



**Health
Information
and Quality
Authority**

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:	Sligo Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	09 September 2025
Centre ID:	OSV-0000363
Fieldwork ID:	MON-0048154

About the designated centre

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

Sligo Nursing Home is a purpose-built facility located within a short walking distance of Sligo town. The centre can accommodate a maximum of 62 residents. Residents are accommodated in single and twin bedrooms. The centre is a mixed-gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Resident accommodation is over two floors with a lift facility. There are four corridors. Rosses Corridor and Garavogue corridor are on one level, and Yeats corridor and Ben Bulben corridor are on the lower level. A variety of communal rooms are provided on both floors for residents' use, including sitting, dining and recreational facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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 9 September 2025	08:40hrs to 15:55hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspector spoke with residents, visitors and staff to gain insight into what it was like to live and work at Sligo Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspector met numerous residents living in the centre and spoke with 6 residents and 3 relative in more detail to gain a view of their life in the centre. The overall feedback from all who spoke with the inspector was mixed.

Residents informed the inspector the staff were friendly, kind and helpful, with one resident informing the inspector, "couldn't be nicer" and 'staff listen if you unhappy'. Whilst another said 'I've no complaints at all'. While praising staff, some residents informed the inspector of improvements they would like to see in the centre regarding activities, food and outside facilities. Feedback given to the inspector included; 'I don't take part in activities as they are not good'; 'food is only OK' and 'the chairs in the garden are not clean and the paths are messy'.

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. Three visitors whom the inspector spoke with were complimentary of the care and received by their loved ones, however one did mention 'activities were sometimes sitting in sitting room with TV on' but also said 'the staff are really nice to my mother'.

Sligo Nursing Home is a two storey premises which can accommodate a maximum of 62 male and female residents with varying medical needs. Residents' accommodation was arranged in twin and single bedrooms on lower and upper ground floor levels. The premises was arranged into four wings; Rosses Point and Garavogue on the ground floor and Ben Bulbin and Yeats Country on the lower ground floor. Access between these floors was facilitated by a passenger lift and a stairs. Each floor had a communal dining room and sitting room for residents' use. There was a large reception area which was located at the entrance to the centre. Residents also had access to an enclosed courtyard. The outside space was in need of attention. There was cut grass or greenery seen on some of the paths which could become a slip hazard for residents walking outside and the some of the chairs were not clean. These were similar observations to the last inspection in April 2025.

Rooms seen by the inspector were personalised with photographs, ornaments and furnishings. However, the inspectors observed that some wall and floor surfaces were in need of repair. Additionally, the organisation of storage space required improvement as the inspector observed that a number of storage rooms were cluttered and resident equipment was not segregated from general supplies, which can lead to cross infection. Furthermore, the inspector found that the visitor's room

was not furnished to encourage resident usage. There was one comfortable chair and 5 hard backed chairs within this room.

Some of the twin rooms viewed by the inspector were still the same configuration as previous inspections. These rooms, were still not suitable for residents who needed to use assistive equipment such as specialist chairs or hoists. Following the last inspection, the provider had committed to ensuring that only those residents who did not require assistive equipment would be accommodated in these rooms. However, the configuration of these rooms may still negatively impact on the privacy and dignity and infection prevention and control of residents when occupied by two people, due to the lack of space between beds, position of the privacy curtains, wardrobes and the en-suite doors.

The sluice rooms (room dedicated for the reprocessing of bedpans, urinals and commodes) were clean, contained functioning bedpan washer/disinfectors and hand hygiene sinks. They contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, waste practices needed to be reviewed as one of the clinical waste bins was overfull. This meant clinical waste was being pushed down into the bin itself and not into the yellow bag. Pushing clinical waste into the bin directly instead of placing it in the appropriate yellow bag risks infection spread, equipment damage, and improper disposal. Similarly, a swing bin was seen in a sluice room. All bins in these areas should be pedal bins. The foot-operated mechanism ensures that staff can dispose of waste without using their hands reducing the risk of infection.

The housekeeping rooms did not support effective infection prevention and control (IPC). All of the cleaning carts, were stored and prepared together in the large housekeeping store. Housekeeping carts should be stored on their own unit to prevent cross contamination. There was no hand wash sink, hand towels or bin in this room to support staff hand hygiene. Additionally, there was a floor steam cleaner with water in the tank. This water should be emptied and the tank dried after each use to reduce the risk of water borne infections.

There were domestic style washing and drying machines seen in the linen storage room. Compliance with thermal disinfection temperatures can not be assured using this type of washing machine. The linen store room should be storage area only, not a laundry processing room, as stored linen items may become contaminated whilst laundry procedures are taking place. The inspector was informed that only mops and clothes were washed there, however there was a resident quilt spread out on a trolley next to the washing machine. This meant it was possible that staff were using the washing machine to launder bedding.

Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms. There were hand-wash sinks available in the centre which were accessible, and compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware. The hand-wash sinks hot water tested by the inspector were not warm enough to the touch. Maintenance were aware and were in the process of reviewing this issue.

There were dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle-stick injury. This is good practice. There were hand washing sinks available. However, dressing trolleys were already prepared and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys. Additionally, single use wound dressings were open and partially used. This may impact the sterility and efficacy of these products. Also seen were several unclean 'Do not disturb' nurses tabards (tabards are sleeveless over-garments that are worn over the wearer's clothing) on or near the drug trolleys, which can be a source of cross contamination.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

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.

The findings of this inspection were that the provider had taken action to improve the quality and safety of the premises for residents. Notwithstanding the progress made, this inspection identified, Regulation 9: Residents Rights, Regulation 17: Premises, Regulations 23: Governance and management, and Regulation 27 Infection Control remain not in full compliance with the regulations. Findings will be discussed in more detail under the respective regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider for Sligo Nursing Home. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge is supported in their role by a Regional Healthcare Manager and a Director of Care Services in the senior management team. Within the designated centre, the person in charge is supported by a recently appointed Clinical Nurse Manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, housekeeping and catering staff. The provider was currently advertising the assistant director of nursing (ADON) post.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had supported a nurse for

the role of infection prevention and control lead and link practitioner and had dedicated infection prevention and control hours.

On the day of inspection, there appeared sufficient staffing levels and an appropriate skill-mix across departments to meet the needs of the residents. This finding was reinforced by feedback from residents and visitors. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support. Additional health care assistant posts were in the recruitment process.

A review of the care environment found generally the centre was very clean and furniture was in good condition. A schedule of maintenance and painting work was ongoing, ensuring the centre was generally maintained to a high standard. However, several assistive equipment, such as wheelchairs, were visibly dirty on the day of the inspection. Some of the soft furnishings of assistive equipment the residents used were found to be torn and they did not support effective surface cleaning.

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 colour-coded cloths to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre.

There were management systems occurring such as clinical governance meetings, staff meetings and residents meetings. However, the same wording was used for several IPC meeting records which appeared to be similar. Indicating the provider was not fully addressing potential IPC issues.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. However, the environmental audits were not capturing the findings found on this inspection. Quality improvement plans (QIPs) were developed in line with audit findings. More detail is required on these QIPs to indicate who specifically is responsible to close out issues found. An annual review of the quality and safety of care delivered to residents had been completed for 2024. The centre had up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that staff were up to date with IPC training in line with their role within the centre. There was a mix of online and face to face infection prevention and control training.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme needed to be further developed, strengthened and supported in order to improve antimicrobial use and combat antimicrobial resistance.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. Additionally, documentation was available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Waste and used laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. The laundry service for all linen and resident's personal clothing was outsourced to an external laundry company.

Regulation 15: Staffing

From the observations of the inspector and from speaking with residents, visitors and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems in particular pertaining to oversight of infection control were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored: This was evidenced by:

- Ineffective management systems to monitor the quality of infection prevention and control measures including equipment and environmental hygiene. For example; the management of waste in the sluice room.
- Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. This

information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.

- The auditing systems were not self-identifying issues that were found on the day of the inspection. For example; storage issues and the storage of cleaners trolley's together in main housekeeping room.
- There was no hand wash sink, bin or hand towels in housekeeping room.
- IPC meeting minutes appeared similar for several meetings. which indicated that risks of IPC were not being followed up.

Judgment: Substantially 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 outbreaks of any notifiable infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulation.

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. Residents lived in an unrestricted manner according to their needs and capabilities. There was social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities. However, some of the feedback received by the inspector was mixed in regards to the activity opportunities. For example the inspector was told activities included sitting in the room with the television on. Similar feedback included that they didn't join in with activities as it wasn't for them.

Activities observed on the day of inspection included a general knowledge quiz, which appeared to suit some of the residents, but several were seen not joining in.

Residents had access to local television, radio and newspapers. There was evidence of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The

inspector reviewed the management of wound care, multi-drug resistant organisms (MDRO) and catheter care and found they were generally well managed and guided by adequate policies, practices and procedures.

The inspector observed that staff were familiar with residents' medical history, needs and preferences. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

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

Staff had received training on the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge for the storage of samples awaiting collection was available.

The 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 used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection. Cloth tourniquets (A tourniquet is a band that is wrapped around the upper arm tightly to restrict blood flow before taking a blood sample) were present in clinical rooms. These items are very difficult to clean and disinfect so should be replaced with single-use tourniquets to reduce the risk of cross infection between residents and staff.

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 throughout the centre.

Judgment: Compliant

Regulation 17: Premises

<p>A review of the premises found that some areas were not maintained in line with the requirements of Regulation</p> <ul style="list-style-type: none"> • Wall surfaces were scuffed in some areas making these areas difficult to clean. • Storage areas were cluttered, items inappropriately on the floor. Resident equipment and supplies were not segregated from general supplies, making these areas difficult to clean and increasing risk of contamination. • Linen storage areas required review as washing and drying of mops and cloths were taking place in the linen room, which is a risk of cross infection • Multiple Clinical hand wash sinks hot water temperature was cool to touch, which would not support staff hand hygiene. • The configuration of some of the twin rooms may still negatively impact on the privacy and dignity and infection prevention and control of residents when occupied by two people, due to the lack of space between beds, position of the privacy curtains, wardrobes and the en-suite doors. This is a repeated non-compliance. • The garden space was in need of maintenance and outside furniture was in need of cleaning.
Judgment: Not compliant
Regulation 25: Temporary absence or discharge of residents
<p>Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals</p>
Judgment: Compliant
Regulation 26: Risk management
<p>There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.</p>
Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by:

- Open-but-unused portions of wound dressings and solutions were observed. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Dressing trolleys were prepared and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys.
- A domestic washing machines was used to wash used mops and cleaning cloths. As a result, the inspector was not assured that correct thermal disinfection temperatures were reached to ensure that textiles were washed correctly.
- Barriers to effective hand hygiene practice were identified. Alcohol hand gel was not available at point of care within resident bedrooms. This impacted the effectiveness of hand hygiene while delivering care to residents. ?
- Cloth tourniquets seen in the clinical room if not effectively cleaned and disinfected can harbour microorganisms and increase the risk of cross contamination and healthcare-associated infections.
- Several unclean 'Do not disturb' nurses tabards on or near the drug trolleys, which can be a source of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

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.

Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

However, further resident and visitor feedback is required to improve the quality of care and allowing for a clearer understanding of residents' experiences and any potential issues.

Judgment: Substantially 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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0048154

Date of inspection: 09/09/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The Person in Charge (PIC) will ensure that there is an effective system of Infection Prevention Control (IPC) and environmental audits in the centre. Audit findings will be accurately reflected and will lead to appropriate quality improvement plans to address any deficits identified. Quality improvement plans will be reviewed at monthly management meetings to ensure that they are being adhered to.• Since the inspection a review of residents' equipment has been completed. Items requiring disposal have been disposed of and new equipment is ordered that will facilitate more effective cleaning and reduce the risk of cross contamination.• The PIC, Clinical Nurse Manager (CNM) and the IPC lead nurse will complete a review of the sluice rooms to ensure there are effective management systems in place for the management of waste disposal.• The PIC and CNM will maintain a register of antibiotic use and will ensure this register is reviewed monthly. During this review the PIC/CNM will analyse the volume, indication for use, and effectiveness of prescribed antibiotic therapy. The results of the review will be shared with staff and used to inform a Quality Improvement Plan. The results will also be shared with the residents' GPs.• The PIC will ensure that the analysis of antibiotic usage is discussed at monthly Infection control meetings and any improvements required will be implemented without delay.• The PIC will ensure that a review of the housekeeping room is undertaken with particular emphasis on handwashing facilities.• The PIC and CNM will ensure that monthly IPC meeting minutes are reviewed and updated, these meeting minutes will be used as a guide to review practice, ensure actions are implemented so that practice is improved.	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The PIC and Facilities Manager will conduct a review of all rooms within the home. Following this review a scheduled plan of works will be developed to address painting and repairs to wall surfaces. • Since the inspection, the PIC and the maintenance person have decluttered the storage areas. Residents' equipment and general supplies have been segregated to minimize the risk of cross contamination. • The PIC with the assistance of Facilities will carry out a review of the laundry room to ensure that there is no risk of cross-contamination. The PIC will consider an alternative location for the laundering of mops and cloths. • The cool water temperature at clinical sinks has been addressed and temperature will be monitored to ensure there is sufficient hot water to promote effective hand hygiene. • A detailed review of the shared occupancy rooms in the Ben Bulben Wing has been undertaken by our Facilities team. A full refurbishment of each of these rooms is planned with a revised layout which will involve the re-positioning of services for the reconfiguration of beds. All built-in furniture will be removed, and we will provide bedroom furniture which can be located more appropriately within each resident's individual living space. The revised layout will allow each resident to access their own belongings and live comfortably in their own individual space while not encroaching on the other resident's living space and will ensure that the privacy and dignity of each resident is maintained and respected at all times. • As part of the above-mentioned refurbishment new privacy screens will be installed, which will provide complete privacy and facilitate good IPC practice when fully extended, and will enable each resident to access their own belongings within their own living space, and will also facilitate access and egress from the room and the en-suite without encroaching on either resident's private space. • Since the inspection, new garden furniture has been delivered. The PIC will ensure that the maintenance man keeps the garden area clean so that it is a welcoming area for residents to enjoy. <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
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 and CNM have completed a review of wound dressings and disposed of open single use dressings. • The CNM and IPC Lead Practitioner will monitor practice around: <ul style="list-style-type: none"> o appropriate storage of dressings and dressing trolleys 	

<p>o Appropriate cleaning practices of dressing trolleys</p> <ul style="list-style-type: none"> • The PIC will ensure that the domestic washing machine can reach the required temperature for laundering mops and cloths. The PIC will ensure that an additional disinfectant is readily available to be manually added to the washing cycle prior to commencement of load. • The PIC has completed a review of alcohol gel dispensers and will ensure additional dispensers are installed. • The PIC will ensure that staff have readily available pocket-sized alcohol hand gel to facilitate hand hygiene at point of care. • Since the inspection all cloth tourniquets have been discarded and disposable tourniquets are now in use. • Disposable tabards are now readily available for nurses to utilize. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Since the inspection the PIC has liaised with the Marketing Manager and a residents' satisfaction survey has been completed. • The PIC will ensure that residents' surveys are completed and reviewed to obtain feedback on residents' experiences and analyse the information gathered to screen for any potential concerns. • The feedback from surveys will be shared with the staff at staff meetings. 	

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	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 infection prevention and	Substantially Compliant	Yellow	31/10/2025

	control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2025