

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Hospital
Name of provider:	Bon Secours Health System CLG
Address of centre:	Mount Desert, Lee Road, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	09 October 2025
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0048239

About the designated centre

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

St Joseph's Hospital, Mt. Desert is a purpose-built designated centre situated in the rural setting of the Lee Road, Cork city, a short distance from Cork and Ballincollig. It is registered to accommodate a maximum of 103 residents. There is a large comfortable seating area and main 'Village Green' restaurant dining room at the main entrance. Communal areas include the Beech room which facilitates functions, the large activities room and Chapel, and occasional resting areas along corridors for residents' relaxation. Bedrooms accommodation comprises five twin bedrooms and the remainder are single occupancy; all with full en suite facilities of shower, toilet and wash-hand basin, with additional toilet facilities throughout the centre. Accommodation is set out in four wings: 1) Daffodil: 26 bedded unit with two living rooms and seating areas with direct access to the secure garden, and the Patel room dedicated private family room 2) Bluebell: 26 bedded unit with a living room and glass seating area 3) Lee View: 26 bedded unit with living room, two glass seating areas with direct access to the secure garden 4) Woodlands: 25 bedded unit with two living room. St Joseph's Hospital, Mt. Desert provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 October 2025	09:15hrs to 17:35hrs	Caroline Connelly	Lead
Thursday 9 October 2025	09:15hrs to 17:35hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted over one day. The inspectors met with the majority of residents during the day of this inspection, and spoke to twelve residents in more detail, about their experience of living in the centre. Residents told inspectors that they felt happy and safe living in St. Joseph's Hospital and that staff were "very kind" and "very helpful". One resident told inspectors that they felt it was more like a hotel, they went on to say staff are very good and they come when you call. Inspectors also met with a number of visitors who gave very positive feedback about the care delivered in the centre.

On the morning of the inspection, inspectors walked through the centre with two assistant directors of nursing (ADONs), the person in charge was on leave but arrived at the centre shortly afterwards. Some residents were observed sitting in the communal spaces talking and having breakfast, and some residents were in the activity room having tea and chatting with staff. The atmosphere throughout the centre was warm and relaxed and residents appeared content.

St. Joseph's Hospital is a purpose built designated centre located close to Cork City, registered to provide care to 103 residents. There is one main entrance for visitors and there was a full-time person at the reception desk on the day of inspection, to greet visitors and ensure they signed in on arrival. A large restaurant was located off the main foyer and residents were observed, some with visitors, enjoying refreshments throughout the day there. A large notice board in reception had a weekly calendar of activities as well as information on safeguarding, independent advocacy services and minutes of residents meetings. There was signage indicating an internal Slí Na Sláinte loop for the centre to promote walking for health.

There were 100 residents in the centre on the day of inspection. Resident's accommodation was arranged over four units on a single floor in the centre, named Daffodil, Bluebell, Lee View and Woodland. Bedroom accommodation comprised 93 single rooms and four twin rooms, each with en-suite facilities. Bedrooms were well decorated with items that were meaningful to residents such as photographs, books and plants. Each resident had access to a call bell and their own television in their bedroom. Items such as specialist mattresses and falls prevention equipment were observed in a number of rooms. A number of bedrooms showed signs of minor wear and tear, and flooring in two rooms was observed to be damaged. Inspectors observed that there was appropriate storage in bedrooms for clothing and residents' belongings; however, in some twin rooms residents did not have access to a bedside locker and this will be discussed further in the report. There were two Potel rooms, with comfortable seating and tea and coffee making facilities, to provide privacy and comfort for families of residents receiving end of life care. Each unit had its own communal spaces, including dining and seating areas, and inspectors observed there was easy access into the well maintained and secure internal gardens. Many bedrooms also had doors that opened onto the gardens and there was plenty of

seating for residents to sit outside if they wished. Residents told inspectors they really enjoyed the gardens particularly in the fine weather.

There was a bright and welcoming activities room with space given over to exercise equipment including exercise bikes and a number of residents were seen to be using and enjoying these on the day of inspection. One resident told inspectors she liked to exercise and cycled 12km every morning. There was a comprehensive activities schedule, which had been extended to include evening activities following on from a previous inspection. Activities planned for the day of inspection included exercise sessions, bingo and a make-up demonstration. There was live music planned in the centre for three days that week and one resident told inspectors he always enjoyed this. There were two activities coordinators present, who told inspectors they had just received new equipment including sensory books, and residents were observed enjoying opening and exploring these with staff. In the afternoon approximately 30 residents were observed participating in a lively quiz session.

A busy hairdresser's salon was directly across from the activities room and the hairdresser attended the centre two days a week. A number of residents were seen to attend the hairdresser during the day and told inspectors it was wonderful to have this service. The inspectors observed lovely interactions and chat with the hairdresser. There was a large peaceful chapel and mass was held six days a week in the centre. A number of residents told the inspectors how important this was to them. Mass was also streamed to the units and residents' bedrooms if they did not wish to attend in person. A beautiful reminiscence display was located just beside the chapel with memorabilia from bygone days which all held significant memories for residents. There was also a small shop in the centre where residents could purchase items such as sweet treats, soft drinks and toiletries.

Residents told inspectors that they could get up when they chose, and that their choices were respected by staff in the centre. Inspectors saw that staff working in the centre engaged with residents in a kind and dignified way during the inspection, and were respectful of their choices. Where residents experienced responsive behaviour staff redirected residents or used distraction techniques, as well as reassuring them.

Many residents attended the large, bright restaurant for their lunch, while others were served their meals in the smaller communal areas, or in their bedrooms. Inspectors observed staff sitting with and assisting residents in a discreet and dignified way. The majority of residents stated that they enjoyed the food and had plenty of choice. Residents could request meals that were not on the menu, and staff and residents reported this would be accommodated the following day. One resident who preferred to eat in their room reported issues with food including being too salty and cold, they reported this had improved after they had raised this a number of times. Dining tables in the restaurant and the individual units were laid and had menus on each table. Soft background music added to the calm and pleasant atmosphere. Some relatives told inspectors that they used the restaurant to sit and have a coffee with their family member.

Overall, relatives who spoke to the inspectors expressed satisfaction with the centre and the staff, saying staff are kind and compassionate and that the centre was bright and well maintained. Another relative equated the centre to a five star hotel and said staff could not do enough for you. One relative said what they liked most was all the areas they could take their relative on a walk to including the church, the gardens, the day rooms and the dining room.

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

Capacity and capability

This was an unannounced inspection, carried out by two inspectors of social services over one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Overall, the findings of this inspection were that this was a well-managed centre with clear lines of authority and accountability. However, some actions were required in relation to management systems and staff training and development which are detailed under the relevant regulations.

The Bon Secours Health System CLG is the registered provider for St. Joseph's Hospital, which forms part of the Bon Secours Care Village. The management structure comprises the board of management, the chief executive officer (CEO) and senior management team. The CEO was the registered provider representative. Within the centre the person in charge managed the centre on a day-to-day basis. They had the appropriate experience and qualifications necessary for the role. The person in charge was supported in their role by two ADONs, four clinical nurse managers (CNMs) and a team of registered nurses, healthcare assistants (HCAs), activities, catering, housekeeping, administrative staff and pastoral care staff. The head of human resources (HR) for the wider group was based in the centre and was available to support management as required. The person in charge was also supported by the Chief Quality and Patient Safety Officer for the group. The clinical director for the service was a Consultant Geriatrician, who provided support and oversight, and was part of the clinical governance committee.

Clinical governance meetings took place every six to eight weeks and reviewed topics including incidents, infection control, falls, medication management and restrictive practice. Management meetings with the wider group took place quarterly. There was a comprehensive audit schedule in place. An annual review of the quality and safety of the service for 2024 was completed and had a quality improvement plan for 2025. Arrangements were in place for staff to raise concerns with management, for example, inspectors saw minutes of staff meetings, including with HCA representatives, which raised issues such as staff burnout. There were sufficient staff levels on the day of inspection to meet the assessed needs of the

residents. On the day of inspection a number of care staff were on sick leave and some staff told inspectors they were extremely busy as a result but had cover from other units.

Staff who spoke to inspectors showed good knowledge of infection control processes and safeguarding. Training was delivered via online or face to face training. The training matrix was reviewed and the majority of training was up to date. However, some gaps in training were identified and further action was required to ensure compliance with the regulations. This is actioned under Regulation 16: Training & staff development.

Incidents were securely maintained on an electronic system. A review of a sample of incident reports found that the person in charge had ensured that relevant incidents were reported to the chief inspector within the specified time frames. However, in regards to the management of one significant incident, inspectors were not assured that robust and appropriate action had been taken to reduce the risk of recurrence. This is actioned under Regulation 23: Governance & Management.

The complaints process was displayed prominently and one of the ADONs was the complaints officer with an external review officer. The inspectors were informed that some complaints made to staff on the units were not all recorded as complaints and this is detailed under Regulation 34: Complaints procedure

Regulation 14: Persons in charge

The person in charge was a qualified nurse who worked full-time in the centre and had the required experience and qualifications as set out in the regulations. Appropriate deputising arrangements were in place.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there was a sufficient skill mix and number of staff rostered to meet the assessed needs of the residents and with regards to the size and layout of the centre. Each unit was rostered to have two staff nurses, three units were rostered to have five HCAs, and one unit was rostered for four HCAs. There was a CNM rostered seven days a week in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was reviewed and required further action to come into line with regulations:

- The training matrix for responsive behaviour was not accessible to inspectors on the day of inspection, thus inspectors could not be assured that there was sufficient oversight. This was sent on to inspectors following the inspection.
- Fifteen percent of staff had not completed training in responsive behaviour and a further seven percent were not up to date. This was due to be completed within two weeks.
- One external staff member had not received all mandatory training such as safeguarding.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were made available to the inspectors. Records were stored electronically and on a paper based system. Records were well maintained and securely stored in the centre. Inspectors reviewed a sample of four staff records as set out in Schedule 2 and found them to contain the required information and met the requirements of legislation.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in the centre required action to ensure the service provided to residents was safe, consistent and effectively monitored. For example:

- Inspectors were not assured that action taken in regards to one significant incident that had occurred in the centre was sufficiently robust to reduce the risk of recurrence.
- Action was not taken in a timely manner in relation to another incident in the centre.
- There was a lack of oversight of infection control practices, care planning and premises' issues as further detailed under the relevant regulations.
- There was a lack of oversight of complaints in the centre as further detailed under Regulation 34.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A sample of incident records were reviewed and those which required notification were submitted in writing to the chief inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was viewed and although complaints that were logged were well recorded, investigated and had evidence of appropriate actions taken, the inspectors were made aware of a number of complaints that were reported on the units that had not been properly recorded, actioned or followed through and this required action and further training of staff.

Judgment: Substantially compliant

Quality and safety

The inspectors found that overall residents living in St. Joseph's Hospital received a good standard of person-centred care and support, from a team of staff who knew them and their preferences. Inspectors observed a number of kind, person-centred and respectful interactions between residents and staff on the day of inspection. One resident told inspectors they felt "very secure" living in the centre. However, individual assessments and care plans, premises and infection control required further action to meet the requirements of the regulations.

Inspectors were assured that residents' healthcare needs were met to a high standard. General practitioners attended the centre five days a week, and liaised with the clinical director as required. Residents had access to a number of health and social care professionals such as physiotherapy and occupational therapy, who were in the centre on the day of inspection, as well as tissue viability, dietetics and speech and language therapy. Records reviewed showed that residents were seen on a referral basis, for example, the occupational therapist reviewed a number of residents who were referred for seating, use of hoists or following a fall.

The centre had an electronic care record system. Inspectors reviewed a sample of care plans and found the majority to be person-centred with a range of validated

assessment tools in use. Care plans had been developed with input from residents and where appropriate their family members. However, some care plans did not reflect the recommendations of the multidisciplinary team, and did not contain up-to-date information in regards to the needs of residents. This is further detailed under Regulation 5: Individual assessment and care plan.

There were arrangements in place to safeguard residents from abuse. Staff were up-to-date with training and information on independent advocacy services was displayed in multiple areas in the centre. Further face to face safeguarding training was arranged to take place in the centre later in the year. Inspectors observed that residents who displayed responsive behaviour during the inspection were assisted by staff members who responded in a gentle manner using a number of approaches in line with the relevant care plan. There was a restrictive practice register in place, and inspectors saw that comprehensive risk assessments were completed for residents who used bedrails.

The design and layout of the premises was appropriate to the number and needs of residents in the centre. The outdoor spaces were well-maintained, with plenty of seating for residents to sit and chat with visitors. Indoor communal spaces were well-maintained; however, some residents bedrooms required attention, as outlined under Regulation 17: Premises.

Residents chose to eat their meals in the dining rooms, restaurant or bedrooms and this was respected by staff. Residents who required assistance with meals were provided with this in a dignified and relaxed manner.

Following on from the findings of a previous inspection, clinical handwash sinks had been brought into compliance with the HBN 00-10 Part C Sanitary Assemblies. However, further action was required to ensure that infection prevention and control procedures consistent with the standards published by the Authority are implemented by staff, as outlined under Regulation 27: Infection prevention and control.

Residents' choices and preferences were seen to be respected by staff throughout the day of inspection. Residents' meetings were held monthly, there was evidence of actions taken and residents told inspectors they found them useful. Minutes of the meetings were displayed on the large notice board. There was a varied activity programme in place seven days a week, scheduled until 7pm. Residents had access to newspapers, phone and internet, and voting for a recent election had been facilitated.

Regulation 11: Visits

The registered provider had suitable arrangements in place for residents to receive visitors. Visiting was observed throughout the day of inspection and there were a number of communal and private facilities available for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

Some areas relating to premises required action to ensure they complied with Schedule 6 of the regulations, including:

- Floor covering in two of the bedrooms was severely marked and damaged making it difficult to clean effectively.
- Two twin bedrooms did not have bedside lockers, so residents could not store items close to their bed.
- There were minor signs of wear and tear, including on windowsills and scuff marks on walls in some bedrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors observed that food appeared wholesome, nutritious and was well presented. Residents were seen to be offered choice at mealtimes. Resident's nutritional status was monitored through validated assessment tools, and they had access to speech and language therapists and dietitians as required.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures consistent with the standards were in place, as evidenced by:

- Wash basins were unlabelled and stacked on top of a commode basin in a shared bathroom which could lead to cross contamination.
- Bathroom shelving, holding residents belongings such as tooth brushes, was open, increasing risk of cross contamination.
- Boxes were stored on the floor in a storage room preventing effective cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed medication administration practices in the centre, nurses wore red tabards to inform other staff and residents they should not be disturbed at this time. Medications were administered in a safe and unhurried manner.

A sample of prescription sheets were viewed and these were comprehensively maintained, crushed medications were individually prescribed as crushed and max doses were identified for PRN as required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Further action was required to ensure care plans were updated with relative information and in a timely manner as evidenced by:

- One care plan did not contain all recommendations made by speech and language therapy, which may have impacted the resident's dietary intake.
- One care plan contained contradictory information in relation to a residents cognition.
- One resident in isolation did not have a relevant care plan in relation to infection control to guide care for the resident.

Judgment: Substantially compliant

Regulation 6: Health care

A general practitioner visited the centre five days a week. They had links with the clinical director, a geriatrician, and could liaise with them as required. The centre had access to a range of health and social care professionals through external providers including physiotherapy, occupational therapy and tissue viability nurses. Wound care was observed by inspectors to be well managed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A register of restrictive practice was in use in the centre, and comprehensive risk assessments were in place. Regular audits of restrictive practice were conducted on all units, and they were discussed at clinical governance meetings. Inspectors observed staff responding appropriately to behaviours that challenge, in a kind and respectful manner, and in line with the relevant care plans.

Judgment: Compliant

Regulation 8: Protection

Information on independent advocacy services and safeguarding was displayed in the centre. Safeguarding training was up to date for staff. Residents reported feeling safe in the centre and staff demonstrated an understanding of safeguarding and knew to report if they witnessed anything of concern.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for residents, and opportunities to participate in activities in accordance with their interest and capacities. Residents were facilitated to exercise their political and religious rights, and they were involved in the organisation of the centre via residents meetings. Inspectors observed measures taken to protect residents were appropriate to the level of risk, for example, during an outbreak visiting was facilitated with appropriate infection control measures put 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Hospital OSV-0000284

Inspection ID: MON-0048239

Date of inspection: 09/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• The PIC will ensure that Responsive Behaviour training is included in the current staff training matrix and remains available upon request going forward.• Responsive Behaviour training has been scheduled for all outstanding staff and will be completed by 28/11/2025. HR will closely monitor compliance and ensure timely scheduling of future training sessions.• The external staff member previously excluded from safeguarding training has now been scheduled for in-person training. Moving forward, the PIC will ensure that all external staff are included in mandatory training, and this will be reflected in the training matrix.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The PIC will ensure that access to medication trolleys is restricted to nursing staff by replacing the current keypad system with a key lock, thereby enhancing the security of medication management.• All staff will receive onsite, in-person refresher training on complaints management to ensure that all complaints are documented and addressed appropriately. The PIC will continue to conduct weekly reviews of incidents and complaint.• The frequency of MDT (Multi-disciplinary team) walkarounds has increased from quarterly to monthly to review infection control practices and identify general wear and tear. An action plan will be implemented following each inspection.	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • All staff will receive onsite, in-person refresher training on complaints management to ensure all complaints are documented, actioned, and responded to appropriately. • Senior management will conduct weekly reviews of all complaints to ensure they are managed in accordance with local policy. • All staff will review and sign a memorandum of understanding to confirm their awareness and understanding of the complaints policy. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Refurbishment of the flooring has commenced and will continue according to the established schedule following the MDT walkabout. • Residents' bedside lockers were put in place on the day of inspection. The PIC will ensure that each resident has a bedside locker in place moving forward. • The frequency of MDT walkarounds has been increased from quarterly to monthly to assess general wear and tear. An action plan will be implemented following each inspection. 	
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 PIC will ensure that best practices are followed for labeling and storing wash basins in multi-occupancy rooms to prevent the risk of cross-contamination. • The PIC will ensure that residents' individual wash basins in multi-occupancy rooms are properly labeled and appropriately stored to minimize the risk of cross-contamination. • The PIC and Maintenance team have sourced appropriate cupboard storage for multi-occupancy ensembles. Bathroom shelving will be reviewed to ensure proper storage of residents' belongings, and closed shelving has been ordered for all multi-occupancy rooms. • The PIC and Housekeeping will ensure that storage rooms are free from inappropriate box storage on the floor. Floors will be kept clear to facilitate effective cleaning • An additional IPC Link Nurse has received training, increasing the facility's capacity to conduct IPC environmental audits. 	

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"> • The PIC and CNMs will collaboratively develop a system to audit resident care plans on each unit, ensuring they are consistently up-to-date and accurately reflect residents' current needs in real time • The PIC will ensure that ad-hoc documentation audits are accessible to all CNMs, thereby increasing audit frequency and enhancing management oversight. • PIC and ADON's will verify these for accuracy 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/11/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	28/11/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/12/2025
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	28/11/2025

