



**Health
Information
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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:	The Park Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Plassey Road, Castletroy, Limerick
Type of inspection:	Announced
Date of inspection:	09 July 2025
Centre ID:	OSV-0000435
Fieldwork ID:	MON-0040230

About the designated centre

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

The Park Nursing Home is designated centre and is located within the suburban setting of Castletroy, Limerick city. It is registered to accommodate a maximum of 56 residents. It is a two-storey facility with a lift and four stairs to enable access to the upstairs accommodation. Bedroom accommodation comprises 52 single bedrooms (21 downstairs and 31 upstairs) and two twin bedrooms (upstairs) with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Downstairs, communal areas comprise a large day room, dining room and smoking room, and seating in the foyer and gardens. Upstairs there is a dining room with kitchenette, a separate kitchenette, family visiting room, hairdressing salon, physiotherapy gym and a lounge seating area with balcony views of the main entrance. Residents have access to a well-maintained enclosed garden with walkways, garden furniture and shrubbery. The Park Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Wednesday 9 July 2025	10:10hrs to 19:30hrs	Una Fitzgerald	Lead
Wednesday 9 July 2025	10:10hrs to 19:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

The inspectors found that this was a well-run centre where the voice of the resident was listened to. The inspectors spoke with multiple residents and the feedback was mainly positive. Residents had high praise for the staff with one resident stating "you won't find fault here" and another resident saying that the "staff are out this world". The environment was open and welcoming. Throughout the day, the inspectors observed the staff interacted with the residents in a positive and caring manner.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and provided them with everything they needed to live comfortably. One resident described the staff as "good natured". The main concerns raised by the resident was in relation to the negative impact that wandering residents had on their privacy. A resident spoke about not feeling comfortable sitting in their room in the evening time in their night attire as there was a real risk that other residents would mistakenly enter their room. Residents felt this risk was present as a result of insufficient staffing in place to supervise residents' whereabouts. In addition, a number of residents felt that a review of the activities available to residents was required as the current schedule was not of interest to them. For example, the morning activity listed on the schedule was a gathering of residents for tea and coffee. Staff who spoke with the inspectors were knowledgeable about residents and their needs. The inspectors observed that personal care was attended to a good standard. There was a pleasant atmosphere throughout the centre and friendly, open conversations could be heard between residents, visitors and staff.

Residents said that they could freely speak with staff if they had any concerns or worries. Inspectors found that residents had expressed dissatisfaction with the temperature of the hot meals served and as a result the provider had purchased hot trolleys for the food to ensure that the temperature could be maintained.

The dining experience was observed to be a social, relaxed occasion, and the inspectors saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspectors that they had a choice of meals and drinks available to them every day, and they were complimentary about the quality of food.

Overall residents were satisfied with the laundry service. Residents told inspectors that there had been a period of time whereby multiple items of clothing had been misplaced. However, residents told inspectors that their complaint had been appropriately managed. Residents expressed their satisfaction with the service

provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

There was information and leaflets that were of interest to residents along with guidance on how to make a complaint or how to access advocacy services. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings. Residents had access to television, radio, internet, newspapers and books.

A schedule of maintenance works was ongoing, ensuring the centre was maintained to a satisfactory standard. Overall, the general environment, residents' bedrooms, communal areas and toilets, seen by the inspectors appeared visibly clean and well-maintained. The centre was found to be well-lit and warm. The bedrooms seen by the inspectors were personalised with photographs, ornaments and other personal memorabilia. Televisions and call-bells were provided in all bedrooms seen. There were two sluice rooms for the reprocessing of bedpans, urinals and commode pans and both were clean, well-maintained and contained functioning bedpan washers/disinfectors and hand hygiene sinks. Both rooms contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. The housekeeping room was clean and fit for purpose. The cleaning carts were fitted with locked compartments for safe chemical storage. Residents and visitors spoken with were very happy with the standard of environmental hygiene.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

Capacity and capability

This was an announced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Mowlam Healthcare Services Unlimited is the registered provider of the centre. The centre was registered to accommodate 56 residents. The inspectors found that the proposed actions included in the compliance plan response submitted to the Office of the Chief Inspector by the provider following the previous inspection in August 2024 had been implemented.

Inspectors found that there was insufficient staffing resources in place to ensure that the service provided was safe, appropriate and effectively monitored. For example, there was insufficient staffing in place to supervise all residents with complex care needs. In addition, residents had complained about the number of times staff had left them while they were receiving care to answer the call-bells of other residents seeking assistance. This practice occurred as there was no other staff member available to answer the call-bells. While call-bell audits had been completed, there were no concerns identified in relation to call-bell response times or the satisfaction level of residents. The person in charge had made multiple

changes to the staff rotas, such as, the number of staff on each duty had been reviewed alongside the allocation of duties. Despite this, the allocation of resources of staffing was inadequate to have the required effect to ensure that all residents received care at a time of their request and that residents with complex care needs were supervised at all times.

There were sufficient staff resources to maintain the cleanliness of the centre. There were two housekeeping staff on duty on the day of the inspection. The provider had enabled a senior staff member to train as an infection prevention and control (IPC) link practitioner, which is a role designed to support and implement effective Infection Prevention and Control practices in the centre. However, the infection control link practitioner currently did not have protected hours on the staffing rota to complete this role.

There were good management systems in place such as clinical governance meetings, staff meetings and residents' meetings. The quality and safety of care was being monitored through a schedule of audits including infection prevention and control audits. The inspectors found that, in the main, the audit system in place identified risks and deficits in the quality and safety of the service. Quality improvement plans were developed in line with the audit findings. An annual review of the quality and safety of care delivered to residents had been completed for 2024.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There was a clear system on induction in place for all new staff.

Records reviewed confirmed that staff training was provided. A review of training records indicated that all staff received up-to-date mandatory infection prevention and control training. Findings on the day of the inspection indicated that further training would be beneficial to ensure that all staff are knowledgeable and competent in aseptic technique, care planning and documentation and implementation of standard infection control precautions.

The centre had experienced a large Norovirus (infectious vomiting and diarrhoea) outbreak earlier in the year. A review of the outbreak documentation found that the centre managed the outbreak in an efficient manner. An outbreak review was available which included actions taken to reduce the spread of infection during the outbreak and lessons learned to prevent future outbreaks.

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 and mops to reduce the risk of cross infection. However, chlorine bleach needed for disinfecting rooms and equipment was found to be out of date. Housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre. There were two housekeepers on duty

seven days per week, which was in accordance with the centre's statement of purpose and the centre was seen to be clean.

The provider had implemented a number of Legionella controls in the centre's water supply. For example, unused outlets and showers were run weekly. Documentation was available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls. Despite this the centre had received positive Legionella results from some of their water outlets. The corrective procedures were in place and the provider had engaged a speciality water company to provide remedial advice to reduce the high levels of Legionella in the water supply.

Surveillance of multi-drug resistant organism (MDRO) colonisation was also undertaken and recorded. Staff were aware that a number of residents were colonised with MDROs. The residents that had been identified as being colonised were appropriately cared for with standard infection control precautions.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been managed through the complaints policy and were closed. While multiple residents had brought concerns to the attention of the person in charge they were quick to state that their concerns were addressed in a timely manner.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the residents taking into account the size and layout of the designated centre. This was evidenced by;

- the staffing levels did not ensure that staff could appropriately supervise residents with complex care needs that mobilised around the centre entering other residents' bedrooms uninvited. This was causing anxiety and distress to multiple residents.
- residents complaints had been made by residents in relation to the number of times the care staff had to leave to answer other residents' call-bells while assisting residents with their meals.
- inspectors were not assured that the numbers of staff on night duty was adequate to ensure the safe and timely evacuation of residents in the unlikely event of a fire emergency. As a result the provider was required to complete and submit detailed simulated fire evacuation drills to evidence adequate staffing in the event of a fire emergency.
- the infection control link practitioner currently did not have protected hours on the staffing rota to complete this role.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to, and had completed training, appropriate to their role. Staff spoken with were knowledgeable regarding the residents support needs. A review of training records indicated that all staff were up to date with infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the provider had failed to ensure that the centre was sufficiently resourced with adequate staffing to ensure the care was delivered in line with the current residents assessed needs. Inspectors found that inadequate supervision of residents with complex needs was impacting the lives of other residents. At the time of inspection the person in charge had completed a number of reviews of the staffing numbers and had made multiple changes to the staff rotas and the allocation of duties. However, on the day of inspection the changes made to the staffing had not had the required effect as outlined in further detail under Regulation 15: Staffing

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 the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. However, inspectors found that the monitoring of residents with complex care needs was insufficient, as reported by the residents. While the direct care needs of residents were met, this care was not delivered in a timely, seamless and un-interrupted manner. This disjointed care was a source of upset for the current residents and did not meet regulation requirements.

A sample of assessments and care plans for residents were reviewed. Some care plans described residents' care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. Inspectors found that an assessment of the resident care needs was completed on admission. However, a small number of care plans had not commenced for up to five days after the resident was admitted into the centre.

An infection prevention and control assessment formed part of the pre-admission assessment. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of, and access to, information within and between services.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. Staff described how residents received ongoing support from visiting GP's and allied healthcare professionals including physiotherapists, occupational therapists, dieticians and speech and language therapists (SALT).

The inspectors identified some examples of good antimicrobial stewardship. For example, the volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the

inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Staff were observed to apply standard precautions to protect residents against exposure to blood and body substances during handling of waste and used linen. However, the provider had not substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury. Also, four sharps boxes were seen not signed and one was very full.

Waste and used linen and laundry were 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. Appropriate use of personal protective equipment (PPE) was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices.

There were treatment rooms available for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. However, stocks of sterile dressings were stored within a dressing trolley which was moved from room to room which is an cross infection risk. Several single use wound dressings were seen to be open and partially used. This may have impacted the sterility and efficacy of these products.

Apart from the supervision and management of residents with increased supervision care needs and the impact this was having on other residents, in the main, residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centre's safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Safeguarding was also discussed at resident meetings.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the ongoing changes that had occurred in the centre. Residents attended monthly resident meetings. Minutes of recent resident forum meetings reviewed showed that relevant topics of interest were discussed.

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents. There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

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 25: Temporary absence or discharge of residents

The inspectors saw that a copy of transfer letters were kept in the resident's file in the electronic system. This letter included information such as the resident's weight, infections and vaccination status, and food and fluid consistency status. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service and saved in residents' files.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

On admission into the centre a comprehensive assessment of need was completed. However, residents did not always have a care plan developed for a period of up to five days following admission. In addition, inspectors found that care plans specific to the care of residents with MDRO's were not sufficiently detailed to guide care.

Judgment: Substantially 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 tissue viability specialists and dieticians as required.

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. For example, the volume, indication and antibiotic use was monitored and analysed each month. Infection prevention measures were targeted towards the most common infections reported. 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. Posters were available in the centre to guide staff.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to television, internet and other media. Activities were provided five days a week by designated staff. A small number of residents told inspectors that they would like to see some changes made to the current activities so that they were more meaningful and engaging. Records reviewed showed residents meetings were held.

A review of the management of residents' rights during an outbreak found that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, individual residents were cared for in isolation when they were infectious, while social activity and visits continued for the majority of residents during the outbreak.

Judgment: Compliant

Regulation 17: Premises

While the centre generally provided a homely environment for residents, the premises did not fully meet the requirements of the regulations. For example;

- Inadequate storage facilities in shared ensuites, which increased the risk of sharing toiletries inappropriately and cross infection.

- No towel rails within double room ensembles which could lead to inappropriate storage of towels on toilets and sinks.
- Inappropriate storage of resident clothing and cleaning textiles in the laundry, which can lead to cross contamination.
- Inappropriate storage of resident equipment in the linen room, which can lead to cross contamination.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not fully meet the requirements of Regulation 27: Infection Control and the National Standards and control in community services (2018). This was evidenced by;

- Alcohol hand gel dispensers were in place along corridors but were not available at the point of care in resident bedrooms, to enable staff easy access to clean their hands.
- Sharp boxes were not signed when opened and did not have the temporary closure mechanism engaged when not in use.
- Dressing trolleys were filled with dressing supplies increasing the risk of cross contamination when moved between resident bedrooms.
- Several hoist slings were not labelled for individual resident use which is a infection control risk.
- Chlorine bleach needed for disinfecting rooms and equipment was found to be out of date.
- Inappropriate storage of clean linen seen in the laundry room posed a risk of cross contamination whilst laundry procedures were taking place.
- One sluice room had five clinical waste bins and no normal waste bin for general waste disposal. Storage of these items in this room poses a risk that the bins may become contaminated whilst sluicing procedures are taking place.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant

Compliance Plan for The Park Nursing Home OSV-0000435

Inspection ID: MON-0040230

Date of inspection: 09/07/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Person in Charge (PIC), supported by the Healthcare Manager ensures that there is a workforce plan in place to ensure that the staffing complement detailed in the Statement of Purpose is adhered to and that the care and service needs of all residents can be met safely and effectively. • A comprehensive review of staffing has been completed and an additional Healthcare Assistant (HCA) will be rostered on night shift. We will also enhance HCA staffing to ensure that there are sufficient staff on duty at the busiest times of the day and will ensure that staff are not interrupted when providing assistance to residents. • Staffing within the home is carefully and consistently monitored to ensure that there are always enough suitably qualified staff available to meet each resident's assessed care needs. • The PIC and Assistant Director of Nursing (ADON) will ensure that staff are appropriately deployed and that they are allocated appropriate duties commensurate with their skills, qualifications, and abilities. • The PIC ensures that all staff understand their priorities each day in terms of resident care, and these are discussed at the handover meeting at the beginning of each shift. Staff will be informed of importance of not interrupting care of a resident to answer a call bell unless there is an emergency call. • The PIC/ADON will ensure that staff answer call bells in a timely manner. • There is a Safety Pause during the day which gives nurses and care staff an opportunity to provide progress updates and plan any changes to care based on each resident's condition, and the PIC will ensure that appropriate actions are taken to address changes in a resident's condition or care requirements following these updates. • Regular safety checks are carried out as part of each staff member's daily duties. This includes staff checking on residents in their bedrooms or in communal areas to ensure that they are safe, comfortable, and content, that they have what they need within easy reach, and to respond to any requests or care needs required. • The PIC and ADON will ensure that there is effective supervision of staff in place in the centre and that care is delivered to residents with respect and patience and with due regard to their individual preferences.	

- The PIC and ADON will monitor practice particularly at mealtimes to ensure those residents that dine in their rooms have an uninterrupted experience.
- The PIC will ensure that the ADON who is also the IPC Link Practitioner has designated supernumerary hours allocated weekly.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- A comprehensive review of staffing has been undertaken and we will recruit staff to facilitate the rostering of an additional Healthcare Assistant (HCA) on each night shift. We will also enhance HCA staffing to ensure that there are sufficient staff on duty at the busiest times of the day and will ensure that staff are not interrupted when assisting residents.
- The PIC, with support from HCM will ensure that staff are appropriately deployed to enable them to meet all assessed care needs of all residents, taking into account the dependency levels of residents and supervision/care requirements for those residents that wander.
- The PIC and HCM will continue to monitor staffing levels and will discuss at monthly management meetings.

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 PIC will ensure that a care plan is developed for each resident on admission and will ensure that this care plan is reviewed quarterly or when there is a change to the resident's condition.
- For those residents that have Multi Drug Resistant Organisms (MDROs), the care plan will include detailed information on the type and location/site of organism to effectively guide care and will ensure that appropriate measures are taken for specific MDROs in accordance with the centre's IPC policies and procedures and the Health Protection Surveillance Centre (HPSC) current guidelines.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC will ensure that each resident in a shared room has their own storage cabinet in en-suite. • The PIC will ensure towel rails are provided in all ensuites. • The linen room has been decluttered and equipment has been removed. The PIC will ensure that all staff are aware that this room is not for storage of anything other than linen. • The PIC will ensure that resident clothing is not stored in laundry room. • The PIC/ADON will monitor the linen room and laundry room as part of their daily walkabout in the Home.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC will ensure that in addition to the Alcohol hand gel dispensers in corridors all staff will be provided with pocket size, refillable alcohol hand gel sanitizer so that they are available at point of care in resident bedrooms. • The IPC Lead Practitioner will monitor practice around: - o appropriate management of sharps boxes - o appropriate storage of dressing trollies - o appropriate management of hoist slings - o appropriate number of clinical bins and general waste bins in sluice room • The PIC/ADON will ensure that there is no inappropriate storage of clean linen in the laundry room during daily manager walkabout. • The PIC/ADON will ensure chlorine bleach tablets are in date.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2025
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	31/10/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	30/11/2025

	effective delivery of care in accordance with the statement of purpose.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025