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:	Maryborough Nursing Home
Name of provider:	Maryborough Nursing Home Limited
Address of centre:	Maryborough Hill, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	23 June 2026
Centre ID:	OSV-0004451
Fieldwork ID:	MON-0050899

About the designated centre

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

Maryborough Nursing Home is a designated centre and located in the sub-urban setting of Maryborough in Cork city. It is registered to accommodate a maximum of 37 residents. It is a single storey building with secure access to the basement. Maryborough nursing home is set out in five corridors, where each corridor is named after residents who stayed in the centre and whose memory lives on in their names: Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan corridors. Bedroom accommodation comprises 35 single and one twin room, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise a large dining room, a large day room, two smaller sitting rooms and seating areas along corridors and at main reception. Residents have access to two paved enclosed courtyard with seating, garden furniture and raised flowerbeds. Maryborough 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:	36

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 23 June 2026	09:10hrs to 15:40hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

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).

A scabies outbreak had been declared in the centre in June 2026. Consequently, this inspection focused on the provider's compliance with infection prevention and control oversight, practices and processes, including the management of the outbreak and the effectiveness of associated control measures.

Maryborough Nursing Home is a designated centre for older people situated on Maryborough Hill, in the village of Douglas, south of Cork City. The nursing home is registered to accommodate 37 residents and there were 36 residents living in the centre, on the day of this inspection. Resident accommodation is divided into five named corridors, these being Fitzgerald, Fitzmaurice, O' Brien, Hand and Clogan. Bedroom accommodation in the centre is all on one floor and consists of 35 single bedrooms and one twin-room. However, the twin bedroom had been operating as a single bedroom in recent years. The majority of bedrooms had en-suite facilities. Toilet and shower facilities were available within close proximity of the four bedrooms without en-suite facilities.

The inspector met with the majority of the 36 residents living in the centre, and spoke with 10 residents and four visitors in more detail to gain a view of their experiences in the centre. All residents reported that they felt safe in the centre and that their rights, privacy and choices were generally respected. One resident told the inspector that 'I love it here, the staff care about me' while another said that staff 'cant do enough' for them. However, a small number of residents reported delays in call bell response times during the evening period after 8:00pm.

There was a calm and welcoming atmosphere in the centre over the course of the inspection. Those residents who could not communicate their needs appeared comfortable and content. Staff were seen actively engaging with residents in a respectful and kind manner ensuring their needs were responded to. The inspector observed staff promoting and protecting resident's privacy and dignity.

The weekly activity schedule was provided to all residents. Residents confirmed that there was a wide range of activities taking place, seven days a week and residents were encouraged to engage in meaningful activities throughout the day of the inspection. On the afternoon of the inspection a large number of residents were seen enjoying the sunshine in the outdoor courtyard. A small number of residents said that they preferred their own company but were not bored as they had access to newspapers, books, radio and television.

Residents also said that they enjoyed the home cooked food provided in the centre. The chef was familiar with the resident's individual likes and preferences and sought to cater to their needs. A group of residents attended the dining/ day room for their lunch, while other residents chose to have lunch in their bedrooms.

The location, design and layout of the centre was generally suitable for it's stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation.

While the centre generally provided a homely environment for residents, improvements were required to enhance this. For example, the décor and flooring in some areas of the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through a programme of ongoing maintenance.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean.

Communal space for residents consisted of a dining/ day room, a hairdressing room and a library. Communal areas were seen to be supervised at all times and call bells were answered promptly during the inspection.

The outdoor courtyard was readily accessible with appropriate seating available, making it easy for residents to go outdoors independently or with support, if required. Several residents commented positively on the opportunity to spend time outdoors in the sunshine.

Conveniently located alcohol-based product dispensers were readily available within bedrooms and on corridors. Clinical hand-washing sinks, which complied with current recommended specifications for clinical hand hygiene sinks were available in the sluice room and nurses station to support effective hand hygiene. However, there was no clinical hand washing sink available in the treatment room where medications were stored and prepared, a supply of clean and sterile supplies were stored and dressing trolleys were prepared. Furthermore, there were a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms and the sinks in the resident's en-suite bathrooms were dual purpose, used by residents and staff.

The design and finish of the sluice room facilitated good cleaning. However, the spray hose attached to a tap in the equipment cleaning sink posed a risk of environmental contamination.

Residents' clothing and used linen was laundered off-site at a nearby nursing home and some residents chose to have their clothing laundered at home.

The main kitchen was of adequate size to cater for resident's needs. Toilets and changing facilities for catering staff were in addition to and separate from facilities for other staff.

However, other ancillary facilities including the housekeeping room and female staff changing room were not managed in a way that supported effective infection prevention and control. These rooms were found to be poorly organised and untidy.

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

Capacity and capability

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 15; Staffing, Regulation 17; Premises, Regulation 25; Temporary absence or discharge of residents and Regulation 27; Infection control, however, further action is required to be fully compliant.

There has been a notable increase in reported scabies cases in some areas of the country in recent years and an outbreak had been declared in the centre on 09 June 2026. Public Health were informed of the outbreak and regular meetings were taking place to oversee and co-ordinate the response. Findings will be discussed in more detail under the relevant regulations and under the themes of Quality and Safety.

The registered provider of the designated centre is Maryborough Nursing Home Limited, which comprises of two directors. Both directors of the company work in the centre and are directly involved in the operational management of the centre.

The inspector found that 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 person in charge was the designated infection prevention and control lead. They worked full-time in the centre and were supported in their role a clinical nurse manager, nurses, healthcare assistants, an activity coordinator, catering, housekeeping, maintenance and administrative staff.

The inspector observed there were sufficient numbers of clinical staff to meet the needs of the centre on the day of the inspection. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support.

However, two residents told the inspector that they had experienced delays in call bells being responded to after 8:00pm when three clinical staff, one staff nurse and two healthcare assistants, were rostered on duty. An activity co-ordinator was also on duty until 9pm to facilitate social engagement and recreational activities for residents. However, this role did not contribute to the provision of direct clinical care. As such, the available clinical staffing levels were not sufficient to meet

residents needs during this period, particularly given the increased demands associated with personal care, assisting residents to bed and administering night-time medications.

Housekeeping staff were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection.

Additional housekeeping staff had been assigned to support additional cleaning requirements in the 24 hours after both scabies treatment cycles. While the resident's bedrooms appeared visibly clean, the inspector was informed each bedroom was routinely cleaned four times a week. This cleaning frequency was not adequate in the context of the current outbreak, where enhanced infection prevention and control measures require daily cleaning. Findings in this regard are reported under Regulation 15; Staffing.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including, environment hygiene, sharps management, policies, staffing and training. Audits were scored, tracked and trended to monitor progress. The high levels of compliance had been achieved in recent audits.

The provider had a suite of infection prevention and control guidelines which covered all elements of standard and transmission-based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

The person in charge told the inspector that the provider was planning to implement the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration, including infection, in older people (aged 65 years or older) in long-term residential care settings. Two local facilitators had recently received additional training.

Regulation 15: Staffing

The staffing arrangements in place did not consistently ensure that sufficient staff were available at all times. This was evidenced by;

- Feedback from residents indicated that staffing levels during the late evening period were not always adequate to ensure timely responses to requests for assistance.

- Housekeeping staffing levels were not sufficient to ensure that all areas of the centre, including bedrooms and ancillary areas, were cleaned daily in line with enhanced infection prevention and control requirements during the current scabies outbreak.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff had completed training in infection prevention and control. 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. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit, surveillance and monitoring of key performance indicators.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of outbreaks of notifiable infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

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

The provider adopted an open visiting policy. Visitors confirmed that visits were encouraged and facilitated in the centre. A review of documentation confirmed that resident's next of kin had been informed of the current scabies outbreak. However, appropriate infection prevention and control signage was not displayed at the entrance to notify other visitors of the ongoing scabies outbreak within the centre.

Residents' health and well-being was promoted and residents had regular and timely access to general practitioners (GP) practices, specialist services and health and social care professionals, such as palliative care, tissue viability and in-house physiotherapy as required.

Outbreak support during the ongoing scabies outbreak was provided by the local Department of Public Health. Five residents had been diagnosed and treated for confirmed or suspected scabies in recent weeks. Suspected cases had been reviewed by their GP. A decision had been made to treat all staff and residents working in the centre as close contacts and all had been treated prophylactically. The treatment protocol included treating all cases and close contacts, with a topical cream on two occasions. Additional staffing had been rostered on duty to support the application of treatment.

Staff continued to monitor residents for signs and symptoms consistent with scabies. The inspector was informed that there were no symptomatic residents or staff on the day of the inspection. However, due to the long incubation period associated with scabies, it was too early to confirm that the outbreak was fully controlled.

In conjunction with the treatment programme, staff working in the centre had undertaken a number of infection prevention and control measures simultaneously in response to the scabies outbreak. For example, residents with confirmed or suspected scabies were cared for with contact precautions until 24 hours after the first treatment application. Enhanced cleaning of rooms accommodated by residents with confirmed or suspected scabies was undertaken after each treatment application, clothing and bedding worn in the days prior to treatment was laundered and items that could not be laundered in a hot wash, for example shoes and delicate items of clothing, were sealed in bags and quarantined for four days.

Notwithstanding the many good practices observed on the day of the inspection, a small number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control and outbreak management within

the centre. Findings in this regard are presented under Regulation 27; Infection control.

The inspector focused on resident's infection control, elimination (urinary catheter) and wound care plans. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Detailed care plans had been developed to guide the management of residents with suspected or confirmed scabies.

Records of residents transferred from acute hospitals confirmed that information regarding infection and colonisation status was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre.

However, a review of documentation found that when residents were transferred to hospital from the designated centre, a standardised nursing transfer template with all relevant clinical information was not provided to the receiving hospital. While staff said that the outbreak status in the centre was verbally communicated on transfer, this information was not documented on written transfer records provided at the time of transfer. Findings in this regard are presented under Regulation 25; Temporary absence or discharge of residents.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of resident belongings and equipment in the housekeeping room and female staff changing room.

The housekeeping room was untidy and cluttered. There was inappropriate storage of resident property and laundry trolleys observed in this room which may contribute to cross contamination.

The female staff changing room was also observed to be untidy and cluttered, with spare clinical waste bins, items of residents clothing, and unused armchairs being stored in this area. Findings in this regard are presented under Regulation 17; Premises.

The provider had implemented a number of Legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly and storage tanks were regularly cleaned. The inspector was informed that routine testing for Legionella in hot and cold water systems was undertaken to monitor the effectiveness of these controls.

Regulation 11: Visits

The visitor policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were generally designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements. For example;

- Not all areas of the premises were kept in a good state of repair. The flooring in some areas including the dayroom, treatment room and housekeeping room was worn and damaged.
- The housekeeping room was poorly organised and unclean. Linen skips and bags of resident belongings, which were being quarantined post scabies treatment, were observed within this room. This created a risk of cross infection, particularly in the context of the scabies outbreak.
- The female staff changing room was not maintained in a manner that supported effective infection prevention and control. This area was poorly organised, cluttered and not maintained in a clean condition.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Residents transferred to hospital in recent weeks were not accompanied by comprehensive written transfer documentation, including the centres outbreak status. The absence of comprehensive written transfer information may result in incomplete communication between services and could impact the receiving hospital's ability to implement appropriate infection prevention and control measures and continuity of care in a timely manner.

Judgment: Substantially compliant

Regulation 26: Risk management

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

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;

- Appropriate infection prevention and control signage was not displayed at the entrance to notify visitors of the ongoing scabies outbreak within the centre. This may have reduced visitors awareness of the ongoing outbreak and their ability to recognise and report signs and symptoms of scabies.
- While bedrooms appeared visibly clean, the absence of a daily schedule during an outbreak may result in inconsistent environmental hygiene practices, potentially undermining enhanced infection prevention and control measures required to limit re-infestation.
- The covers of a small number of mattresses were worn or torn. These items could not effectively be decontaminated, which presented an infection risk, particularly given the current outbreak.
- A spray hose was attached to an equipment cleaning sink within the sluice room. The use of the hose posed a high risk for environmental contamination.
- There were a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment in place to support this practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding

four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including, palliative care, tissue viability, dietitian, and physiotherapy as appropriate.

In response to the scabies outbreak, specialist Infection prevention and control and Public Health advice had been sought from the Regional Department of Public Health.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, internet, television and radio was available.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. The inspector was informed that visiting was also facilitated during outbreaks with appropriate infection control precautions in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryborough Nursing Home OSV-0004451

Inspection ID: MON-0050899

Date of inspection: 23/06/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: **Finding 1: The compliance plan response from the Provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the Regulation 15.** Finding 2: Housekeeping staffing levels were not sufficient to ensure that all areas of the centre, including bedrooms and ancillary areas, were cleaned daily in line with enhanced infection prevention and control requirements during the current scabies outbreak. This was addressed immediately by increasing housekeeping staffing levels for the duration of the scabies outbreak to ensure enhanced IPC cleaning requirements were met. The compliance plan for finding 2 has been accepted.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Plans are already in place to replace the worn and damaged flooring in the identified areas. This work has been scheduled and will be completed in the coming months. The housekeeping room has since been reorganised, thoroughly cleaned and maintained in a clean and orderly condition. The female staff changing room has been decluttered, reorganised and is now maintained in a clean and orderly condition in accordance with infection prevention and control standards.	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
All resident records are maintained electronically, and a comprehensive electronic resident summary accompanies every resident transferred to hospital. Going forward, a copy of the summary will be uploaded to the resident's electronic record as evidence that comprehensive transfer documentation, including the centre's outbreak status where applicable, accompanied the resident.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Appropriate infection prevention and control signage was displayed immediately at the entrance to notify all visitors of the scabies outbreak.

A full audit of all mattress covers was completed, and all worn or torn mattress covers were replaced.

The spray hose attached to the equipment cleaning sink in the sluice room was removed.

A risk assessment has since been completed to support the use of dual-purpose hand wash sinks in residents' en-suite bathrooms, with appropriate control measures implemented.

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.	Substantially Compliant	Yellow	
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	01/08/2027
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or	Substantially Compliant	Yellow	01/08/2026

	elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	01/08/2026