quickly and in portions that suited resident's individual preferences and dietary requirements.

Residents were very complimentary of the home cooked food and the dining experience in the centre. The dining room had been recently redecorated and was homely and comfortable. Tables were tastefully set with linen tablecloths and fresh flowers. The dinner time meal was appetising and well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents as required during the meal times.

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. Staff had access to a dedicated housekeeping room for storage of cleaning trolleys and equipment and sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes. The inspector was informed of plans to reconfigure the ground floor sluice to improve workflow and facilitate effective infection prevention and control practices.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms. A new clinical hand washing sink had been installed in the treatment room to support effective hand hygiene. This complied with current recommended specifications for clinical hand hygiene sinks. However, there was a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms and the sinks in the resident's rooms and en-suite bathrooms were dual purpose used by residents and staff. There was a risk assessment in place to support this arrangement in the interim of installing additional clinical hand washing sinks within the centre.

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. Improvements had been made to the premises since the last inspection to enhance the quality and safety of care delivered. The inspector found that the provider generally met the requirements of Regulation 5; individual assessment and care plan, Regulation 25; temporary absence and discharge of residents and Regulation 27: infection control, however further action was required to be fully compliant. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

CareChoice Ballynoe is a designated centre for older people operated by CareChoice Ballynoe Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. The provider is involved in operating 14 other designated centres in Ireland. The centre had access to and support from centralised departments such as human resources, quality, finance and human resources.

The person in charge (PIC) was supported in their role by two Assistant Directors of Nursing (ADONs) and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

The provider had nominated the PIC and two ADoN to the role infection prevention and control link practitioners to increase awareness of infection prevention and control and antimicrobial stewardship issues locally as recommended in national infection prevention and control guidelines.

There were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and flat mops to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received infection prevention and control training to ensure they had up-to-date mandatory training specific to their roles.

Safety huddles were used to share infection prevention and control information. Recent topics included hand hygiene and donning and doffing of personal protective equipment (PPE). The goal was to reinforce best practice and ensure that all staff were well informed and vigilant in maintaining a safe environment for residents.

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

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by nursing management and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, PPE use, 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.

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.

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

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that 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. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

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 two working days of their occurrence.

Judgment: Compliant

Quality and safety

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

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs),

specialist medical and nursing services including psychiatry of older age and allied health professionals as necessary.

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

Comprehensive assessments were completed for residents on or before admission to the centre. 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. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, improvements were required in the recording of MDRO history and management in care plans. Findings in this regard are presented under Regulation 5.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document was incorporated into the electronic care record and contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, a review of previous transfer forms found that residents MDRO status was not consistently communicated on transfer to hospital. This is further detailed under Regulation 25.

Up-to-date guidance published by the Health Protection Surveillance Centre (HPSC) in relation to infection prevention and control and outbreak management were available and were implemented in the designated centre. Staff were supported in their roles with access to appropriate training and infection prevention and control specialist advice where required.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. While it may be impossible to prevent all outbreaks, the low level of transmission and short duration of the most recent outbreaks indicated that the early identification and effective management of outbreaks had contained and limited the spread of infection.

Two residents had symptoms of respiratory tract infection and were being cared for with transmission based precautions on the day of the inspection. The PIC was engaging with Public Health regarding the management of this suspected outbreak and had implemented all recommended controls to ensure the safety and well-being of residents, staff and visitors.

PCR testing for COVID-19, respiratory syncytial virus (RSV) and influenza (flu) had been undertaken in line with national guidelines and results were pending. However, the PIC reported difficulty obtaining PCR testing kits from local hospitals for testing for Acute Respiratory Infection (ARI). Findings in this regard are presented under Regulation 27.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. 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.

The overall premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. Housekeeping staff were found to be knowledgeable about required cleaning practices and processes.

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 PPE was also observed during the course of the inspection.

Notwithstanding the good practices observed, improvements were required in the management of equipment and the provision of supplies of viral testing swabs and safety engineered sharps devices. Further training was also required in obtaining urine samples from indwelling urinary catheters. 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.

The resident's rights 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 from 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 conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed transfer documentation and saw that, on four occasions, relevant information about resident's infection and colonisation status was not provided by the designated centre to the receiving hospitals. As a result, appropriate infection prevention and control measures may not have been in place when caring for these residents in hospital.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as legionella were assessed and appropriate controls were implemented.

Following outbreaks, the person in charge had prepared detailed outbreak reports in line with national guidelines. Reports included a timeline of events, the number of residents and staff affected, infection control measures implemented. Reports also included recommendations to improve future responses.

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;

- Nursing staff told the inspector 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.
- Sufficient supplies of viral swabs were not readily available within the centre as part of outbreak preparedness measures. A delay in testing had the

potential to delay early detection and controls which may contribute to onwards transmission.

- Staff informed the inspector that they manually decanted the contents of commodes/ bedpans into toilets or the sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- A full range of safety engineered needles were not available. This increased the risk of needle stick injury.
- Equipment was generally clean with some exceptions. For example, a commode chair in a communal bathroom was soiled and a standing hoist was visibly unclean.

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. However, however further action is required to be fully compliant. For example;

- A review of care plans found that accurate colonisation status was not recorded to effectively guide and direct the care of one resident that was colonised with an MDRO.
- Two care plans for residents with a history of MDRO colonisation advised that the residents 'require isolation requirements'. This may lead to confusion as these residents did not require isolation and were being appropriately cared for with standard precautions.
- Several care plans advised the routine use of dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to both local and national guidelines which advised that inappropriate use of dipstick testing can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Judgment: Substantially 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 and 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
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 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Ballynoe OSV-0000210

Inspection ID: MON-0046821

Date of inspection: 15/04/2025

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">• All resident documentation has been reviewed and updated by the Director of Nursing and Assistant Director of Nursing. MDRO, infection details and colonisation status have been entered into the Medical History section on the electronic record to ensure automatic inclusion in transfer letters.• A copy of the transfer letter is available on the home's computerized system and is saved under the resident profile and it is possible to retrieve all transfer records.• Care plans have been reviewed to ensure that MDRO infections status is recorded. All staff are aware of the appropriate infection prevention and control measures in place when caring for these residents. The ambulance staff/hospital staff will be advised on the infection status and IPC measures to use when caring for the resident.• Safety huddles have been conducted with nursing staff to reinforce the importance of communicating MDRO status and related information to receiving hospitals.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• The Clinical Management Team have provided training and practical demonstrations to all nursing staff to ensure correct practises are followed while collecting urine samples from urinary catheters. Staff were advised to follow the CareChoice Continence Care (CL007) policy when obtaining urine samples. This policy was recirculated to all staff.• Director of Nursing (DON) collected 40 viral swabs on the day of inspection from the hospital. The hospital has confirmed that it will continue to supply viral swabs as needed.	

<p>The ADON going forward will ensure that there are sufficient viral swabs available, and staff are aware how to access the swabs. Testing is conducted in line with the public health guidelines.</p> <ul style="list-style-type: none"> • The bedpan washers in both sluice rooms are suitable for the disposal of all waste, including toilet paper. Staff have been informed of the gaps noted on the day of inspection. Signage on display in both sluice rooms advising staff to discard waste from bedpans or commodes directly into the bedpan washer rather than decanting it into toilets or sluices. DON/ADON/IPC link Nurse will continue with the spot checks to ensure compliance to this process. • An external audit and risk assessment of all clinical handwash sinks was conducted in July 2022 to ensure compliance with Department of Health guidelines (Health Building Note 00-10, Part C: Sanitary Assemblies). One clinical handwashing sink has been installed, with two additional units on order and pending installation as recommended. Where installation was not feasible, a risk assessment (Ref: CCG R/A 031) was implemented to address the dual use of sinks in residents' rooms and en-suite bathrooms by both residents and staff. This assessment was reviewed and updated in December 2024. Residual risk for residents, staff, and visitors has been classified as low, and the risk assessment was available on the day of inspection. • As of April 23rd 2025, all needles and cannulas without safety engineering were removed and retractable needles are available for use. • A staff allocation is in place to ensure that all equipment are cleaned and stored appropriately. The nurse on duty is responsible for ensuring that the cleaning checklist is completed daily. The IPC Link Nurse/Assistant Director of Nursing will conduct spot checks on the cleaning records and cleanliness of patient equipment to ensure compliance with IPC protocols. 	
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> <ul style="list-style-type: none"> • All residents with a history of MDROs have their care plans reviewed and updated; gaps flagged on the day of inspection were rectified on the same day. All nursing staff have received education on the importance of the recording accurate colonisation status where a resident was colonised with an MDRO. This will be reviewed by clinical management team as apart of weekly KPI review. • On the day of the inspection, all MDRO care plans were revised to include accurate IPC instructions on managing MDRO colonization. The section on "isolation requirements" has been removed from the two care plans flagged by the inspectors and relevant information on IPC precautions are updated. • On the day of the inspection, the director of nursing revised the care plans for urinary tract infections (UTIs) and the error is rectified. The Antimicrobial stewardship, MDRO, and "Skip the Dip" procedures were emphasised, to all staff. The residents care plans were updated to reflect the national guidelines to avoid unnecessary antibiotic prescribing. 	

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	30/04/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures	Substantially Compliant	Yellow	30/04/2025

	consistent with the standards published by the Authority are in place and are implemented by staff.			
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.	Substantially Compliant	Yellow	30/04/2025