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:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	17 July 2025
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0047599

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 51 single rooms and 20 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre has a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 July 2025	08:50hrs to 16:55hrs	Mary Veale	Lead
Thursday 17 July 2025	08:50hrs to 16:55hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with residents, visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection.

Oakfield Nursing Home is a three story purpose built designated centre registered to provided care for 91 residents on the outskirts of the seaside town of Courtown, in County Wexford. There were 83 residents living in the centre on the day of the inspection.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre comprised of 20 twin and 51 single bedrooms with en-suite facilities.

On the day of the inspection some areas of the centre were very warm, specifically on the first floor. Feedback from residents was that they were uncomfortable with the temperatures during the recent spell of hot weather. Inspectors saw that portable fans had been provided in a large number of rooms to enhance resident comfort when temperatures were raised.

There was a choice of nicely decorated and inviting communal spaces on each floor which were seen to be used thought out the day by residents. Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration.

The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. Lockable storage space was available and personal storage space comprised of a bedside locker, chest of drawers and a wardrobe. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

Ancillary facilities generally supported effective infection prevention and control. The main kitchen was of adequate size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff. Housekeeping staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. The infrastructure

of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was also a sluice room in each unit for the reprocessing of bedpans, urinals and commodes. These areas were well-ventilated, clean and tidy.

However, the location of the dirty utility rooms, particularly on the ground floor, did not minimise travel distances for staff from patient areas to reduce the risk of spillages and cross contamination, and to increase working efficiencies. As a result, urinals and bedpans were not managed in line with best practice guidelines. This is discussed further in this report under Regulation 27: Infection prevention and control.

Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. While the centre generally provided a homely environment for residents, flooring in a large number of bedrooms and corridors centre was showing signs of damage. These issues were being addressed through ongoing scheduled maintenance and renovations.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. Upgraded clinical hand washing sinks had been installed in sluice rooms to support effective hand hygiene. These complied with current recommended specifications for clinical hand hygiene sinks. However, there was 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. Inspectors were informed that a risk assessment with controls had been developed to minimise the risks associated with this arrangement.

The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions through out the day.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet and televisions. The activities programme was displayed in the resident's bedrooms. The inspectors observed residents attending a lively music event on the day of inspection. A small number of residents were observed to have one-to-one activities in the morning.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were governance and management systems in place to oversee the operation of the centre. However, improvements were required in the management of the service to ensure safe effective systems were in place to support and facilitate the residents to have a good quality of life. While residents told the inspectors that they were content living in the centre, inspectors identified that improvements were required in some areas including care planning, premises, governance and management, and infection prevention and control.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), to review the registered provider's compliance plan from the October 2024 inspection and follow up on information submitted to the Chief Inspector. This inspection also had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspectors followed up on an application to vary conditions 1 and 3 of the centres registration. The provider had made changes to the footprint of the centre and had applied to increase the occupancy of the centre from 91 to 93 following works to convert two storage rooms on the first floor to two single occupancy bedrooms with en-suite wash hand basin, toilet and shower facilities. Also included in the application to vary was the conversion of a staff training room to a storage room.

The registered provider for Oakfield Nursing Home is Knockrobin Nursing Home Limited. This company comprised of two directors, one of whom was the chief operations officer and represented the provider for regulatory matters. The centre was part of a group of nursing homes which had five centres in total. There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full time, was responsible for the centre's day-to-day operations and reported to the chief operations officer. At the time of inspection the person in charge was on planned leave and the assistant director of nursing was deputising in their absence. The person in charge was supported in their management of the centre by a assistant director of nursing (ADON), four senior nurses, a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household and

maintenance staff. The person in charge also had support from the director of care & quality standards and the director of risk & compliance.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. Staff attended training in areas such as manual handling, fire safety, safeguarding, managing behaviours that are challenging and infection prevention and control. 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 staff were up to date in all training. Staff with whom the inspectors spoke with, were knowledgeable regarding infection prevention control and safeguarding procedures. Staff were appropriately supervised and clear about their roles and responsibilities.

There were sufficient numbers of housekeeping staff on duty and all areas of the centre were observed to be clean and tidy. 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 color coded cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent infection prevention and control, and medication management audits which were generally reflected on the day of the inspection.

Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified in post falls analysis, complaints and audits.

An annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' forum meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Notwithstanding the good practices identified in oversight of systems; further improvements were required in the management systems of medication management in regard to medication training and information provided in

notifications to the office of the Chief Inspector. This is discussed under Regulation 23: Governance and management.

The provider had implemented a number of legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly and water temperature was maintained at temperatures that minimised the proliferation of legionella. Routine testing for legionella in hot and cold water systems was undertaken to monitor the effectiveness of the controls.

The provider had developed a large range of infection prevention and control risk assessments, however some lacked alignment with current best practice guidance. Findings in this regard are presented under the quality and safety section of this report.

Inspectors identified some examples of good antimicrobial stewardship. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been an increase in reported scabies cases across the region in recent years. Staff had been managing a localised outbreak which was expected to be fully resolved by the end of the month. There were no active cases of infestation on the day of the inspection. Staff spoken with were knowledgeable of the signs and symptoms of infestation and had implemented the recommended infection prevention and control measures.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary conditions 1 and 3 of their registration, by increasing the occupancy of the centre by two beds and converting a staff training room to a store room. The required information was submitted with the application.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of three registered nurses on duty at all times for the number of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, 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

The management systems were not effective, as they did not give assurances that all parts of the service was operated in line with regulations. This was evidenced by;

- Improvements in the medication management training systems was required. For example; the medication management policy outlined that staff must complete medication management training following a medication error. However; nursing staff who were involved in a number of medication administration errors had not completed medication management training following the errors. This posed a risk to the safety of residents.
- The oversight of incidents and accidents required review. Disparities were found in the information provided in a notification of peer to peer abuse submitted to the office of the Chief inspector and in the information contained in the residents care plan.
- The provider had developed several infection prevention and control risk assessments. However, upon review, some of the control measures were found to be disproportionate to the risks, did not support effective IPC practice or were not aligned to national guidelines. This is discussed further under Regulation 27: Infection prevention and control.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors were assured that residents living in this 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 generally lived in an unrestricted manner according to their needs and capabilities. On this inspection further improvements were required to comply with areas of care planning, the premises and infection prevention and control.

The inspectors viewed a sample of residents' notes and care plans. 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. However, overall the standard of care planning required improvement to ensure that they were consistently personal-centered and guided effective care. This is discussed further under Regulation 5: Individual assessment and care planning.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in the dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience observed were relaxed. There were adequate staff to provide assistance and to ensure residents safety and nutritional needs were met. Residents' weights were routinely monitored.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

There were no visiting restrictions in place. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told inspectors that visits and social outings were encouraged with practical precautions were in place to manage any associated risks

Overall, the premises met the regulatory requirements, however, flooring in some areas required maintenance and repair to be fully compliant with Schedule 6.

The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen

Notwithstanding the good levels of cleanliness, inspectors identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. This included management of resident wash basins, urinals and bedpans. These are detailed under Regulation 27: Infection control.

In addition, several staff members told inspectors that residents were required routinely to isolate within their bedrooms for three days following return or transfer from acute hospitals. A review of transfer documentation did not indicate any requirement for isolation or restricted movements on return to the centre from hospital. A risk assessment to support 'restrictive movements' on return from hospital had been developed. This was not proportionate to the risks and is not aligned to current infection prevention and control guidance.

Improvements were noted in residents rights since the previous inspection. The provider had recruited an additional person on to the activities team which ensured that all residents had an opportunity to participate in activities in accordance with their interests and capacities. There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre weekly. Residents had access to a oratory room in the centre.

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 through out the centre. The visiting 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.

Judgment: Compliant

Regulation 17: Premises

While the premises were 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;

- The flooring in a large number of bedrooms and some corridors was damaged.
- A bathroom wall was missing some tiles.

These were repeated findings on previous inspections.

The shower in the en-suite toilet of bedroom 216 which was one of the bedrooms as part of the application to vary, was not draining correctly, resulting in water flowing into the bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

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;

- Staff informed inspectors that they manually decanted the contents of commodes/ bedpans into toilets prior to transporting to bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Inspectors observed staff placing wash basins (used for personal hygiene) into a bedpan washer with urinals. This practice was inappropriate as bedpan washers are designed and intended only to be used for emptying, flushing, washing and thermal disinfection of human waste containers including bedpans, commodes and urinals.
- Guidance published by Public Health in relation to infection prevention and control was not consistently implemented in the designated centre. Several staff members told inspectors that residents were routinely isolated in their bedrooms for three days on return or transfer from acute hospitals. A review of an infection control care plan implemented to guide the care of resident that had recently returned from hospital confirmed that they were to remain in their room and isolation signage was observed on their door. A review of transfer documentation found no indication for these measures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed residents' care documentation and found that care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by:

- Care plans viewed required review to ensure a specific and person-centred approach to care was provided. A sample of care plans viewed were not sufficiently detailed or person centred to guide staff on the care of residents. Of the sample of care plans viewed a number were generic with pre-populated interventions which were not reflective of residents care.
- One infection control care plan viewed did not indicate the rationale or duration of isolation required.
- Several infection control care plans contained generic and outdated guidance.
- Three residents did not have a specific safeguarding care plan to guide staff in all measures to protect the residents from abuse.

Judgment: Substantially 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, television and radio was available. Details of advocacy groups was on display in the centre.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0047599

Date of inspection: 17/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Medication Training compliance was reviewed for the nursing staff identified in the medication administration errors and training has been completed by the Nurses. Disparities found in relation to the notification of peer-to-peer abuse have been reviewed. The Director of Nursing will be supported by the Director of Care, Quality and Standards and the Director of Risk and Compliance in the ongoing oversight of incidents and accidents. The Infection Prevention and Control risk assessments referred to in the report have been reviewed, aligned with National Standards and reviewed on an individual resident basis. Staff have been updated on the risk assessments at handover and huddle meetings particularly around the difference between isolation and restricted movement.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: With respect to the premises, inspectors found damaged flooring in bedrooms and corridors, missing tiles, and drainage issues in Room 216. The issues with flooring in the centre are being addressed through our ongoing programme of upgrading the physical environment on a phased basis. The issue with the tiles identified during the inspection has been addressed. A shower screen has been procured for the ensuite in Room 216 to ensure that the shower drains correctly and there is no water ingress to the bedroom when the shower is in use.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The practice of manual decanting of contents of commodes, bedpans or urinals into the toilets has ceased as to has the placing of wash basins used for personal hygiene into the bed pan washer. All staff received education on this at huddle meetings and handovers. A poster for the Management of Bodily Fluids including Management of Urinary Catheter was developed and is on display in the home. A poster has been placed on the bed pan washer as a prompt and reminder for staff to directly decant into the bed pan washer which will dispose of the waste and disinfect the equipment.

Upon review of the Infection Prevention and Control Risk Assessments the actions were dicussed at the staff huddles to ensure staff knowledge and practice is in line with the guidance published by Public Health in relation to Inection Prevention and Control
Staff have been educated on the apprioproate use of an infection control care plan and upon review of the return from hospital each resident is reviewed & assessed on an individual bases.

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 care plans reviewed during the inspection have been reviewed and are specific and person centred to ensure there are sufficient details to guide staff on the care of the residents. All other care plans will be reviewed in line with the compliance plan.

All infection control care plans assigned will outline the rationale or duration of isolation required.

The three residents identified on the day of inspection have had a full care plan review, the care plan now references specific safeguarding meaures to guide staff in all measures to protect the residents from abuse.
Additional care plan training has been scheduled for staff in December 2025. One to one training for care plans will be provided to nursing staff on a needs analysis basis.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	24/09/2025
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.	Substantially Compliant	Yellow	24/09/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the	Substantially Compliant	Yellow	24/09/2025

	standards published by the Authority are in place and are implemented by staff.			
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	31/12/2025