

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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0042730

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 62 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have en suite facilities. The centre premises is on two floors. Sufficient communal accommodation is available and includes sitting rooms, a dining room and a visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 2 September 2025	08:15hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 2 September 2025	08:15hrs to 16:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall the inspectors observed that residents were mostly well supported and cared for by the staff team, who were kind, caring and responsive to their needs. Although there was a lively social activity programme facilitated in the main sitting room that most of the residents participated in, the inspectors observed that the social care needs of a small number of residents who preferred to spend much of the day in their bedrooms were not adequately met on this inspection.

The inspectors were met on their arrival to the centre by the person in charge. Prior to an introductory meeting with the person in charge, the inspectors completed a walk around the centre and observed that a small number of residents were dressed and relaxing in the sitting room in line with their preferences. Other residents either chose to sleep on later into the morning or were being supported and assisted by staff with getting up and carrying out their morning routines. The inspectors chatted with a number of residents about their lives in the centre and, overall residents spoke positively about their experiences of living in the centre. Residents commented that they were very well cared for, comfortable and were happy in the centre. Residents told the inspectors that staff were kind and always provided them with assistance when it was needed.

Oakwood Private Nursing Home is located on the perimeter of Ballaghaderreen town in County Roscommon. The designated centre can accommodate up to 62 residents in a combination of single and twin bedrooms, some of which have en suite facilities. The designated centre was extended in recent years with a new wing providing 20 bedrooms over two floors. No residents were living on the first floor on the day of this inspection.

The centre was warm, bright and comfortable throughout. Residents' communal sitting and dining rooms were bright, spacious and well decorated in a domestic style that was familiar to residents. Items of traditional memorabilia, residents artwork and homely style furnishings made these communal rooms comfortable and relaxing areas for residents. All surfaces, finishes and furnishings were easy to clean. The circulation corridors were wide, clutter free and had assisted handrails throughout. Overall, the general environment and residents' bedrooms, communal areas and toilets inspected were clean and odour free. Residents and visitors spoken with told the inspectors that they were very happy with the standard of environmental hygiene in the centre.

There were sufficient toilets available, including toilets close to the communal areas to meet residents' needs. While the overall number of showers was sufficient, they were unevenly distributed. Two showers were located close together on corridor number one to meet 13 residents' needs, whereas 20 residents accommodated on corridors numbered two and three shared two showers. While a number of the residents' bedrooms had en suite facilities, none of the bedrooms in these three corridors had en suite shower facilities. This had been identified on previous

inspections. The provider assured the inspectors that they regularly reviewed the shower facilities with the residents who were accommodated in the bedrooms on corridors two and three to ensure their needs were met as they wished and, was assured that the location and number of shower facilities adequately met residents' needs. Residents spoken with by the inspectors said that they could have a shower whenever they wished.

The inspectors observed that the layout and space available in each resident's bedroom met their needs and, they had adequate storage facilities for their clothing and personal possessions, which they access as they wished. The inspectors observed that many of the residents had personalised their bedrooms with their family photographs, artwork, ornaments and small items from home that were precious to them.

The main kitchen was located adjacent to the dining room. Toilets for catering staff were in addition to and separate from the toilets for other staff and residents' use. Residents were very complimentary in their feedback to the inspectors regarding their food choices and the variety of homemade meals that were cooked for them on-site by the kitchen staff. The residents had access to adequate quantities of food and drink. Residents were offered a choice of menu at each meal and, snacks and refreshments were available throughout the day. Residents were well supported by staff during mealtimes and, those residents who required additional help were provided with assistance in a respectful and dignified manner.

Residents' friends and families were facilitated to visit them and, the inspectors observed many of the residents welcomed visitors throughout the day. Residents' visitors who spoke with the inspectors expressed their satisfaction with the care and support their loved ones received.

The inspectors observed that staff sought residents' preferences and residents' individual choices were respected including how and where they wished to spend their time during the day. The inspectors observed that the atmosphere was calm and residents' requests for assistance and their call bells were responded to by staff without delay. There were sufficient staff on duty to provide care and support and to ensure that those residents who required additional support were appropriately assisted as they went about their day.

A large notice board displaying the social activity schedule and other relevant information of interest to the residents was located outside the main sitting room. Most of the residents went to the main dining room for their lunch time meal and returned either to their bedroom to rest or to the main lounge to join in with the afternoon activities.

The inspectors observed that the social activity programme available to residents was varied, meaningful and lively in the main sitting room. The residents who participated in the social activities in the sitting room told the inspectors that they enjoyed the variety of activities on offer and, that they were 'always good fun'. A small number of residents in the area of the centre referred to as 'the apartment block' by staff chose to remain in their bedrooms. Care staff were allocated to spend

time with residents who remained in their own rooms during the afternoon and the inspectors observed staff visiting and spending time with the residents in their rooms. The inspectors spoke with all of the residents who remained in their bedrooms in the 'apartment block' area of the centre during the morning and, while two of the five residents told the inspectors that they preferred to spend their time quietly, either watching television or reading in their bedroom, three of these residents said they would like more to do as they found the centre was 'very quiet'. One resident asked 'is there more people than me living here'. The inspectors observed that one of the residents enjoyed listening to the radio and had a television and radio in their bedroom, but neither was switched on. Another resident had a newspaper on their table, which they told the inspectors they did not wish to read.

The inspector observed that interactions between residents and staff were empathetic and respectful. Care staff were observed to ask the resident's permission before commencing care interventions. All residents including residents who were non verbal appeared comfortable in the company of staff. Residents said that they felt safe, and that they would speak with their families or staff if they had any concerns or worries.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that the centre was generally well managed and the provider was committed to ensuring the centre's compliance with the regulations. However, this inspection again found that the provider had not adequately assured themselves that residents' emergency evacuation needs to a place of safety would be met in the event of a fire in the designated centre.

This unannounced inspection was completed to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspectors followed up on the actions the provider had committed to take following the previous inspection in August 2024 and on the statutory notifications and other information received.

The registered provider for Oakwood Private Nursing Home is Oakwood Private Nursing Home Limited. One of the four company directors is designated to represent the provider and also works full time as the person in charge of the designated centre. The person in charge is supported in their role by two clinical nurse

managers who have assigned supernumerary hours to carry out their management role.

Since the last inspection, an application by the provider to change the purpose of two twin-occupancy bedrooms to single occupancy bedrooms was granted by the Chief Inspector of Social Services. This action by the provider ensured that the layout and space available in bedrooms numbered 6 and 9 met residents' needs.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant staff team. Overall, the audit processes were effective, however, the management systems to monitor infection prevention and control practices were not robust in all areas. For example, the audit schedule did not include infection prevention and control audits that covered all areas of standard precautions. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, however, not all of these processes were in use to effectively mitigate the risk of cross infection such as, the use of color coded cloths. The provider had implemented a number of control measures for legionella in the centres water supply. For example, unused outlets/ showers were run weekly in vacant rooms. However, routine testing for legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

There were adequate numbers of skilled staff on duty on the day of this inspection to meet the needs of residents and to support residents to spend their day as they wished. Staff demonstrated accountability for their work and were clear about their roles and responsibilities when they were speaking with the inspectors. Staff worked well together to ensure residents' needs and residents' requests for support were met in a timely manner. There were sufficient numbers of housekeeping staff on duty and all areas of the centre were observed to be clean and tidy.

Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had completed satisfactory Garda Vetting procedures. While, staff were facilitated to attend mandatory and professional development training to ensure they had the necessary skills and competencies to meet residents' needs, staff training in infection prevention and control was not up-to-date. The inspection findings evidenced that Improved supervision of staff practices in relation to infection prevention and control was necessary.

The provider had arrangements in place for recording accidents and incidents involving residents in the centre and appropriately notifying the office of the chief inspector of incidents as required by the regulations.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' needs, including residents who chose not to attend the social activities taking place in the communal rooms. Staffing requirements were regularly reviewed to ensure the number and skill-mix of staff were aligned with residents' changing needs. All new staff were supported to complete an induction process. Staff who spoke with the inspectors were knowledgeable regarding residents' needs and usual routines, and were observed to respond without delay to residents' needs for assistance.

Judgment: Compliant

Regulation 16: Training and staff development

Practices observed demonstrated that additional infection prevention and control training and supervision was required. A review of training records indicated that a large proportion of staff were not up-to-date with mandatory infection prevention and control training. The inspectors identified, through observation and talking with staff, that further training was required to ensure staff are knowledgeable and competent in good hand hygiene practices and the cleaning of re-usable resident equipment. For example; three members of staff were observed wearing gloves inappropriately. Staff informed inspectors that they manually decanted the contents of commodes/ bedpans into the sluice prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of infection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although, the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary as evidenced by the following findings;

- The provider's oversight and management of fire safety in the centre was not effective and the provider could not be assured that residents would be safely evacuated in the event of a fire in the centre. The repeated finding is discussed further under Regulation 28: Fire precautions. Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection control. However, further action is required to be fully compliant. This was evidenced by:
- Infection prevention and control audits were not routinely undertaken. As a result, there were insufficient assurance mechanisms in place to ensure

compliance with the National Standards for infection prevention and control in community services.

- The provider had implemented a number of *legionella* controls in the centre's water supply. However, documentation was not available to confirm that routine testing for *legionella* in hot and cold water systems was undertaken to monitor the effectiveness of the controls.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing care and timely health care in line with their assessed needs.

Notwithstanding the significant work completed by the provider in recent years to ensure residents' fire safety in the centre, the provider had not taken sufficient action to be assured that residents' emergency evacuation needs would be met in the event of a fire in the centre. This is a repeat finding from a previous inspection and is discussed under Regulation 28: Fire precautions.

Residents' records reviewed by the inspectors confirmed that their needs were comprehensively assessed. Although actions were necessary to ensure a small number of residents' care documentation was up-to-date and reliably guided staff on their care of residents, and that residents were provided with good standards of clinical nursing care and supports to meet their assessed needs. Residents had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

A varied social activity programme was available to residents'. Although the majority of residents were well supported to participate in a meaningful social care programme to meet their needs, actions were necessary to ensure residents who were unable to participate in more active group activities, or who preferred to spend time in their bedrooms, had equal access to social activities that interested them.

Residents were supported to go on outings to places of interest to them in their local community. Residents could access an outdoor garden as they wished.

The premises were generally well maintained and, ongoing maintenance arrangements were ensuring that necessary painting and repair of surfaces, furnishings and equipment was being completed in a timely manner.

The provider had a number of measures in place to protect residents from risk of infection including hand-wash sinks that were available throughout the centre for staff to wash their hands. However, these sinks did not comply with the required specifications of a clinical hand wash sink. For example, there was a portable sink in the newer part of the centre that was not connected to the main water supply, this is further discussed under Regulation 27: Infection control. Despite the findings under Regulation 27: Infection control, there was some good practices observed. For example, there was a surveillance system in place to identify those residents that were colonised with an infection and also good oversight of antibiotic usage.

Measures were in place to protect residents from the risk of abuse, and all staff had been facilitated to attend up-to-date safeguarding training.

There was a positive approach to care of residents predisposed to experiencing episodes 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). A minimal restraint environment was promoted, and the procedures in place were in line with the national restraint policy guidelines.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised by residents as areas needing improvement were addressed.

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. Residents' visitors confirmed that their visits were encouraged and were facilitated in the centre. Residents were able to meet with their visitors in private or in the communal spaces located throughout the centre as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space for their belongings and could access and maintain control of their personal possessions and clothing in their wardrobes and in their bedside lockers, including in bedrooms numbered 6 and 9. Residents' clothing was laundered in the designated centre's laundry as necessary, and their clothes were returned to them without any reported delays.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were appropriate to the number and needs of the residents living there. The centre premises conformed to the matters set out in Schedule 6 of the regulations and in line with the centre's statement of purpose.

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;

- The detergent in the bedpan washer had expired. This may reduce the ability of urinal and bedpans being cleaned properly and lead to infection spread.
- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- The hand wash sink in the sluice room had a knee lever to operate and was stiff to use, the portable sink in the new part of the centre was not connected to the main water supply. Sinks that do not comply with the required specifications of a clinical hand wash sink increase the risk of hands being contaminated, which may lead to the spread of infection.
- The housekeeping staff were not using colour coded cloths to reduce the spread of infection between bathrooms and resident areas. The inspectors acknowledge when this was brought to the attention of the provider it was immediately addressed.
- There were no bins in the sluice rooms to dispose of risk and non-risk waste. This increased the risk of infection spread to co-workers.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Actions were required by the provider to ensure adequate precautions were in place to ensure residents' safety in the event of a fire in the centre. This was evidenced by the following findings;

The inspectors were told that all fire safety checks were completed, however, the records made available to the inspector referencing the fire safety equipment checks completed were incomplete and did not include a daily inspection of the fire alarm panel to ensure that the fire alarm system was functioning as required.

A simulated emergency evacuation record was not available that clearly referenced the evacuation of all residents' in either of the centre's largest compartments, therefore, the provider could not be assured that the emergency evacuation needs of the residents in these compartments would be met in the event of a fire in the centre. Furthermore the records of the simulated drills completed did not include sufficient assurances regarding the following;

- the staffing resources involved in the night-time evacuation drill procedure
- that the simulated procedure reflected the assessed equipment and staffing needs of each of the residents evacuated
- supervision of residents post evacuation to ensure their safety

This is a repeated finding from a previous inspection

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although, residents' nursing needs were met and the information in most residents care plans reflected person-centred care to meet their needs, some residents' care plans were incomplete and therefore did not clearly guide staff on the care interventions they must complete to meet residents' needs in line with their preferences and wishes. This was evidenced by the following findings;

- Behavioural support care plans developed for two residents who intermittently experienced responsive behaviours that potentially impacted on other residents' safety and comfort, were not sufficiently detailed to guide staff on managing these residents' behaviours. For example, the triggers to the behaviours, although known, and the most effective person-centred de-escalation strategies were not adequately detailed in these residents' behaviour support care plans. Therefore, guidance was not available for staff to ensure the residents' dignity was preserved by supporting them to prevent

the behaviours occurring, and where they occurred, to effectively de-escalate these behaviours ensuring the safety of the resident and others.

- Recommendations for increased food consistency modification following a recent speech and language therapy review, for one resident with a known risk of choking, were not up to date in this resident's care plan. This posed a risk that this important information regarding this residents' needs would not be effectively communicated to all staff.
- There was insufficient infection prevention and control information in the care plans of residents with a urinary catheter to effectively guide and direct their care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GPs), health and social care professionals and specialist medical and nursing services including, psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured that where there was any delay with residents accessing community health specialist services, arrangements were in place for residents for alternative access to these services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of three residents who intermittently experienced episodes 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). Staff were attentive to residents' cues and needs for support. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to care for residents who experienced responsive behaviours.

The person in charge and staff were committed to the use of minimal restraints in the centre, and their practices reflected the national restraint policy guidelines. Least restrictive alternatives were tried, and any restrictive equipment was risk assessed and appropriately used in consultation with individual residents and their representatives.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents from abuse and this information and guidance was available to staff. All staff were facilitated to attend up-to-date training on safeguarding residents from abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Although, the majority of residents were supported to participate in meaningful social activities in line with their preferences and capacities, residents who chose to spend much of their time in their bedrooms in the part of the centre referred to as 'the apartment block' were not sufficiently supported to participate in a social activity programme that suited and met their social care needs.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0042730

Date of inspection: 02/09/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed the mandatory AMRIC Standard and Transmission Based Precautions training following the Inspection and this will be repeated on a two-yearly basis and monitored within the training audit schedule which is overseen by both the Provider and Administration to ensure all staff continue to meet the required national standards in a timely manner.</p> <p>The Infection, Prevention and Control (IPC) Lead (CNM1) is providing up to date IPC training to all staff and will be delivered to all staff by 15th December, all staff will be facilitated to attend. The IPC audits have been revised upwards from 6 monthly to quarterly reviews to identify deficits and corrective action plans. This will be overseen by the Provider/DON to ensure they are completed within a timely manner.</p> <p>The Provider/DON and Nursing staff will routinely carry out observations of practices on a daily basis to identify and correct at point of practice any deficits/weaknesses in IPC practices.</p> <p>In addition, IPC will be addressed at Clinical Nurse Manager meetings and included within the IPC action plan which will be monitored by the Provider/DON to ensure staff carry out IPC practices and procedures at all times to the standards required.</p> <p>The practice of decanting the contents of commodes prior to decontamination in the bed-pan washer has stopped. Urinals and commodes are decontaminated using the bed-pan washer following use.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider/(DON) will oversee IPC and review audits undertaken by the IPC Lead to ensure compliance with the National Standards for IPC in community services and also to make sure that she herself is aware of any deficits so she can effectively address them to mitigate any risks to residents and staff alike.</p> <p>Contact has been made with a service company dedicated to the water, wastewater and environmental sectors. A risk assessment of the water system will be conducted to identify any potential hazards by 30th November and an independent water sampling and testing will be undertaken every six months which will be monitored by the Provider for timeliness and completeness via the audit schedule.</p> <p>The Provider has updated the fire safety checks to include a daily inspection of the fire alarm panel to ensure the fire alarm system is functioning as required. All simulated evacuations are carried out with evacuation of complete compartments, assessing equipment and staffing needs of each of the residents evacuated, including supervision of residents' post evacuation to ensure their safety.</p> <p>Any deficits/weaknesses in Fire Safety management within the Centre that are identified are actioned and addressed at Clinical Nurse Manager meetings and included in our mandatory fire management training.</p> <p>Further actions to address compliance for Fire safety will be included under Regulation 28.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Cleaning cloths are colour coded to reduce the spread of infection between bathrooms and other resident areas. The Provider/DON and her Housekeeping supervisor will carry out routine observations of practices on a daily basis to ensure housekeeping staff are compliant with IPC practices and procedures meeting the national standards.</p> <p>IPC is included as one of the areas addressed at Clinical Nurse Manager meetings.</p> <p>The detergent in the bedpan washer has been replaced and is routinely monitored by the Provider to ensure IPC and control practices and procedures meet the National Standards.</p> <p>Any traditional hollow bore needles have been removed and now only needles with a safety engineered sharps device are being used.</p>	

The hand wash sink in the sluice room has been replaced since the Inspection.
The portable sink in Area 5 will be replaced by a hand-basin attached to the main water supply by 30th December 2025.

Both a risk and a non-risk bin have been re-introduced into the sluice room to reduce the risk of infection spread to co-workers.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire safety checks have been updated to include a daily inspection of the fire alarm panel to ensure the fire alarm system is functioning as required and this is routinely monitored by the Provider/DON.

A simulated emergency evacuation has taken place since the Inspection in zone 2 of compartment with 7 residents using night-duty staffing. The simulated evacuation has addressed the assessed equipment and staffing needs of each of the residents evacuated, including supervision of residents post evacuation to ensure their safety. The evacuation was completed in 4.5 minutes.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Provider/DON and CNMs are auditing every care plan following last inspection, updating or reviewing of same by the relevant staff nurse to ensure it is resident-specific and holistically reflects the care needs and care delivered to the resident in question. The CNMs will deliver training on the standards of residents' care documentation to support the staff nurses in their development and ability to ensure every care plan is completed in such a manner that it meets the residents' needs in line with their preferences and wishes, including responsive behaviours, falls prevention, inclusion of any recommendations following therapy reviews and pertinent IPC information where this is required. Delivery of training will be completed by 15th December and reviewed by the Provider/DON on a routine basis.

All staff have had updated training on the correct procedures for delivering person-centred care to meet IPC national standards at all times. This will be monitored through daily observation checks by the Provider/DON and her CNMs and any deficits will be identified and corrected. This will continue to be monitored by the DON and CNMs.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All staff delivering care will ensure on a daily basis that every resident is assisted to have their preferences met with regard to social activities including access to newspaper, radio or TV or other social activity dependent on their social care needs. This is monitored by the Nurse in Charge and will also be recorded on the system to allow for additional checks to be undertaken by the Provider/CNMs.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	04/09/2025
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.	Not Compliant	Orange	30/11/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	04/09/2025

	Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	04/09/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/10/2025
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	04/09/2025
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	Substantially Compliant	Yellow	30/11/2025

	where appropriate that resident's family.			
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	04/09/2025